

Mr Karl Anders Birger Fagher

Saxon Dental Practice

Inspection Report

Saxon Dental Practice
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Overall summary

We carried out this announced inspection on 7 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Saxon Dental Practice provides mostly NHS dentistry to patients of all ages. The dental team consists of five dentists, two hygienists, seven dental nurses and two receptionists. The practice has three treatment rooms and is open Mondays, Wednesdays, Thursdays and Fridays from 8.30am to 5pm; and on Tuesdays from 8.30am to 7pm. The practice also opens one Saturday a month from 8.30am to 12.30pm.

There is level access for wheelchair and pushchair users at the side of the building.

Summary of findings

The practice is owned by an individual who is one of the principal dentists, Dr Karl Anders Birger Fagher. He has 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 two principal dentists and an associate dentist. We also spoke with two dental nurses. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 28 comment cards filled in by patients prior to our inspection and spoke with another two patients on the day.

Our key findings were:

- We received many very positive comments from patients about the dental care they received and the staff who delivered it.
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- The appointment system met patients' needs and patients were able to sign up to text reminders. The practice offered evening and Saturday morning appointments.
- The practice was clean and well maintained, and had infection control procedures that mostly reflected published guidance.
- Staff knew how to deal with medical emergencies, although not all equipment recommended by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards was available.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.

- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- The practice's sharps handling procedures and protocols did not comply with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks had not been completed.
- Risk assessment was limited and recommendations to improve safety for patients and staff were not always implemented.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes the recording and monitoring significant events; ensuring appropriate medical emergency equipment is available, implementing risk control measures, monitoring water temperatures, ensuring staff receive regular appraisal of their performance and have an understanding of the requirements of the Mental Capacity Act (MCA) 2005.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

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.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Premises and equipment were clean and properly maintained and the practice mostly followed national guidance for cleaning, sterilising and storing dental instruments. There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices were not robust.

Untoward events were not always reported appropriately and learning from them was not shared across the staff team. Emergency equipment did not meet national recommended guidelines.

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Clinical audits were completed to ensure patients received effective and safe care.

No action



Are services caring?

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

We received feedback about the practice from 30 patients. They were positive about all aspects of the service the practice provided. Patients spoke positively of the dental treatment they received and of the caring and supportive nature of the practice's staff.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots. Patients told us it was easy to get an appointment with the practice.

The practice had made some adjustments to accommodate patients with a disability but there was no access to a portable hearing loop or information in other formats or languages.

The practice had a complaints' procedure, although this was not well advertised to patients and the practice was not routinely recording patients' verbal complaints and using them to improve its service.

Are services well-led?

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

Most of the staff told us they enjoyed their work and felt supported by the principal dentists. We found a number of shortfalls indicating that the practice was not well-led. This included the analyses of untoward events, recruitment procedures, staff appraisal and the provision of medical emergency equipment. Risk assessment was limited and the practice had failed to implement recommended control measures to reduce risks to patients and staff.

Requirements notice 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with were not aware of any policies in relation to the reporting of significant events, or of other guidance on how to manage different types of incidents. We found staff had a limited understanding of what might constitute an untoward event and they were not recording all incidents to support future learning. For example, we noted a number of entries recorded in the practice's accident book but no evidence to demonstrate that these had been investigated and discussed to prevent their reoccurrence.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) directly, relying on one of the principal dentists who mostly worked at another practice, to disseminate the information. Staff we spoke with were not aware of the process for sharing these alerts and were not aware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. They had received appropriate training for their role and further training was planned for 23 November 2017. There was a specific icon on all computer desktops, giving staff easy access to current safeguarding information. The senior nurse told us of the action she had taken in response to concerns about one vulnerable patient.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed. The practice had not undertaken an effective sharps' risk assessment with the result that dentists were not following relevant European Directives when handling needles and other dental sharps. Not all dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment, although alternative ways of protecting patients' airways were employed. One staff member told us that rubber dams were only used for private patients, not NHS ones.

The practice had a business continuity plan describing how it would deal with events that could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and had completed in-house training in resuscitation and basic life support. Staff did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills. We noted the practice was missing some essential medical emergency equipment including a full set of airways, portable suction or a child's self-inflating bag.

First aid, bodily fluid and mercury spillage kits were available for staff to use if needed.

Staff recruitment

The practice did not have a recruitment policy to help them employ suitable staff in line with legislation. We viewed recruitment paperwork for the most recently employed staff member. Essential pre-employment checks had not been undertaken such as a disclosure and barring check and references. The senior nurse told us that there were no references for any of the nurses recently employed at the practice and that DBS checks had not been undertaken at the point of their employment to ensure they were suitable to work with children and vulnerable adults. The practice did not keep a record of employment interviews to demonstrate they had been conducted fairly and in line with good employment practices.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. We noted that control measures identified by these risk assessments had not been implemented to protect staff and patients. For example, display screen equipment assessments had not been completed for staff who worked on reception and six monthly visual checks of portable appliances had not been conducted.

A Legionella risk assessment had been completed for the practice in 2014, but its recommendations had not been implemented. For example the recommendation to

Are services safe?

monitor hot water temperatures to ensure they were above 50 degrees Celsius, had not been addressed. This recommendation was repeated in the Legionella assessment conducted in 2017.

Firefighting equipment such as extinguishers was regularly tested, and staff rehearsed fire evacuations from the premises.

There was a comprehensive control of substances hazardous to health folder containing chemical safety data sheets for most products used within the practice. However, there were no safety sheets available for the products used by the practice's external cleaner.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The senior nurse conducted infection prevention and control audits and results from the latest audit indicated that the practice met essential quality requirements.

We noted that all areas of the practice were visibly clean and hygienic including the waiting areas, toilet and stairway. Cleaning equipment was colour coded and stored correctly. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. Treatment room drawers were uncluttered, although we found a number of loose items that were not covered to prevent aerosol contamination.

Staff had their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. We noted they changed out of their uniform when leaving the building for lunch. Records showed that clinical staff had been immunised against Hepatitis B.

The practice had an infection prevention and control policy and procedures to keep patients safe, which mostly followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We noted that solution used to manually clean instruments

was not temperature or dilution controlled. There were chipped and exposed areas on work surfaces in the decontamination room, making them difficult to clean effectively. Staff told us that some instruments such as mirrors and probes were stored loose in drawers and then pouched without being re-sterilised at the end of the day.

The practice had a washer disinfectant but it was not in use. It had not been decommissioned to prevent staff using it accidentally.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste stored at the rear of the property had not been properly secured.

Equipment and medicines

Staff told us they had the equipment needed for their job. We saw servicing documentation for the equipment used and noted that staff completed checks in line with the manufacturers' recommendations.

We found some out of date products in the practice's storeroom, indicating that stock control was not robust.

The practice had suitable systems for prescribing medicines, but not all prescription pads were kept securely overnight. Dentists did not routinely audit their antibiotic prescribing as recommended.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had most of the required information in their radiation protection file. We also noted that recommendations made by the radiation protection advisor in previous reports had not been actioned and appeared again in the following report.

Clinical staff completed continuous professional development in respect of dental radiography. Rectangular collimation was used on X-ray units to reduce the dosage to patients.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 28 comments cards that had been completed by patients prior to our inspection and spoke with another two patients on the day. Most of the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Record keeping was of a satisfactory standard, although some records lacked detail to demonstrate that treatment options had been fully discussed with patients.

The practice audited dental care records to check that the necessary information was recorded.

Health promotion & prevention

Although not all clinicians were aware of the Delivering Better Oral Health toolkit, dental care records we reviewed demonstrated they were applying its principles. The practice also employed two hygienists to deliver preventive dental care and advice to patients about how to maintain healthy teeth and gums.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash,

toothbrushes and floss. Free samples of toothpaste were available to patients in two of the surgeries and the reception. We noted there was no information or displays in relation to oral health in the waiting room.

Staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. Staff told us there was usually an additional dental nurse available each day to undertake decontamination duties, and that a dental nurse always worked with the dentists and hygienists.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There was appropriate employer's liability in place.

Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. Referrals were not monitored by the practice to ensure they had been received and patients were not routinely offered a copy of the referral for their information.

Consent to care and treatment

Staff had not received any training around the Mental Capacity Act and we found they had a limited understanding of its principles and how they applied to patients who were not able to make decisions for themselves. Staff were also unclear about consent issues for patients under 16 years.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. Patients described staff as caring, friendly and professional; and their treatment as prompt and effective. One patient told us that staff created a relaxed atmosphere in the treatment room that helped them overcome their nerves; another described the dentist as very gentle. The practice's computer system had a 'pop up' window to alert the dentist of any patients with special needs and additional appointment time was made for them if needed.

All consultations were carried out in the privacy of treatment rooms and we noted that doors were closed

during procedures to protect patients' privacy. The reception area was not particularly private but computer screens were not overlooked and were password protected. Answer phone messages were always played back so that only staff could hear them. A partition wall had been placed in the waiting area to provide extra privacy for patients entering and exiting treatment rooms, and using the bathroom. We noted frosted glass in surgery windows and doors to prevent passers-by looking in.

Involvement in decisions about care and treatment

The practice did not routinely provide written information to patients about their treatments to help them understand it, although patients told us that staff listened to them and discussed options for treatment with them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients told us they were satisfied with the appointments system and their ability to get through on the phone. The practice offered appointments up to 7pm one evening a week, and on Saturdays mornings once a month to meet the needs of patients who worked full-time. There was a minimum of eight emergency appointment slots each day and the senior nurse told us that any patient in dental pain would be seen within 24 hours. Patients could sign up for text appointment reminders.

Information about the out of hours services was available on the practice's answer phone, but not on display outside the practice should a patient come when it was closed. The practice participated in the emergency 111 service four weeks a year.

There was free car parking just outside the practice.

Promoting equality

The practice had made some adjustments for patients with disabilities; there was level access for wheelchair users, downstairs treatment rooms and a fully accessible toilet.

Two surgeries had knee break chairs for patients with limited mobility. However, reception staff were unaware of translation services for patients. There were no chairs with arms or wide seating in the waiting areas to assist patients with limited mobility, and no portable hearing loop to assist those who wore hearing aids. Information about the practice or patient medical histories was not available in any other languages, or formats such as large print.

Concerns & complaints

The practice had a complaints' procedure but this was not easily accessible to patients. The procedure stated that the senior nurse was the lead for complaints management; although she herself was not aware she had this role. We were told that only one complaint had been received by the practice in 2011. However, during our inspection we became aware of a number of patients complaints in relation to waiting times, parking, and hygienists' charges. There was no evidence to show that these complaints had been recorded or discussed with staff to share learning and improve the service.

We found staff had a limited understanding of what constituted a patient complaint and how they should be recorded and managed.

Are services well-led?

Our findings

Governance arrangements

The two principal dentists had overall responsibility for the management and clinical leadership of the practice, each working part time in the practice. They were supported by a senior nurse who took on some management responsibilities in addition to her clinical work. She was aware of the shortfalls in the practice's governance procedures and it was clear she was working hard to try and improve the service.

There were policies, procedures to support the management of the service, and these were easily available to staff on the practice's computer services.

We identified a number of shortfalls in the practice's governance arrangements including the analysis of untoward events, the recruitment of staff, the availability of some medical equipment, and the control of infection. At the time of our inspection, none of the staff had received an annual appraisal so it was not clear how their performance was assessed. None had a training or personal development plan in place. There was no system in place to ensure professional registration and fitness to practice checks were undertaken for staff. We found that risk assessment within the practice was not robust, as although assessments were completed, their recommendations to protect patients and staff had not always been implemented.

Leadership, openness and transparency

Communication across the practice was structured around regular staff meetings, attended by all staff. Minutes were

kept and staff described the meetings as useful. They told us they were able to raise any issues they had. Staff described the principal dentists as approachable and supportive.

The practice had a specific duty of candour policy,

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year.

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

Ways in which patients could provide feedback about the service were limited, as the practice did not undertake any patient surveys. Friends and family test forms were available on reception but the senior nurse told us that not many of these were completed. No information was given to patients about the results. Staff were able to give us examples of where patients' suggestions had been implemented however, such as implementing a text messaging service; providing a fan in the waiting room and an external light above the step into the practice.

The principal dentist told us that staff suggestions to have a window put in surgery three and for a separate staff toilet had been implemented. One staff member reported their suggestion to have a rota for the late evening opening had been actioned.

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>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.• Appropriate medical emergency equipment was not available• The practice's sharps handling procedures and protocols did not comply with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.• Actions and recommendations from risk assessments were not always implemented.• Water temperatures were not monitored to reduce the risk of Legionella.• No action had been taken to address shortfalls identified by the Radiation Protection advisor.• Staff did not have a full understanding of the Mental Capacity Act 2005 and of consent issues for patients under 16 years old.

Requirement notices

There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The complaints procedure was not easily accessible to patients, and not all patient complaints were recorded so that learning from them could be shared.

There was additional evidence of poor governance. In particular:

- Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision and appraisal of all staff employed.

Regulation 17 (1)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met

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 available for each person employed. In particular:

This section is primarily information for the provider

Requirement notices

- DBS checks had not been carried out at the point of employment for staff employed by the practice.
- References had not been obtained for staff.

Reg 19 (3)