

Dr Nigel Newton

Nigel Newtons Dental Care

Inspection Report

14 Dowland
Dartmouth Close
Worle
Weston-super-Mare
BS22 6LJ

Tel: 01934 521798

Website: www.nigelnewtonsdentalcare.co.uk

Date of inspection visit: 28/04/2016

Date of publication: 16/05/2016

Overall summary

Further to the outcome of a previous inspection, carried out in October 2014, we carried out an announced focused inspection relating to the safe provision of conscious sedation on 28 April 2016 to ask the practice the following key questions;

Are services safe, effective, and well-led in relation to conscious sedation?

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 well-led?

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

Background

Nigel Newton's Dental Care is a mixed dental practice providing NHS and private treatment for both adults and children. The practice is situated in a converted residential property based in a suburb of Weston-Super-Mare.

The practice has one dental treatment room and a separate decontamination room for cleaning, sterilising and packing dental instruments. Also included is a reception and waiting area.

The practice has a dentist who is also the practice owner, a lead dental nurse who acts as the practice manager and two part-time trainee dental nurses.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

All of the requirements set out by the Care Quality Commission in relation to conscious sedation at the previous practice inspection had been met:

- Whilst not currently providing conscious sedation the governance systems in place to underpin the provision of this treatment gave us confidence it would be provided safely.
- An empowered practice manager oversaw the maintenance of clinical governance systems.

Summary of findings

- Staff involved in the provision of conscious sedation had been trained to handle medical emergencies.
- Appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- Staff received appropriate joint update training by the Society for the Advancement of Anaesthesia in Dentistry (SAAD) in relation to the provision of conscious sedation in a 'high street' dental care setting.
- The necessary monitoring equipment to ensure the safe provision of conscious sedation was available.
- Standard operating procedures were in place for the use of medicines involved in conscious sedation including the maintenance of a stock of the reversal agent for the sedative medicine.
- Two appropriately trained staff supported patients during their conscious sedation.

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?

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

The practice had appropriate arrangements in place for the provision of conscious sedation in a high street dental care setting. We found that all the equipment used during the provision of intravenous conscious sedation in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously. There were sufficient numbers of suitably qualified staff working at the practice for the provision of conscious sedation.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance to guide their practice. The staff received professional training and development appropriate to their roles and learning needs in relation to conscious sedation. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services well-led?

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

Strong and effective leadership was provided by an empowered practice manager. The practice owner and the practice manager/lead nurse had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. The practice had appropriate clinical governance and risk management structures in place to provide conscious sedation services.

Nigel Newtons Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Further to the outcome of a previous inspection, carried out in October 2014, we carried out an announced focused inspection relating to the safe provision of conscious sedation on 28 April 2016. The inspection was led by a dental specialist advisor and a CQC inspector

During the inspection, we spoke with the practice owner the practice manager/lead nurse and reviewed policies, procedures and other documents.

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

- Is it safe?
- Is it effective?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during this inspection.

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

The practice put in place systems and processes to ensure that patients did not come to harm during the provision of conscious sedation. This included important pre-treatment such as a comprehensive medical history check and vital signs checks such as blood pressure and oxygen saturation levels and body mass index (BMI) to ascertain patient suitability for intravenous conscious sedation.

In addition we saw there was equipment in place to warn the dentist of any deterioration in the patient's condition during sedation. This would be facilitated by the use of the pulse oximeter and blood pressure measuring machine. The dentist explained the sedative agent would be administered using a 'titration to response' method to ensure that the patient would not be over sedated. In the event of any over sedation, the practice had in place the reversal agent Anexate should this occur.

The dentist explained they would have in place a system of clinical audit to investigate why this may have occurred. Audit of this type is in accordance with current professional guidelines. To prevent patients from coming to harm following treatment the practice had developed a patient information leaflet describing post-operative care and supervision of the patient arrangements for each patient and their carer to follow.

We spoke with the dentist about how they implemented the principles of informed consent; the dentist had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits would be discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. To underpin the consent process the practice had developed bespoke consent form for conscious sedation.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an

automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

Staff involved in conscious sedation had received training in how to use this equipment as part of their intermediate life support training. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice.

The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. The practice held training sessions each year so that they could maintain their competence in dealing with medical emergencies. Both staff demonstrated they knew how to respond if a person suddenly became unwell.

Equipment and medicines

The practice facilities were suitable for the delivery of conscious sedation. Sedation care would be provided via a ground floor treatment room. This allowed ease of access for emergency services. There was adequate space around the dental chair to deal with a dental emergency and the chair could be placed in a head down tilt position.

Appropriate equipment for the delivery of intravenous sedation was in place, this included an automated pulse oximeter and an automated blood pressure measuring machine. This equipment appeared to be well maintained. The practice had in place an appropriate range of syringes, needles and tourniquet for venepuncture and maintained a stock of the reversal agent for the benzodiazepine sedative agent. At this point the practice was not carrying a stock of the benzodiazepine sedative agent. The provider explained that on resumption of sedation services appropriate levels of stock would be obtained according to the standard operating procedure of the practice. The practice maintained a supplemental tank of oxygen for use during intravenous sedation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with the dentist who described the typical patient journey for a patient undergoing intra-venous conscious sedation. They explained that all patients undergoing sedation would have important checks made prior to sedation this included a detailed medical history, body mass index (BMI), blood pressure and an assessment of health using the American Society of Anaesthesiologists classification system.

The dentist explained that during the sedation procedure important checks would be recorded at regular intervals which included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. At the end of treatment patients would be monitored by the dentist until they were completely recovered. The dentist explained that they would be responsible for the discharge of the patient. They also explained that the patient and their carer would be given verbal and written instructions on post-operative home care and emergency contact details should this be necessary.

We were shown the record keeping templates that they had developed to capture all of the important details of the

assessment and monitoring of the patient before, during and after treatment. This approach was developed to ensure patients were being treated safely and in line with current standards of clinical practise.

Staffing

Patients receiving conscious sedation would be supported by two appropriately trained dental professionals on each occasion. The practice manager/lead nurse showed us their system for recording training that staff had completed. These contained details of continuing professional development (CPD).

Since our last visit two years ago we saw that in relation to conscious sedation and dealing with medical emergencies the practice owner had carried out over 22 hours of continuing professional development and the practice manager/lead nurse carried out over 19 hours. They had each undergone 12 hours of verifiable conscious sedation training provided by the Society for the Advancement of Anaesthesia in Dentistry (SAAD). This was in accordance with professional guidelines.

They had also undertaken other training modules with respect to conscious sedation with this provider. This included subject areas such as over sedation, fasting prior to sedation, paediatric sedation and consent. Both staff had undertaken immediate life support training which included training in the use of the AED and airway management.

Are services well-led?

Our findings

Governance arrangements

Whilst not currently providing conscious sedation the governance systems in place to underpin the provision of this treatment gave us confidence it would be provided safely.

Since our last visit the practice had introduced a robust system of clinical governance in relation to conscious sedation. Systems included pre and post sedation treatment checks, emergency equipment requirements,

medicines management, personnel present during the sedation procedure, patient's checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions and staff training.

We found that the empowered practice manager/lead dental nurse and the practice owner were determined to maintain robust standards in relation to the practices' governance systems and processes.

We saw other examples of this ethos when we were shown the refurbished decontamination room. The systems and processes in place for equipment decontamination were maintained to a high standard.