

Dr. Harry Page

Gensing Road Dental Practice

Inspection Report

7 Gensing Road
St Leonards On Sea
East Sussex
TN38 0ER7
Tel: 01424436613
Website:

Date of inspection visit: To Be Confirmed
Date of publication: 10/04/2019

Overall summary

We carried out this announced inspection on 01 March 2019 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.

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

Gensing Road Dental Practice is in St Leonards and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs into the reception area only. There are limited car parking spaces near the practice.

The dental team includes one dentist, 2 dental nurses/receptionists. One of the dental nurses was also the practice manager. The practice has one treatment room.

Summary of findings

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 35 CQC comment cards filled in by patients.

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

The practice is open: Monday 08.30-13.00, Tuesday 12.00-17.30, Wednesday 08.30-17.30 Thursday 08.30-13.00, Friday 08.30-13.00.

Our key findings were:

- The practice appeared clean and partly maintained.
- The provider had some infection control procedures which reflected part of the published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available.
- The practice had some systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes, however staff were confused about their responsibilities for safeguarding vulnerable adults and children.
- The provider did not have thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with some of the current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing some advice in preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had some effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.

- The provider dealt with complaints positively and efficiently.
- The provider had some suitable some information governance arrangements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure specified information is available regarding each person employed

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- 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 the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

- Review the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.
- 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.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Review the practice's protocol and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

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 some 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 people, however were confused about how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice did not complete essential recruitment checks.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as kind, helpful and supportive. The dentist said they 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 provider supported staff to complete training relevant to their roles and had some 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 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were efficient, helpful and caring.

The feedback forms said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they 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.

No action



Summary of findings

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 took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. The practice had access to telephone interpreter services and had some arrangements to help patients with sight or hearing loss.

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

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

The provider had some processes to monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

Requirements notice





Are services safe?

Our findings

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

The practice had some systems to keep patients safe.

Staff were confused about 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 recently received safeguarding training but had limited time to reflect and imbed the learning. Staff were confused about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Post inspection the practice manager conformed they were going to have a meeting to discuss the process of safeguarding.

The practice did not have a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentist confirmed that they currently never use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. Where other methods were used to protect the airway, this was documented in the dental care record, however there was no risk assessment completed.

The inspector was shown a recruitment policy which did not ensure they employ suitable staff. The policy did not reflect the relevant legislation. We looked at one staff recruitment record. These showed the practice did not followed their recruitment procedure. The practice confirmed within 24 hours that they now had a policy that did reflect the relevant legislation. Post inspection the practice manager sent us a copy of their new recruitment policy.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured us that some of the facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. On the day of inspection the provider was not able to produce an electrical safety certificate, fire risk assessment, legionella risk assessment. The practice confirmed that the electrical risk assessment was undertaken on the day after the inspection. That the legionella risk assessment had been undertaken within the last two weeks but a report was outstanding. They also confirmed that the fire risk assessment would be undertaken within the next few weeks.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had some arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. The radiation file was not well ordered and some information that it contained was from other non-related files. We spoke with the provider who told us that they would review the radiation file and collate the required information into a single file for ease of access.

We were unable to evidence that the dentists justified, graded and reported on the radiographs they took or that practice carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies and risk assessments were not reviewed regularly to help manage potential risk. The practice had current employer's liability insurance. Post inspection the practice manager confirmed these will be undertaken in a timely manner.



Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. We were unable to see a sharps risk assessment on the day of inspection.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management.

Emergency equipment and medicines were available as described in recognised guidance. The staff need to keep records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that the oxygen cylinders did not have a valve to show how much oxygen was remaining in them. We asked the provider to check with their supplier.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

The provider had some suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed 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. Staff had completed infection prevention and control training recently and they confirmed that they would receive updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment undertaken some years ago. All recommendations at that time had been

actioned and records of water testing and dental unit water line management were in place. A recent legionella risk assessment had taken place however on inspection the report was unavailable.

The practice did not have a cleaning schedules for the premises. Staff clean at the end of each day. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice could not provide as with evidence that they carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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 reviewed four dental care records and saw that they did not follow guidance concerning the information recorded; this was in relation to current dental treatment, consent and medical history. We spoke with the provider who told us that they agreed that there were gaps in the four patient care records we saw. The practice manager confirmed that they would review and audit patient care records to ensure compliance with regulations. Dental care records were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had some systems in place for appropriate and safe handling of medicines.

There was a suitable 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.



Are services safe?

The practice stored and kept records of NHS prescriptions, however this was not as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

We saw that the practice issued antibiotics prescriptions. Whilst records were made these had not been audited to ensure that the issue of antibiotics and prescriptions were in accordance with current guidance. We spoke with the provider who told us that they would review the system and ensure that an audit was carried out.

Track record on safety and Lessons learned and improvements

There were some risk assessments in relation to safety issues. The provider described that they would monitor and reviewed incidents should they occur.

In the previous 12 months there had been no safety incidents.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians 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 was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentist described where applicable, 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.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. However, this conversation in the notes we reviewed was not always fully recorded.

Consent to care and treatment

The dentist told us they obtained consent to care and treatment in line with legislation and guidance, but we found in some patient care records that this was not always fully recorded in line with GDC guidance. The practice team understood the importance of obtaining and recording patients' consent. The dentist said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice could not show us their consent policy included information about the Mental Capacity Act 2005. The team was confused about their responsibilities under the act when treating adults who may not be able to make informed decisions.

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 did keep some dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice did not audit patients' dental care records to check that the dentist recorded the necessary information. The practice manager confirmed that this would now be undertaken.

The provider confirmed at the inspection and in writing following the inspection that they will not provide conscious sedation.

Effective staffing

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

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

Staff discussed their training needs at one to one meetings. We did not see evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

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.

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.



Are services effective? (for example, treatment is effective)

The practice also had systems for 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 all referrals to make sure they were dealt with promptly.



Are services caring?

Our findings

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 helpful, kind 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.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

The practice 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, staff would take them into another room. 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. However, they were unaware of the Accessible Information Standards and the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials could be made 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.

The practice 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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. However, we could not verify this in the patients notes we saw.

The practice's 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 models, X-ray images and an intra-oral camera.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 on the importance of emotional support needed by patients when delivering care. The practice met the needs of more vulnerable members of society such as patients with dental phobia.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made some reasonable adjustments for patients with disabilities. These included steps free access. However, they did not have a hearing loop, or an accessible toilet with hand rails and a call bell.

The provider was unable to provides us with a disability access audit to formulated to continually improve access for patients.

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.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen 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 staff took part in an emergency on-call arrangement with another local practice.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day, however it was not clear what patients should do out of working hours or 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

The practice took complaints and concerns seriously and they responded to them appropriately to improve the quality of care.

The practice has a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. However, this was in the reception area at ground level and obscured by the reception desk.

The provider was responsible for dealing with these. Staff would tell the provider 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 practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the last twelve months. They were no complaints

Are services well-led?

Our findings

Leadership capacity and capability

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

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

The practice focused on the needs of patients.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of the requirements of the Duty of Candour, but did not have a policy in place to show the inspectors on the day of inspection.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management. The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider was introducing a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and would be reviewed on a regular basis.

There was not a clear and effective processes for managing risks, issues and performance. For example, a fire risk assessment had not been carried out fully or by a competent person.

Appropriate and accurate information

The provider says the practice will act on appropriate and accurate information once processes have been put in place.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice 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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, surveys, and 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

There were systems and processes for learning, continuous improvement and innovation.

The practice is starting a quality assurance processes to encourage learning and continuous improvement. These will, once undertaken included audits of dental care records, radiographs and infection prevention and control. The provider said they would then have clear records of the results of these audits and the resulting action plans and improvements.

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

The provider is going to start annual appraisals. To discuss learning needs, general wellbeing and aims for future professional development.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Some risk assessments had not been regularly reviewed.• We spoke with staff and were not convinced of their knowledge about antibiotic stewardship, mental capacity act, safeguarding, duty of candour, and sepsis.• Not all staff records were available regarding the recruitment procedures to show they had an established and operated effectively, to ensure only fit and proper persons are employed.• There was limited evidence that all audits assess, monitor and mitigate the all risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; this included antibiotic audit, x rays and patient records.• There was limited evidence that the provider completed accurate, contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.