

Mr. Cliff Kirkpatrick

Kirkpatrick Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 17 December 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 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 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 providing well-led care in accordance with the relevant regulations.

Background

Kirkpatrick Dental Practice is in Mansfield Woodhouse in north Nottinghamshire and provides NHS and private dental care and treatment for adults and children.

All patient areas apart from reception are located on the first floor. Should a patient with mobility difficulties require treatment, they would be referred to another local buddy practice where they could access treatment. There is car parking available in the supermarket near the practice.

Summary of findings

The dental team includes one dentist, one dental hygiene therapist, six dental nurses including two apprentices and the practice manager. The practice has two treatment rooms, both of which are located on the first floor. The practice has centralised decontamination facilities.

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 36 CQC comment cards filled in by patients and spoke with two other patients. Feedback received about the practice was positive.

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

The practice is open: Monday: from 9am to 5pm, Tuesday: from 9am to 7pm, Wednesday: from 9am to 5pm, Thursday: from 9am to 7pm and Friday: from 9am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The dentist did not always use a dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

- Dental care records could be improved to include more information about risks and treatment options.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Improvements were needed when dispensing antibiotic medication, to ensure the labelling of the medicines followed the Human Medicines Regulations 2012.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and 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 had systems in place to deal with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Take action to ensure the dentist is aware of the guidelines issued by the British Endodontic Society for the use of dental dam for root canal treatment.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure medicines which are dispensed by the practice are labelled in compliance with the Human Medicines Regulations 2012.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

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

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

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. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a designated lead person for safeguarding alerts within the practice. They had completed safeguarding training to the required level.

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 information available to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider 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 completed infection prevention and control training and received updates as required. There was a lead for infection control as recommended by the published guidance. The lead had undertaken infection control training in line with their continuing professional development.

The provider had 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 provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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 staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment had been completed by an external company in October 2019. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

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/infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination. We noted the policy did not include the contact details for either the Care Quality Commission or the General Dental Council. Staff took steps to include this information in the policy during the inspection.

The dentist did not always use a dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. We noted there were no records to identify when other methods were used to protect the airway, or risk assessments to support working without the use of a dental dam

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure.

Are services safe?

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. This had last been reviewed in December 2019. All staff had completed fire awareness training with relevant training certificates in their files. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. A new automatic fire detection system with smoke alarms and emergency lighting was installed in May 2019. Fire resistant doors had been fitted throughout the practice.

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

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The provider had registered with the Health and Safety Executive in line with changes to legislation relating to radiography. Local rules for the X-ray units were available in line with the current regulations. The provider used digital X-rays and had rectangular collimation fitted to the X-ray units to enhance patient safety.

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

The provider had an X-ray information poster for patients in each treatment room and the waiting room. This was a publication which had been produced by the Clinical Imaging Board in collaboration with the Institute of physics and engineering in medicine and The Royal College of Radiologists.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were 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. The 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 had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff were aware of the risks associated with sepsis. Sepsis prompts for staff and patient information posters were displayed in the waiting room. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

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 noted there were no size 4 oropharyngeal airways, nor a full set of clear face masks for the self-inflating bag. We were told these were ordered following the inspection. 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 and the dental hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

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

Are services safe?

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.

Patients updated their medical histories at each visit and they were checked by the dentist.

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

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.

We saw staff stored NHS prescriptions as described in current guidance. We noted there was no log to track individual prescriptions, so it would not always be possible to identify if an individual prescription had gone missing.

Antimicrobial prescribing audits had not been completed in line with recognised guidance, and antibiotics were not being labelled as identified in the Human Medicines Regulations 2012, as they did not have the practice name and address attached.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. We saw that historically accidents had been recorded, discussed in staff meetings and analysed to identify any learning points.

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 that 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 practitioners up to date with current evidence-based practice. We saw that dental care records did not always include risk assessments or treatment options. The examples we saw did not follow the national guidance in relation to the completion of dental care records.

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 clinicians 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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. A list of local stop smoking services was displayed in the office.

The dentist described the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

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 dentist 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 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 electronic 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. However, there were some examples where this was not recorded in sufficient detail.

Effective staffing

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

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

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 that 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 helpful, professional and caring. We saw that staff treated patients with consideration, compassion and were polite. Staff were friendly towards patients at the reception desk and over the telephone.

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

The costs for private dental treatments were on display in the practice.

Patients said staff were compassionate and understanding.

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 told us that if a patient asked for more privacy they would take them into a private room within the practice.

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 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.
- Staff communicated with patients in a way they could understand.

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 information leaflet provided patients with information about the range of treatments available at the practice.

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.

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

Two weeks before our 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.

Thirty-six cards were completed, giving a response rate of 72%

100% of views expressed by patients were positive.

Common themes within the positive feedback were how well the practice staff worked with children, the friendliness and politeness of staff and ease of getting an appointment.

We were able to talk to two patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

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

The practice had made reasonable adjustments for patients with disabilities. This included a hearing loop and referring patients to an accessible practice nearby if necessary. The practice was open until 7pm twice a week which allowed patients who were in full time employment or education to access the service.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff sent text messages and telephoned some patients to remind those who had agreed to receive them when they had an appointment.

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 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 used the NHS emergency on-call arrangements with direct telephone access to the 111 out of hour's service.

The practice's 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 practice had a policy providing guidance to staff on how to handle a complaint. This was displayed within the practice for the benefit of patients. The practice information folder explained how to make 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 complaints policy identified the time scale in which the practice would respond to any complaints received.

The principal dentist 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 principal dentist had dealt with their concerns.

The practice had not received any complaints in the 12 months leading up to this inspection.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Staff told us they worked closely with the principal dentist to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

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 manager had systems to identify and act on behaviour and performance that was not consistent with the vision and values of the practice.

Staff discussed their training needs at their annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The practice held regular staff meetings to share information and support staff. Minutes were taken of the meetings as a record of discussions and to be able to refer to decisions taken at the meeting at a later date.

We saw the provider had systems in place to deal with staff poor performance.

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

Staff discussed their training needs at annual appraisals. Records showed all staff had received an annual appraisal and completed personal development plans where appropriate.

Governance and management

Staff had 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 had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS performance info, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

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

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

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow

Are services well-led?

patients to provide feedback on NHS services they have used. Responses received during the two months leading up to this inspection had been positive. The practice had received 17 responses during that period.

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. The practice was running its own satisfaction survey at the time of this inspection. All the responses that had been received so far were positive.

Continuous improvement and innovation

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.