

Mr Mark White

Ashfield House (High Bentham)

Inspection Report

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Overall summary

We carried out this announced inspection on 05 March 2020 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 not 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

Ashfield House dental practice is in High Bentham on the Lancashire and North Yorkshire border and provides private dental care and treatment for adults and children.

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

Summary of findings

The dental team includes one dentist, one dental nurse and one receptionist. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. 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.

On the day of inspection, we collected 14 CQC comment cards filled in by patients

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

The practice is open:

Monday to Wednesday: 9am – 5pm

Thursday: 2pm – 9pm

Friday: Closed

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which did not fully reflect published guidance, in particular in relation to the reprocessing of unwrapped dental instruments.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The provider could not demonstrate that safeguarding training for all staff had been completed.
- The provider had not reviewed the radiation protection arrangements to ensure the practice had fulfilled the legal obligations and staff were following the recognised guidance.

- The provider's staff recruitment procedures did not reflect current legislation. There were no records of staff immunisation status or references being sought for two members of staff.
- 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.
- 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 or 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 dealt with complaints positively and efficiently.
- Governance arrangements were not effective. The provider had no means in place to ensure policies, procedures and risk assessments were regularly reviewed.

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






- Ensure care and treatment must be provided in a safe way for service users.
- Establish effective systems and procedures to ensure good governance in accordance with the fundamental standards of care.

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

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?	Requirements notice	
Are services effective?	No action	
Are services caring?	No action	
Are services responsive to people's needs?	No action	
Are services well-led?	Requirements notice	

Are services safe?

Our findings

We found this practice was not providing safe 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.

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

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The provider was unable to demonstrate all staff had completed 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. These did not follow 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. We found several loose dental instruments in the drawers in the treatment room. Staff were unable to confirm the reprocessing dates to demonstrate that these instruments had been decontaminated in line with the guidance.

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.

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 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 had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. We looked at two staff recruitment records. There was no evidence of references being sought before temporary staff were employed.

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

The provider had carried out a fire risk assessment in line with legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice did not have effective arrangements to ensure the safety of the X-ray equipment. We saw the required radiation protection information not been reviewed since 2017. The provider had registered to use X-ray equipment on the premises with the Health and Safety Executive. There were no local rules available to support the safe use of X-rays on the premises. We found that the collimator had been removed from the X-ray machine. After the inspection the provider ordered a collimator and sent us evidence to show that this was now in use.

There was a log book in place for the recording of X-rays taken. This contained details of the purpose of the X-ray and a grading of the quality of X-rays taken.

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

Risks to patients

Are services safe?

The practice's health and safety policies, procedures and risk assessments had not been reviewed regularly to help manage potential risk.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. 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 did not have a system in place to ensure all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We found two staff records contained no evidence of immunisation status and no supporting risk assessment to mitigate the risk.

Staff had been made aware of the risks associated with sepsis. The principal dentist reviewed every patient request for emergency dental treatment.

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 available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

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 complete, legible, were 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.

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.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. In the previous 12 months there had been no safety incidents.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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 the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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 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.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care 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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

We asked to see evidence of audits of dental care records. The staff were unaware as to whether these audits were taking place.

Effective staffing

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

Staff new to the practice had a structured induction programme.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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 highly skilled, caring and informative. 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, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

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. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were 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

the requirements of the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the reception areas, written in languages other than English, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- 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 clear information to help them make informed choices about their treatment. 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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, videos, and X-ray images. The practice's intra-oral camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

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 living with dementia, and adults and children with learning difficulties.

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

Two weeks before the 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.

14 cards were completed, giving a response rate of 28%.

All the views expressed by patients were positive. Common themes within the positive feedback were, for example, friendliness of staff, easy access to dental appointments and flexibility of appointment times. We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff used a text message, telephone and e-mail reminder service to inform patients when their appointments were due.

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 practice had their own emergency on-call arrangement.

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

Staff told us the provider took complaints and concerns seriously and responded 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 explained how to make a complaint.

The provider was responsible for dealing with concerns and complaints. 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 provider 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 provider had dealt with their concerns.

The practice had not received any complaints during the past 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.

Leadership capacity and capability

We found the leaders were not fully aware of the risks, issues and challenges in the service.

The principal dentist was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service. Staff planned the service to meet the needs of the practice population.

Culture

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

Staff discussed their training needs at 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.

The staff focused on the needs of patients.

The provider was aware of and had systems to ensure 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

We found there were no clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibility for the management and clinical leadership of the practice, and for the day to day running of the service.

We found there was a lack of effective processes for monitoring quality and safety, and managing risks, issues and performance.

- There were no clear responsibilities, roles and systems of accountability to support good governance and management.
- The provider did not have effective recruitment procedures in place.
- The provider did not have a system in place to ensure that the clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.
- There was limited use of auditing as a means to encourage improvement in the service, including radiography, infection prevention and control, record-keeping, and antibiotic prescribing audits.
- The provider had no means in place to ensure policies, procedures and risk assessments, including the radiation protection information, were regularly reviewed and updated.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example, the provider used comment cards and encouraged verbal comments to obtain staff and patients' views about the service.

The provider gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had ineffective systems and processes for learning, continuous improvement and innovation.

Quality assurance processes were not embedded within the culture of the practice. Evidence of audit was limited. On the day of inspection we were shown one X-ray audit. Audits had not been completed for infection prevention and control, antimicrobial prescribing and the completion of dental care records.

Are services well-led?

It was not clear from the review of the staff training records that staff had completed the 'highly recommended' training as per the General Dental Council's recommendations and the provider lacked oversight of this.

The principal dentist could not demonstrate they supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person had not done all that was reasonably practical to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The registered person was not using a collimator to reduce the radiation dose to patients when taking X-rays.• The registered person had ineffective infection control procedures which did not fully reflect published guidance. In particular with regard to the reprocessing of unwrapped dental instruments.• The registered person could not demonstrate they had checked whether all clinical staff had received the Hepatitis B vaccination and had not assessed the risks inherent in them working in a clinical environment whilst their immunity status was unknown.• The registered person had not sought references prior to recruiting the temporary member of staff.• The registered person had not made local rules available to support the safe use of X-rays on the premises. <p>Regulation 12 (1)</p>
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>How the regulation was not being met</p>

Requirement notices

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.

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:

- There were no clear responsibilities, roles and systems of accountability to support good governance and management.
- The registered person did not have effective recruitment procedures in place.
- The registered person did not have a system in place to ensure all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.
- There was limited use of auditing as a means to encourage improvement in the service, including radiography, infection prevention and control, record-keeping, and antibiotic prescribing audits.
- The registered person had no means in place to ensure policies, procedures and risk assessments, including the radiation protection information, were regularly reviewed and updated.

Regulation 17 (1)