We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Local Care Direct - Huddersfield Royal Infirmary

Acre Street, Lindley, Huddersfield, HD3 3EA
Tel: 01484342462

Date of Inspection: 14 May 2013
Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<tr>
<th>Standard</th>
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<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
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</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Local Care Direct Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs. Angela Richardson</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Local Care Direct at Huddersfield Royal Infirmary is an emergency out of hours dental service. It offers a range of dental treatments for patients requiring urgent dental consultations out of hours. Local Care Direct is a social enterprise organisation and is contracted to the NHS to provide urgent dental care in West Yorkshire out of hours.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Dental service</td>
</tr>
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</table>
| Regulated activities          | Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit to Local Care Direct (LCD) we spoke with the chief executive, company secretary, quality manager, registered manager, infection prevention and control lead, a dentist, a dental nurse, a receptionist and two people who used the service. We also spoke with the maxillo-facial unit (MFU) manager at the hospital, who had responsibility for the treatment room and decontamination processes.

We were told that Local Care Direct was a separate organisation to the NHS, and was contracted to the NHS to provide urgent dental care out of hours in West Yorkshire.

Patients requiring urgent dental treatment rang 111. They were offered an appointment time and place, according to their postcode and the severity of their symptoms.

The quality manager told us that demand currently outweighed the capacity of the services. This was due to an increase in the numbers of appointments being requested following the recent changeover from NHS Direct to 111.

The two patients we spoke with told us they were pleased with the booking system and time at which they had been given an appointment. One of them said "It's a very good service" and the other said "I only rang yesterday and I was given an appointment for today. Everyone's been really helpful."

Staff we spoke with told us they were confident the service provided was good. They said they received training appropriate to their role and felt well-supported by their managers.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent
judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Consent to care and treatment</th>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
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</tbody>
</table>

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw there was a consent policy in place for staff to follow to ensure that appropriate consent was undertaken; this included children and people who lacked mental capacity to make decisions. The quality manager told us new staff were trained in consent procedures as part of their induction and established staff received refresher training in consent. We saw evidence of this.

The quality manager told us that when policies or procedures were changed staff were sent a message asking them to read the new version. Hardcopies of policies and procedures were available at each site.

The dentist we spoke with told us treatment options, risks and benefits were explained to people prior to receiving treatment, so they could make an informed decision. They also told us the majority of people who undertook treatment at the service had the ability to consent. They explained that verbal consent was obtained in the treatment room and patients signed the NHS FP17 form at reception. They told us a parent or guardian would be expected to sign if the patient was a child.

The dentist told us the practice held their patient records electronically and also as hardcopies. During our visit we looked at the electronic records for six patients. We saw evidence that treatment options, associated costs, risks and benefits were discussed and recorded in the patient's record. Where verbal consent had been given we saw this was recorded as 'verbal consent given' or VCG.

We asked the dentist how the service dealt with consent where communication was difficult, due to either lack of understanding or inability to communicate. They explained that dentists would not carry out any work unless they had obtained valid consent via either a family member or a patient's nominated representative. They said "If there was any doubt we would definitely not carry out any treatment." They said the dentists often used the 'language line' if an interpreter was needed. Language line is a telephone interpreting service so that patients can be spoken to in their own language. They told us
this worked well and if they knew this was needed in advance they would book a double appointment.

During our visit we looked at the paper records for six patients and saw the appropriate treatment consent and medical history forms were present in all records and had been signed. In one record we saw there had been communication problems due to the patient speaking Kurdish. The dentist had recorded "Advised may be better in a hospital setting with a translator present." Another record stated that the patient's main language was Punjabi, but they could also speak English. This showed the service respected people's cultural differences and had systems in place to enable valid consent to be obtained.
Care and welfare of people who use services  
Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The registered manager explained that patients requiring urgent dental treatment rang 111, which was hosted by the Yorkshire Ambulance Service. The operator took the patients' details and used a decision support tool to identify an appropriate appointment. The patient was called back to offer them an appointment time and place, according to their postcode and the severity of their symptoms. If the appointment was acceptable it was booked into the practice diary. Any patients given a three-day appointment were contacted again before the appointment to check that they still required it. The dentist we spoke with told us most treatment sessions were a mixture of registered patients requiring urgent treatments out of hours and unregistered patients. The registered manager told us the service would normally see six patients per two hour session. On occasions, due to the new 111 pathways and demand, this had been increased to an extended session, of up to three hours, where a maximum of eight or nine patients would be seen.

The two patients we spoke with told us they were pleased with the booking system and time at which they had been given an appointment. One of them said "It's a very good service" and the other said "I only rang yesterday and I was given an appointment for today. Everyone's been really helpful."

During our visit the dentist showed us six electronic patient records. They explained the electronic system used allowed them to access patients' medical details held by their doctors, including prescriptions and previous appointments with the service. The records we looked at contained records of discussions about treatment options and decisions made by the patients. The dentist told us two copies of these records were printed at the end of each consultation; one for the patient and the other was retained by the service. The dentist told us these records included the name of the dentist and dental nurse present at the consultation and any materials used.

We asked how the service dealt with medical emergencies and found there were appropriate arrangements in place. Emergency drugs and oxygen were available in the treatment room. The emergency drugs were stored in a box with a tamper-proof seal. The MFU manager told us these were managed by the hospital pharmacist who checked them on a monthly basis. We saw the box was labelled with the date last checked. There was piped oxygen in the treatment room and the MFU manager told us this was checked by
hospital staff on a weekly basis, along with all the other medical gases in use in the hospital.

As the treatment room was located next door to the hospital's accident and emergency department, the service did not have an Automated External Defibrillator (AED). The procedure for a medical emergency in the treatment room would be to call the hospital crash team by dialling 222. We saw notices on display confirming this.

The registered manager told us the 14 dental nurses working for the service received training in 'Basic Life Support' annually. We saw evidence of this. Dentists working for the service were responsible for ensuring their own training was up to date; this training was usually delivered at their normal place of employment.
Cleanliness and infection control

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

The service used a single treatment room located in the maxillo-facial department at Huddersfield Royal Infirmary. There was also a waiting area for patients and a reception room with a hatch. We saw the facilities were clean and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in the treatment room.

Policies and procedures for infection control were in place. The role of nominated lead for infection prevention and control and decontamination was shared between the infection prevention and control (IPC) lead, who was an infection control nurse, and the registered manager. We saw from the records that staff received annual training in infection control.

The MFU manager and IPC lead explained that the whole Trust used an off site Central Sterile Supply Department (CSSD) and that the dental instruments used by the service were sterilised using this system. There was a 24 hour turnaround and sterile instruments were sent away and returned in bar-coded bags which allowed full traceability. The dentist we spoke with told us one of the bar codes from any dental instruments used during treatment was attached to the patients' notes and the other was attached to the session record sheet. We were shown that single use disposable instruments were also available, in case the instruments supplied by the CSSD ran out. The dentist we spoke with told us this occasionally happened at the weekends.

Personal protective equipment was available for staff and patients to use. The staff we spoke with confirmed dentists and nurses used gloves, eye protectors and aprons during examinations and patients were supplied with eye protectors and aprons. The immediate treatment zone was cleaned between patients using detergent wipes.

The IPC lead told us they produced an annual report and work plan and carried out HTM 01-05 IPC audits every three months. They told us there were cleaning schedules for the staff working in the treatment room and the Trust's domestic staff cleaned the floors and emptied the bins every day. They told us the Local Care Direct staff followed the company's own National Patient Safety Agency (NPSA) cleaning schedules.
The IPC lead told us the service disposed of their waste via the Trust’s clinical and domestic waste systems. We saw that sharps bins, tiger-stripe environment agency bags and orange clinical waste bags were in use; waste was segregated correctly. Amalgam separators were in use and waste amalgam was collected via the same Trust contract, as and when required. The IPC lead told us that legionella testing of the water supply for the Trust was carried out by their Estates Department.
**Staffing**

<table>
<thead>
<tr>
<th>Met this standard</th>
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**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people’s needs.

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**Reasons for our judgement**

The registered manager had overall responsibility for the service provided by Local Care Direct at Huddersfield Royal Infirmary (HRI). They explained to us that the service held clinics every evening from 7pm to 9pm and from 10.30am to 12.30pm at weekends and Bank Holidays.

The quality manager told us all the dentists working for the service were self-employed. They said five regular dentists worked for the service, supported by 14 dental nurses and three receptionists. The dental nurses and receptionists were employed by Local Care Direct to work at the HRI site. The receptionists had a dual role and also supported the LCD general practitioner (GP) out of hour’s service. Reception staff were line managed by the LCD medical manager.

The registered manager explained to us there was always a dentist and dental nurse on duty at every session. At the weekday evening sessions they were supported by one receptionist and at the weekend sessions there were two receptionists on duty.

During our visit we looked at staff training records which showed that dental nurses and dentists had the relevant qualifications and experience to deliver the service provided. The quality manager confirmed that LCD checked all clinical staff working at the service were registered with the General Dental Council.

The quality manager told us they felt the service was adequately resourced to meet the needs of people using the service. They said there were sufficient staff to cover for absences. The service never used agency staff; they would call someone in if a staff member was absent at short notice. They told us staff were very flexible and the service had never had to cancel a session.

The staff we spoke with confirmed they felt there were enough staff available to meet the requirements of the service. The receptionist we spoke with told us the workload had increased recently since the change over to the new 111 number. They told us there used to be two receptionists on duty at all the sessions, so the evening sessions were now a lot busier. However they said this didn’t affect the service provided to the patients; most patients were seen within 24 hours. They told us “Patients coming here get a good service and get to see a very good dentist.”
The registered manager told us they held staff meetings three times a year where any issues or concerns were discussed. They told us these meetings were not always well-attended; staff working regularly for the service were expected to attend two staff meetings a year. Staff meeting minutes were available for staff to look at.
**Complaints**  
*Met this standard*

**People should have their complaints listened to and acted on properly**

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**Our judgement**

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

The quality manager told us that Local Care Direct followed the NHS complaints procedure. We looked at the Local Care Direct complaints procedure and the quality manager explained the process for investigating serious incidents and complaints to us. They told us they carried out a full pathway review whenever a complaint was received. The quality manager confirmed they were the nominated lead to deal with any complaints about the service at this site, and the other 21 sites in the region.

The quality manager told us Local Care Direct at the Huddersfield Royal Infirmary site had not received any formal complaints in the previous 12 months. They showed us examples of investigations of complaints from other sites within the region. We saw that these had been dealt with in an appropriate manner with all the relevant documentation. The quality manager told us they always followed up any complaints with a phone call 28 days after sending the final response letter if there had been no response from the complainant.

The quality manager told us all complaints were RAG (red-amber-green) rated according to the matrix system recommended by the National Patient Safety Agency; this takes into account the likelihood and impact of the issue. All complaints received were also discussed at the monthly quality meetings. We looked at the minutes of a recent quality meeting which confirmed this.

We saw there were leaflets and posters available in the waiting area explaining the complaints procedure. There was also a patient feedback form, patient questionnaire and feedback card. We looked at a selection of completed feedback cards and saw the comments were generally positive. The quality manager told us any negative comments would be followed up and acted upon. They told us the service was required to feed back to the local Clinical Commissioning Group (CCG) on a monthly basis.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✅ Met this standard
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

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<th>Regulation</th>
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<td>Regulation 17</td>
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<td>Consent to care and treatment</td>
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<tr>
<td>Records</td>
<td>Regulation 20</td>
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Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### Glossary of terms we use in this report (continued)

#### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

#### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

#### Responsive inspection

This is carried out at any time in relation to identified concerns.

#### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

#### Themed inspection

This is targeted to look at specific standards, sectors or types of care.
Contact us

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