

Mr. Simon Bower

Ashfield Dental Care

Inspection Report

4 Ashfield Terrace
Chester Le Street
DH3 3PD
Tel: 01913882348
Website:

Date of inspection visit: 25th April 2017
Date of publication: 02/06/2017

Overall summary

We carried out this announced inspection on 25 April 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. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch team that we were inspecting the practice. They did not provide any information.

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.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks. One member of staff could not provide supporting evidence of sufficient immunity to Hepatitis B and this had not been followed up by the principal dentist.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable medicines for dealing with medical emergencies; we found two pieces of equipment were missing and these were ordered on the inspection day.

No action



Are services effective?

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

The principal dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients commented they were treated with respect and dignity in a clean environment and that staff were sensitive to their specific needs. The principal dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were

No action



Summary of findings

caring, friendly and professional. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice had not assessed the needs of, nor made reasonable adjustments for, all patient groups in line with the Equality Act 2010.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice did not have arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The lead dental nurse and principal dentist were in charge of the day-to-day management of the practice; they allocated half a day each week to do this though was often used up for complex dental treatment.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice did not monitor and analyse clinical and non-clinical areas of their work to help them improve and learn. There were no audits undertaken and the most recent patient satisfaction survey was from 2015. Formal staff meetings had not been carried out since 2015 though the practice did have daily informal discussions which were not recorded.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The principal dentist received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were not shared with staff nor stored for future reference.

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. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The principal dentist used traditional syringes with guards and dental nurses were dismantling matrix bands following their use (a matrix band is a sharp metal strip which isolates the tooth); this was not recorded in their sharps risk assessment in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The principal dentist did not use a rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. They told us they had other measures in place to protect the airway and provide adequate isolation for the tooth.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed annual training in emergency resuscitation and basic life support.

Emergency medicines were available as described in recognised guidance. We found some face masks and air bags were not available and brought this to the principal dentist's attention. They immediately ordered these items and we received email confirmation of this. We also saw their equipment was in three separate areas which may create delay in emergency care. We were told the principal dentist had purchased a defibrillator recently.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure. We found one member of staff could not demonstrate their immunity levels for Hepatitis B and this was had not been followed up by the principal dentist.

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. These covered general workplace and specific dental topics.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the principal dentist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

Are services safe?

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had not carried out any infection prevention and control audits. These are recommended to be completed twice a year to ensure the practice is meeting suitable infection prevention and control standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice had not actioned all the recommendations from their assessment such as checking if their pipes were compliant with water safety requirements. The lead nurse told us they would ensure this was reviewed.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the principal dentist justified, graded and reported on the X-rays they took. The practice did not carry out an X-ray audit following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The principal dentist assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the principal dentist recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The principal dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The principal dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they did not have regular staff meetings. As they were a small team they discussed several aspects of the practice on an informal basis. Annual appraisals had not been carried out but we saw appraisal templates were ready to be implemented.

Working with other services

The principal dentist 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. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The principal dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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 may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Nervous patients said staff were compassionate and understanding.

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. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff passwords protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment room and there were magazines in the waiting room.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice had not assessed the needs of, nor made reasonable adjustments for, all patient groups in line with the Equality Act 2010.

The practice had not considered the needs of all patient groups (such as people with sight or hearing loss) and staff reported they were not aware of their local contact details for translator or interpreter services should the need arise. The dental surgery and toilet was located on the first floor. This was explained to new patients who may require a ground floor treatment room and details of alternative options were provided.

Access to the service

The practice displayed its opening hours in the premises.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The 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.

Concerns & complaints

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

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The lead nurse was supporting them in this role. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff.

We found that recommended actions from the fire and legionella risk assessments had not been completed. We brought this to the principal dentist's attention and they assured us they would implement these immediately. The practice had a comprehensive COSHH file (Control of Substances Hazardous to Health) with risk assessments and safety data sheets. There were no risk assessments or information sheets for any cleaning products used within the practice. We explained the importance of having these for all hazardous substances held on-site and staff agreed to implement these immediately.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their

concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice did not have quality assurance processes to encourage learning and continuous improvement such as audits of X-rays and infection prevention and control.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff did not have appraisals to discuss practice information, learning needs, general wellbeing and aims for future professional development. We saw templates for these and the principal dentist told us they were planning to introduce these shortly.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and a comments box to obtain staff and patients' views about the service. The last survey was carried out in 2015 and the practice was aware of the need to reintroduce this more frequently. We saw examples of suggestions from patients the practice had acted on such as the introduction of men's magazine following a comment from a male patient.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective systems in place to ensure that the regulated activities at Ashfield Dental Care were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: • The registered provider failed to ensure they were meeting their legal obligations under the Health and Social Care Act 2008 regarding the prevention and control of infections by failing to carry out all the required actions detailed in their Legionella Risk assessment. • The registered provider failed to ensure they were meeting their legal obligations under the Health and Social Care Act 2008 in relation to the practice's sharps handling procedures and protocols. • The registered provider failed to ensure they were meeting their legal obligations under the Health and Social Care Act 2008 in relation to auditing various aspects of the service, including infection control and radiography. • The registered provider failed to ensure they were meeting their legal obligations under the Equality Act 2010 to assess the needs of different people groups, and make reasonable adjustments. Regulation 17 (1)