

Mr. David Gilkeson

# Dental Surgery - Stonegate

## Inspection Report

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Date of inspection visit: 13 August 2018  
Date of publication: 17/09/2018

### Overall summary

We undertook a focused inspection of Dental Surgery - Stonegate on 13 August 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection on 23 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective and well led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook a focused inspection on 23 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe and well led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our reports of the inspections by selecting the 'all reports' link for Dental Surgery - Stonegate on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

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

#### **Our findings were:**

##### **Are services safe?**

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 23 April 2018.

##### **Are services effective?**

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

Areas for improvement previously identified within the effectiveness key question on the 23 April 2018 were much improved. Further progress could be made in relation to awareness of the Mental Capacity Act 2005 and details can be found in the main body of the report under consent to care and treatment.

##### **Are services well-led?**

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

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 23 April 2018.

## Background

Dental Surgery - Stonegate is in York and provides NHS and private treatment to adults and children.

Due to the practice being located on the first floor, patients with mobility requirements are referred to a local practice that can help with access more easily.

The dental team includes the principal dentist, four dental nurses (one of whom is a trainee dental nurse), a short-term practice manager and a practice cleaner.

The practice has one surgery, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

Monday – Friday 9am to 12 pm & 2pm to 5pm

## Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- The process to identify, record and respond to a significant event was much improved.

- Staff were confident they knew how to deal with medical emergencies. Emergency medicines and life-saving equipment reflected up to date guidance.
- The practice had improved systems to help them manage risk to patients and staff.
- Fire safety management systems were embedded and the practice was compliant with fire regulations.
- The practice was registered to receive medical device alerts from Medicines and Healthcare Products Regulatory Authority (MHRA).
- Clinical waste was prepared for disposal in line with recognised guidance.
- Awareness of safeguarding procedures had improved but the provider's knowledge of the reporting processes to follow remained limited.
- The provider had thorough staff recruitment procedures.
- The provider's awareness of acquiring appropriate consent in relation to the Mental Capacity Act 2005 remained limited.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Leadership and management had improved in all areas and staff felt supported.

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

- Review the practice's safeguarding processes to ensure reporting procedures are fully embedded.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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

Since the inspection on the 23 April 2018 further improvements had been made to the environmental cleaning process which was now carried out and monitored in line with guidance.

Since our last inspection infection prevention and control procedures had been reviewed and staff training had taken place to embed the process.

The process now in place to identify, report, record and analyse significant events or events that required reporting in accordance with the Reporting of Injuries, disease and Dangerous Occurrences Regulations 2013 was embedded.

Staff awareness of safeguarding and associated procedures had improved. We found there was still a limited understanding of the reporting processes to follow.

The practice was now registered to receive national patient safety and medicines alerts and a system for monitoring them was in place.

The provider told us that rubber dam was still not being used routinely. Improvement in this area was required to bring the process in line with guidance from the British Endodontic Society.

The practice's fire safety management systems now complied with fire regulations.

Staff were qualified for their roles and the practice now completed essential recruitment checks.

Clinical waste preparation was now carried out in line with current guidance.

The practice's risk management processes were improved and embedded.

An effective process to refer patients with suspected oral cancer was now in use and embedded.

No action



### Are services effective?

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

Areas for improvement previously identified within the effectiveness key question were much improved.

Systems in place to obtain consent to care and treatment were now in line with legislation and guidance. Mentorship arranged with NHS England in respect to this area was on-going.

Awareness of the Mental Capacity Act 2005 was still limited in respect to who can consent under the Act.

The providers approach to patient recall intervals was now in line with current guidance.

The provider's awareness of guidance from the Faculty of General Dental Practice (FGDP(UK)) on X-ray frequency was much improved.

No action



# Summary of findings

Improvements had been made to ensure staff training was monitored. We saw staff had completed training relevant to their role. Staff were now fully supported to develop their skills and we saw an appraisal system was now in place.

The practice had a system to identify patients who required a referral to other dental or health care professionals, a log was now in place to monitor or track the referrals and the process was embedded.

## Are services well-led?

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

There had been improvements to the management of the service. This included providing additional staff time available for management and administration, establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the on-going development of effective governance arrangements at the practice.

The process to manage sharps within the practice was now embedded.

Recruitment procedures were now fully in place and were embedded. Recent records showed the practice followed their recruitment procedure to employ a new staff member.

Awareness of responsibilities to Duty of Candour was now embedded and a policy was now in place.

**No action** 

# Are services safe?

## Our findings

At our previous focussed inspection on 23 April 2018 we judged the practice was not providing safe care in accordance with the relevant regulations. Since our focussed inspection on 13 August 2018 we found the practice had made the following improvements to comply with the regulations:

Staff had better awareness of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances, these had been discussed at team meetings and a flow chart was now in place to assist staff. Improvements could be made to embed the reporting process. To determine a level of understanding we discussed safeguarding awareness with the team. The provider displayed a better knowledge of the signs of neglect and abuse since our last visit but gave a less assured account of their reporting responsibility and the correct reporting processes to follow. We highlighted these areas of concern to the provider on the inspection day.

Staff were now fully aware of their responsibilities with regards to whistleblowing, these had been discussed at team meetings and a policy with external contact numbers was now in place.

The provider told us that rubber dam was still not being used routinely. Improvement in this area was required to bring the process in line with guidance from the British Endodontic Society.

Improvement had been made to address previous recruitment concerns. A recruitment policy and procedure was now in place and the provider had completed training specific to employing staff. Two new staff members had been employed since our last visit. We reviewed these staff files and found the recruitment process had been followed. We also saw staff induction was carried out and staff appraisals were planned for later in the year.

The provider had consulted the Radiation Protection Advisor in relation to the increase of taking X-rays and the local rules for X-ray machines were reviewed. A rectangular collimator, designed to reduce the radiation dose to patients, was now being used, X-ray beam aiming devices were now used to assist the provider and guidance posters were in place.

## Risks to patients

We reviewed the improvements made to the referral process which included urgent referrals for suspected oral cancer. The provider was able to fully explain the process now in place for routine and urgent referrals. We saw that a referral log was in use and this was monitored and tracked by the dental staff.

We reviewed the practice's fire safety management systems and found positive action had been taken and completed in all respects to reduce the risk of fire and improve the safety of patients and staff. For example:

- Staff had completed fire safety awareness training
- A system for carrying out regular checks on fire equipment was embedded and documents were available to support this
- Fire resistant doors with an automatic closure mechanism were now in place
- Emergency lighting was now in place
- A fire alarm system had been fitted and its function was regularly tested
- Escape windows were now installed in the attic rooms
- The stairs, cellar and attic areas were now fire protected

Since our last visit safe sharps management was much improved. For example:

- The sharps risk assessment now reflected the process in place
- The provider was responsible for dismantling all sharps including needles, burs and matrix bands.
- The sharps management system was being enforced
- Records showed that sharps management was discussed during team meetings

We reviewed the infection prevention and control processes and found staff were more confident and able to demonstrate a thorough understanding of the processes now in place. Infection prevention and control training had been carried out by all staff. A hand washing flow chart was now positioned to aid staff during the instrument cleaning process. We reviewed the equipment validation process and found it was carried out in line with current guidance.

Since our last visit, further improvements had been made to the environmental cleaning process. A practice cleaner had been employed and records showed cleaning processes were now carried out and monitored in line with guidance.

# Are services safe?

## Track record on safety

The provider had a much clearer understanding of documents held on the IT system. Training had taken place and progress was being made to update all templates to tailor them to the practice. All staff including the provider knew which policies had been updated and where they were held on the IT system. The health and safety policy had been modified to reflect the risks within the practice. The general practice and sharps risk assessments were now up to date and reflected the practice's procedures.

During the last inspection we identified an area of concern relating to the clinical waste bagging process. No evidence was found on the inspection day to suggest this remained a cause for concern.

## Lessons learned and improvements

Since our last visit the process to identify, respond to and learn from significant events, incidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) was much improved. The providers understanding of what constituted a significant event was clearer and was able to give good examples to support this. The practice manager held several meetings since April 2018 to discuss this subject; we saw evidence that training was carried out as planned in May 2018 and saw that this subject was now part of a quarterly training plan.

The provider had registered the practice to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). A staff member was responsible for monitoring the alerts and the provider told us that they would be read and actioned if relevant to the practice. Documented evidence was now in place to support this process.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous focussed inspection on 23 April 2018 we judged the practice was providing effective care in accordance with the relevant regulations with some areas identified for improvement. At our focussed inspection on 13 August 2018 we found the provider had made further improvements within the effectiveness key question:

### **Effective needs assessment, care and treatment**

We found improvements had been made to embed the recording of information in patient care records. The provider told us that risk assessments were now documented in patient care records and gave good examples of how various clinical and social factors formed part of the assessment process.

We reviewed the provider's awareness of guidance from the Faculty of General Dental Practice (FGDP(UK)) on X-ray frequency. The provider was able to assure us during discussion they now had a greater level of understanding of the guidance.

The providers approach to patient recall intervals was now in line with current guidance. The provider explained how patient recall was now assessed in line with risk and patient preference.

### **Consent to care and treatment**

Systems in place to obtain consent to care and treatment were now in line with legislation and guidance. Mentorship arranged with NHS England in respect to this area was ongoing. A process was introduced in the form of a rubber stamp to routinely document in the dental care record that consent had been obtained. The provider had also undertaken additional consent training in the form of webinars.

The provider gave a more detailed response to their awareness of the Mental Capacity Act 2005. We discussed in more detail the process of who can consent on behalf of a patient under the Mental Capacity Act 2005; the provider's response in this area was still limited. We were assured that further training would be sought.

### **Effective staffing**

The provider supported staff development and staff confirmed this. We saw that a process was now in place to ensure staff induction was carried out and staff appraisals were planned for later in the year.

### **Co-ordinating care and treatment**

The provider confirmed they routinely referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. We saw that a referral log was in use and this was monitored and tracked by the dental staff.

# Are services well-led?

## Our findings

At our previous focussed inspection on 23 April 2018 we judged the practice was not providing well led care in accordance with the relevant regulations. Since our focussed inspection on the 13 August 2018 we found the practice had made the following improvements to comply with the regulations:

### Culture

Staff told us they worked as a team and that there was an improved structure in their daily work.

The practice continued to maintain a patient focussed approach.

We reviewed the awareness of the Duty of Candour within the practice. A Duty of Candour policy was in place and the provider was aware of the requirements to be open, honest and to offer any apology if anything went wrong and was able to offer a scenario to support this.

Staff told us they were able to raise concerns and were encouraged to do so. They now had more confidence that these would be addressed.

### Governance and management

We discussed what improvements had taken place in respect of dental practice governance. We found that:

- The temporary practice manager and the provider had implemented and adjusted many policies and protocols

- Systems and processes had been streamlined to bring structure to the practice
- The provider was more engaged and familiar with the tailored policies and risk assessments now held at the practice. The process to update the policies was ongoing
- Risk assessments were now in place and represented the practice procedures; staff were aware of their content
- All staff utilised the IT system
- The provider and staff used the IT system to carry out on-line training
- Monthly staff meetings were scheduled as protected time and the minutes are documented
- New or updated policies are discussed during staff meetings
- In-house training sessions are held monthly to embed implemented processes
- A quarterly refresher training plan is now in place

A white board was introduced to assist with team communication and used to remind staff of future events or deadlines to meet.

### Continuous improvement and innovation

We reviewed if improvements had been made to the quality assurance processes. We found that radiographs and infection prevention and control processes were being audited. Action plans were now in place for learning and improvement.