

Dr. Roy Nicholson

R S Nicholson & Associates - Athersley Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 20 February 2018 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 that we were inspecting the practice. They did not provide any information of concern.

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 providing well-led care in accordance with the relevant regulations.

Background

Athersley dental practice is in Barnsley and provides NHS and private treatment to adults and children.

Summary of findings

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

The dental team includes six dentists (one of whom is a locum dentist), 11 dental nurses (four of whom are trainee dental nurses), a practice manager and two receptionists. The practice has three treatment rooms and two instrument processing rooms.

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 23 CQC comment cards filled in by patients this information gave us a positive view of the practice.

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

The practice is open:

Monday to Friday 8:45am – 5:45pm

Saturday 9am – 1pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- The process to monitor emergency medicines and life-saving equipment could be improved.
- The practice had systems to help them manage risk.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children. The process to monitor safeguarding training could be improved.

- Recruitment, appraisal and induction processes could be improved.
- The clinical staff did not always provide patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership but some areas could be improved. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's staff induction, appraisal and recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review staff training and monitoring procedures and ensure that all staff had undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Review the practice's protocols for completion of dental care records and the frequency of taking X-rays taking into account guidance provided by the Faculty of General Dental Practice.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

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. Systems to ensure staff carried out training within the appropriate timeframe and to the appropriate level could be improved.

Staff recruitment procedures were not carried out in line with current legislation. We found references and identification checks were not routinely obtained.

Induction and appraisal processes were inconsistent.

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

Arrangements for dealing with medical and other emergencies could be improved. We found some emergency medicines had expired and some equipment was missing. No emergency scenario training was being carried out.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. We found there were elements of the effective key question that required improvement. These are detailed in the main body of the report under monitoring and improving outcomes for patients and consent to care and treatment. We shared this information with NHS England the commissioner of local dental services, an agency that could support the provider to improve the effectiveness of clinical care for people who use the service.

Patients described the treatment they received as very good, excellent and fantastic.

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

We identified some areas for improvement in respect to level of detail recorded in the patient care records.

The practice supported staff to complete training relevant to their roles. The process to help and monitor this could be improved.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were lovely and caring at all times. They 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.

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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had 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 providing well-led care in accordance with the relevant regulations.

The practice had 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 process for monitoring training needs and confirmation of training completion could be improved.

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

The practice 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.

No action



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 practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. We saw some evidence that safeguarding training had been completed but we could not confirm this for all staff. The process to confirm all staff completed appropriate and timely safeguarding training could be improved. The principal dentist assured us a more robust system would be implemented. We received confirmation from the practice manager after the inspection that the principal dentist had enforced this throughout the team.

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 practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Emergency scenario training was not currently carried out to ensure staff were familiar with practice procedures should an emergency situation occur. The principal dentist assured us this would be incorporated into future training.

Emergency medicines and equipment were not available as described in recognised guidance. Regular checks were being carried out and recorded, but the process was not effective. We found expired emergency medicines in the medical kit and some emergency equipment was missing; for example, there was no portable suction unit, self-inflating bag or a child size mask. We also found expired adrenaline ampoules, needles and syringes in the kit. There was sufficient in-date adrenaline to respond to a medical emergency but the expired items were not removed for disposal. The emergency medicine glucagon was stored in the fridge but the temperature of the fridge was not monitored. We highlighted this to the principal dentist who assured us the process for managing emergency medicines and equipment would be improved. We received supporting evidence after the inspection confirming all missing emergency equipment had been ordered.

Staff recruitment

We found the staff recruitment process could be improved. There were recruitment policy and procedures in place to help employ suitable staff but these were not always followed. The policy did not reflect relevant regulation. We looked at five staff recruitment files and found identification was not always obtained and references were not always requested. We were told the process in place to interview new staff was not consistent. We highlighted this to the principal dentist who assured us the recruitment process would be reviewed and brought up to date. We received notification after the inspection that the principal dentist would provide full support to the practice manager to ensure correct recruitment procedures were followed in the future.

Are services safe?

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

We reviewed the practice's induction processes and found improvements could be made. We identified that the induction processes currently in place were not consistently applied. Some staff had a verbal induction and some staff followed a documented programme. There were no induction procedures for temporary or locum staff. The infection prevention and control (IPC) lead assured us that all staff received a thorough induction in this area. We discussed the process for inducting new staff with the practice manager and principal dentist, who agreed that a more robust process covering all areas of the practice should be implemented.

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 dentists 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.

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

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.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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 dentists justified, graded and reported on the X-rays they took but this was not consistently recorded. The practice carried out X-ray audits every year but improvements could be made to bring the audits in line with current guidance and regulation.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists did not always assess patients' treatment needs in line with recognised guidance.

We saw varying documented evidence of treatment options or the risks and benefits having been discussed with the patient and recall intervals were not always recorded.

Oral health was not always monitored in line with NICE guidelines. We saw that gum scores and basic gum treatments were carried out for patients but treatments for more complex gum conditions were not always evident. We were told the dentists did not carry out periodontal pocket charting as a means of monitoring progress of disease or response to treatment as recommended by the British Society of Periodontology.

The practice was not following current guidelines in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists were not applying the guidance from The Faculty of General Dental Practice (FGDP (UK)) on X-ray frequency in relation to risk. X-rays were being taken routinely for new patients; which is not in line with FGDP guidance.

We highlighted these areas to the principal dentist and also advised that we would be sharing our concerns with NHS England. The practice manager told us that a process would be put in place immediately to carry out an audit of patients' dental care records to review where improvements could be made. We received confirmation after the inspection that the principal dentist had put measures in place to address these concerns.

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 dentists 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.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

Staffing

We reviewed the practice's induction processes and found improvements could be made.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

We saw some evidence of completed staff appraisals but we were told this process was not always carried out consistently.

Working with other services

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. 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 patients' consent to treatment but we found this was not always recorded in the patients' care record. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions but this was not always recorded in the patients' care record. 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 dentists were aware of the need to consider this when treating young

Are services effective?

(for example, treatment is effective)

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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were wonderful, 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. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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 password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Information folders and patient survey results were available for patients to read.

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. A 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.

The NHS choices website 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

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 some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on the NHS Choices website.

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 some appointments free for same day appointments. The NHS Choices website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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

The practice manager 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 in 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 practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. We identified some areas for improvement in relation to recruitment of staff and induction. The process for confirming that continuous professional development training had taken place could be improved, for example, not all safeguarding training certificates could be located on the inspection day.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in 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 practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager 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

During the inspection we found all staff were responsive to discussion and feedback to improve the practice. They took immediate actions to address the concerns raised during the inspection and sent evidence to confirm that action had been taken. They demonstrated a commitment to make further improvements.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays and infection prevention and control. The practice manager planned to introduce the auditing of patient care records as a result of our findings during the inspection day. They had clear 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. The dental nurses had annual appraisals but the process could be improved. Some staff had received a recent appraisal and other staff members had not. The principal dentist told us that this process would be reviewed for improvement.

Staff told us they completed 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 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.