

Poulton Practice Limited

Poulton Practice Limited

Inspection Report

15 Lower Green
Poulton le Fylde
FY6 7JL
Tel: 01253 894095
Website: www.poultondental.co.uk

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Overall summary

We carried out this announced inspection on 28 November 2019 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Poulton Dental Limited is in Poulton le Fylde and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes the principal dentist, one dental nurse and one dental hygienist. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers

Summary of findings

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 Poulton Dental Limited is the principal dentist.

On the day of inspection, we collected seven CQC comment cards filled in by patients.

During the inspection we spoke with the dentist, the dental nurse, and the dental hygienist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am – 5pm

Friday 9am – 2pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were not available.
- The provider had limited systems to help them identify and manage risk to patients and staff.
- The provider had insufficient safeguarding processes. Staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's staff recruitment policies and procedures did not reflect current legislation.
- The clinical staff did not fully provide 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.

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not have effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records. In particular: ensuring treatment plans were in place for all patients receiving dental implants. There was lack of recordings regarding gum health/periodontal diagnosis and treatment options in general dental records.
- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010 with regards to the accessible toilet facilities.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

No action



Are services effective?

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

No action



Are services caring?

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

No action



Are services responsive to people's needs?

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

No action



Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Requirements notice



Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had systems to keep patients safe.

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 safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse did not continue up to date information. The local safeguarding board information pack was dated 2013 and had not been reviewed since. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

There was only one autoclave in the practice.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. This risk assessment was dated 2011 and there was no evidence of review. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a whistleblowing (Speak-Up) policy. This policy was dated 2007 with no evidence of review. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These did not reflect the relevant legislation. We looked at the dental nurse's recruitment records. These showed the provider had made appropriate recruitment checks, apart from obtaining references. When we discussed this with the provider they said they did not remember asking for these.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including all electrical appliances.

A fire risk assessment was carried out in line with the legal requirements. This was dated 2013 with no evidence of review. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The systems to assess, monitor and manage risks to patient safety were ineffective.

The practice's health and safety policies, procedures and risk assessments had not been reviewed regularly to help manage potential risk. For example, the general risk assessment was not dated or signed to demonstrate when and who had undertaken the assessment. There was no evidence of a review date.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Clinical staff had knowledge of the recognition, diagnosis and early management of sepsis.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were not available as described in recognised guidance. We found the practice only had one size 5 oxygen mask available. We found staff kept records to make sure the medicines and equipment were within their expiry date, and in working order. The system should be reviewed.

A dental nurse worked with the dentist and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had manufacturer's safety data sheets for substances used in the practice. There were no risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were not fully completed, but were legible, kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. There was no system in place to monitor these referrals.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

Track record on safety, and lessons learned and improvements

The provider had limited systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues but these were not dated and there was no evidence of review. There had been no recorded incidents to enable staff to monitor and review these.

The provider did not have access to the electronic system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. The dentist received mentoring support remotely. We saw the recording of dental implants treatment plans was not in accordance with national guidance. The treatment plans were not included in the clinical records that were viewed and were not visible to us on the day. Treatment plans were produced which were acceptable but did not relate to the patients records that were seen.

Staff had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist and the hygienist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist and dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. Records did not demonstrate the dentist and dental hygienist assessed patients' treatment needs in line with recognised guidance. In the dental care records we reviewed there was lack of recordings regarding gum health/periodontal diagnosis and treatment options.

The provider had limited quality assurance processes to encourage learning and continuous improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Referrals to other services, including urgent referrals, were not monitored to ensure a satisfactory outcome for patients.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were friendly, professional and approachable. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for the premises when it was closed. The CCTV was not in use when patients attended for treatment.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice

would respond appropriately. The reception computer screen was not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act and The Accessible Information Standard (this is a requirement to make sure that patients and their carers can access and understand the information they are given). We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients information to help them make informed choices about their treatment but these were not always documented. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. For example, nervous patients were seen in the morning to counteract the stress of waiting for their appointment.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

Seven cards were completed, giving a patient response rate of 14% with 100% of views expressed by patients being positive. Common themes within the positive feedback were for example, friendliness of staff, easy access to dental appointments and information regarding their treatment discussed with them. We shared this with the provider during our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included a portable ramp to aid access and a hearing loop. There was an identified accessible toilet but this did not include hand rails, an easy flush toilet mechanism and a call bell. The paper towel dispenser and the mirror could be potentially out of reach for patients in a wheelchair.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. This audit was not dated and there was no evidence of review.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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.

The staff took part in an emergency on-call arrangement with some other local practices during holidays and with the NHS dental out of hour's service for evenings and weekends. Patients were directed to the appropriate out of hours service.

The practice's 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.

Listening and learning from concerns and complaints

The principal dentist took complaints and concerns seriously and had systems to respond to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet and web site explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist confirmed 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 principal dentist had dealt with their concerns.

There had been no complaints received in the last 12 months.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Policies and procedures did not reflect good governance systems. The information and evidence presented during the inspection process was not clear or well documented. The provider could not show how they sustain high-quality sustainable services and demonstrate improvements over time.

Leadership capacity and capability

The principal dentist did not have the capacity, values and skills to deliver high-quality, sustainable care. This was a small single-handed dentist provider with limited capacity.

The principal dentist was not fully knowledgeable about issues and priorities relating to the quality and future of the service. They understood the issues identified during the inspection.

They had limited capacity as a single-handed provider and had focused on ensuring patients had access to care. The provider agreed that systems should be reviewed more regularly. They engaged with the inspection process and were open to discussion and feedback. They showed a commitment to making improvements.

Staff at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice could not demonstrate they had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional

development. We saw evidence of completed appraisals in the staff folders. There was little external involvement in the monitoring of staff or participation in local professional networks leaving the clinicians and nurses isolated.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

The provider was aware of compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

It was the role of the principal dentist to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice and for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a limited system of clinical governance in place which included policies, protocols and procedures. Policies were available electronically and were accessible to all members of staff. Policies we reviewed had not been signed or dated and appeared not to have been reviewed or updated for over 10 years. The practice's safeguarding policy was not up to date.

Recruitment of staff was not in line with information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no recruitment policy and references were not available for each person employed

We saw there was ineffective process for identifying and managing risks, issues and performance. In particular, systems to review patient referrals, medical emergency arrangements and hazardous substances. The general risk assessment was not dated or signed to demonstrate when and who had undertaken the assessment. There was no evidence of a review date.

There was no evidence that demonstrated that a system for serious incident framework, incident and accident reporting was in place.

Are services well-led?

There were ineffective systems in place to ensure the correct medical emergency equipment was available.

Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, there was no evidence to demonstrate that referrals to other services were monitored.

Appropriate and accurate information

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

We found that accurate, complete and contemporaneous records were not being maintained in respect of each service user. For example: there were no treatment plans in place for patients receiving dental implants.

Dental care records did not demonstrate the dentist and dental hygienist assessed patients' treatment needs in line with recognised guidance. In the dental care records we reviewed there was lack of recordings regarding gum health/periodontal diagnosis and treatment options.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the TV station was changed in the reception area as some patients found it loud and intrusive.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

The provider had limited systems and processes for learning, continuous improvement and innovation. We highlighted the risks of professional isolation with the provider and discussed strategies to avoid this. We signposted the provider to external support and resources.

The quality assurance processes to encourage learning and continuous improvement were not effective. These included audits of dental care records, radiographs and infection prevention and control.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The registered person did not ensure that governance systems remained effective. For example: the registered person did not ensure that policies and procedures were up to date, reviewed and made available to staff.• The registered person did not ensure the system for serious incident framework, incident and accident reporting was in place.• The registered person had not ensured the practice's safeguarding policy was up to date.• The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was detailed in a recruitment policy and references must be available for each person employed.• Systems to identify and act on risk were ineffective. In particular, systems to review medical emergency arrangements and hazardous substances.• There was ineffective oversight in the monitoring of referrals made to external bodies.

This section is primarily information for the provider

Requirement notices

- The registered person failed to ensure that accurate, complete and contemporaneous records in respect of dental implants were being maintained and readily accessible in respect of each service user. In some cases observed we noted that periodontal diagnoses were not recorded in patient's treatment records.

Regulation 17 (1)