The Leeds Dental Team Limited

The Temple Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 30 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

The Temple Practice is in Leeds and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a dedicated car park for staff and patients.

The dental team includes five dentists (one of whom is a foundation dentist), five dental nurses, one dental hygiene therapist, two receptionists and a practice manager. The practice has four treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Temple Practice was the practice manager.

On the day of inspection we collected 37 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8:00am to 5:30pm

Friday 9:00am to 5:30pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Improvements could be made to the systems to help manage risk. Some actions from the fire risk assessment had not been implemented. No risk assessments were documented before staff went on domiciliary visits.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- Improvements could be made to the practice's governance systems.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements and should:

- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the system for identifying and disposing of out-of-date stock.
- Review the practice's protocol for documenting a risk assessment for lone workers and domiciliary visits.
- Review the current fire risk assessment and implement the required actions.
- Review the whistleblowing, infection control and complaints policy and ensure they are practice specific.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. Most Disclosure and Barring Service (DBS) checks had been carried out prior to the inspection.

Premises and equipment were generally clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

We noted prescription pads were not stored securely when the practice was closed.

Are services effective?

No action

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 40 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, considerate and caring. They said the dentists explained treatments clearly and they felt listened to. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Summary of findings

Are services responsive to people's needs?

No action

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice's systems to help manage risk could be improved. For example, some actions from the fire risk assessment carried out in November 2013 had not been completed. The lone workers policy and whistleblowing policy were not practice specific. Domiciliary visits were carried out and no risk assessments were documented of the patients' homes or care homes. There was not an effective stock control system for antibiotics. We were later sent evidence these issues had been rectified.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

On the day of inspection the practice did not have a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw a process was set up on the day and previous alerts were checked.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. It was not clear from the safeguarding policy who the safeguarding lead was and there were different contact details for the local safeguarding teams. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. There was reference to whistleblowing in the staff handbook but this did not contain and internal or external contact details for staff. We were later sent evidence a practice specific whistleblowing policy had been implemented. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were generally available as described in recognised guidance. We noted there was only one mask for the self-inflating bag. We were later sent evidence the additional masks had been ordered.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at six staff recruitment files. These showed the practice followed their recruitment procedure. We noted that most DBS checks had been completed within the last two weeks. We discussed the need to carry out these checks at the point of employment and we were told this would be done for any future new staff.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and risk assessments. These covered general workplace and specific dental topics. We noted the sharps risk assessment had not been updated to reflect the safety system they were currently using. It still referred to the use of a re-sheathing device. We were later sent evidence it had been updated to reflect the system used at the practice.

We were told a cleaner would often be in the practice alone. There was reference to lone working in the staff handbook but this was not specific to the location. We were told the risks associated with lone working were discussed with staff but this was not formally documented. We were later sent evidence of a practice specific lone workers risk assessment.

The practice carried out domiciliary visits to care homes and patients' houses approximately twice a week. We were told staff carried out risk assessments of the premises before visiting. This including assessing whether emergency resuscitation medicines or equipment should be taken, whether the setting is adequately clean or any other hazards existed. These risk assessments were not formally documented. We were later sent evidence of a risk assessment template which would be used.

Are services safe?

A fire risk assessment had been carried out in November 2013. This had identified the need for emergency lighting in certain areas and also to upgrade the fire alarm system. These had not been done. We were later sent evidence that this had been booked to be completed.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff had completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. The latest audit did not identify rips to the operator chairs in two surgeries and damage to the work surfaces in one surgery.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was generally clean when we inspected and patients confirmed this was usual. We noted there was dust on the light above the dental chair and dirt behind the handles of the drawers in one of the surgeries. We were told the cleaning processes would be reviewed to ensure all areas were adequately cleaned.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice held a small stock of antibiotics for private patients. We noted some of these antibiotics had gone out of date in June 2017 and there was no system in place to check for out of date antibiotics. There was no evidence to suggest these had been given to patients. We were later sent evidence that a stock control system had been put in place.

The practice did not store NHS prescription pads securely. These were stored in unlocked surgeries when the practice was closed. We were told the security of prescription pads would be reviewed.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice did not have a consent policy. The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. The dentists were aware of the need to consider whether a child had the maturity and understanding when providing treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, considerate and caring. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff described an example of a patient with a hearing impairment where they drew pictures and wrote things down to ensure they could effectively communicate. They the arranged for a person who could sign to attend with the patient.

Staff told us the patients were sent a confirmation e-mail when they booked an appointment. They were also sent another e-mail three days prior to their appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, and an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. Extra urgent appointment slots were blocked out of a dentist was on leave. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The complaints policy was displayed in the waiting room. We noted there were no external contacts in the complaints policy if patients were not satisfied with the response provided by the practice. We were later sent evidence this had been done.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and day to day running of the service. One of the dentists was the clinical lead. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies to support the management of the service. Improvements could be made to the governance arrangements. For example, the whistleblowing policy was not practice specific. The safeguarding policy did not have a named safeguarding lead and it was not clear which contact numbers were the correct ones. The infection control policy stated it had been recently updated, this policy still referred to out of date guidance for the storage of instruments. The complaints policy did not have any contact details of external organisations. We were later sent evidence these policies had been updated to reflect the specific nature of the practice.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. The infection prevention and control audit did not identify the minor issues we found on the day of inspection such as the rips to the operator chairs in two surgeries and damage to the work surfaces in one surgery.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. All staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys to obtain patients' views about the service. We were told the seating in the waiting room had been changed as a result of patient feedback. We saw on more recent patient surveys that patients commented positively about the seating.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.