Mr. David Gilkeson

Dental Surgery - Stonegate

Inspection Report

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Overall summary

We carried out a follow- up inspection at the Dental Surgery – Stonegate on the 4 October 2016.

We had undertaken an announced comprehensive inspection of this service on the 31 May 2016 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dental Surgery – Stonegate on our website at www.cqc.org.uk.

We revisited the Dental Surgery – Stonegate as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

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 well-led?

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

Background

The Dental Surgery, Stonegate is situated in the centre of York, North Yorkshire close to public transport links. The practice has two treatment rooms, one on the first floor and a decommissioned surgery on the second floor which now acts as a decontamination area. There is a waiting area and a dark room for processing X-rays. Staff facilities were located on the first floor with offices located on the second floor.

Due to the practice being located on the first and second floor, patients with mobility requirements are referred to a local practice that can help with access more easily.

There is one Dentist, a receptionist and two dental nurses.

The practice is open:

Monday – Friday 09:00 – 12:00 & 14:00 – 17:00.

Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it. They had very good systems in place to work closely and share information with the local safeguarding team.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.

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

- Review the checks of medicines, medical emergency equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's safeguarding policy and staff training: ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review that the practice undertakes a Legionella risk assessment, giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' the HSE Legionnaires' disease. Approved Code of Practice and guidance on regulations L8.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification and DBS checks are requested and recorded suitably.
- Review the practice protocols and adopt an individual risk based approach to patient recalls giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to 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?

No action

We found that this practice was providing safe care in accordance with the relevant regulations. We found areas where improvements should be made relating to the safe provision of treatment.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. There were systems in place for infection prevention and control, clinical waste control and management of medical emergencies. All emergency equipment and medicines were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We found the medical emergency cylinder had been replaced and the equipment had been ordered including an AED. A robust system for checking emergency equipment and medicines had not yet been implemented.

Staff had completed an online CPR and AED training course within the last six months and staff told us hand on courses had been scheduled in the next few months.

The dental nurses had received training in safeguarding adults or children. The registered provider was due to attend a course in November 2016. Staff were aware of how to recognise the signs of abuse and who to report it to. The process and protocol for reporting safeguarding concerns had been implemented. There was no date on this policy and no evidence staff had read the policy.

The practice had COSHH safety data sheets in place for materials stored on the premises. No practice specific risk assessments were in place.

There was a decontamination room within a decommissioned surgery and guidance for staff to provide effective decontamination of dental instruments was in place. The flow of the decontamination process had been reviewed and worked a lot more effectively.

Patients' medical histories were obtained in writing and verbally before any treatment took place. This provided the dentist with up to date information about any health or medication issues which could affect the planning of treatment.

The practice had not implemented a robust recruitment policy to ensure suitably trained and skilled staff met patients' needs. Dental nursing staff had never had a DBS check or supporting ID checks.

A Radiation Protection advisor (RPA) had now been appointed and local rules were available in line with the requirements of the Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000. The equipment had now been serviced and action plans were in place to implement a rectangular collimator.

Are services effective?

No action

We found that this practice was providing effective care in accordance with the relevant regulations. We found areas where improvements should be made relating to the effective provision of treatment.

Summary of findings

Consultations were not carried out in line with current practice guidance from the National Institute for Health and Care Excellence (NICE). Patients were recalled after an agreed interval for an examination. Risk factors were not a factor the dentist always reviewed; BPE records and radiographs were not always recorded or discussed.

The practice did not follow current practice guidelines when delivering dental care. This would include guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention the dentist was now aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice. Oral hygiene advice was not routinely recorded within the patient dental care records.

Patients' dental care records provided minimal information about their current dental needs and past treatment. The dental care records we looked at did not include discussions about treatment options. Radiographs were not taken in accordance with NPRB guidelines and those taken were not always justified, graded or reported on. The practice did not monitor any changes to the patients' oral health as inconsistent BPE measurements were taken or recorded.

Staff were now supported in the delivery of effective care through training and development. The clinical staff provided clear evidence of continuous professional development (CPD). Staff were registered with the General Dental Council (GDC).

Are services well-led?

No action

We found that this practice was providing well-led care in accordance with the relevant regulations. We found areas where improvements should be made relating to the well-led provision of treatment.

Staff reported the registered provider was approachable; they were able to raise issues or concerns at any time although they did not feel supported in their roles. The culture within the practice was seen by staff as open and transparent.

The practice sought feedback from patients in order to improve the quality of the service provided. No action plans were in place to review and discuss the feedback provided from patients.

The practice had undertaken audits to monitor their performance and help improve the services offered. An X-ray audit and an infection prevention and control audit had been completed. The Infection prevention and control audit was not dated and no action plans or learning outcomes were in place.

Dental Surgery - Stonegate

Detailed findings

Background to this inspection

We undertook a follow up inspection of Dental Surgery – Stonegate on the 4 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our inspection on 31 May 2016 had been made. We inspected the practice against three of the five questions we ask about services: is the service Safe, Effective and Well led. This is because the service was not meeting some legal requirements.

The inspection was carried out by a CQC inspector.

During the inspection we spoke with the registered provider.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had no policies and procedures in place to investigate, respond to and learn from significant events. Staff were not aware of the reporting procedures in place but were encouraged to raise safety issues to the attention of colleagues and the registered provider.

Staff had an understanding of the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months; no evidence was available to show how the practice responded to accidents or significant events.

The registered provider told us they still did not have a system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. No evidence of a recent safety alert was available on the day of the inspection relating to the recall of a medical emergency medicine and no evidence this had been actioned

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They now had a list of contact details for the local authority safeguarding team, social services and other relevant agencies. The registered provider was the lead for safeguarding. This role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice. The registered provider demonstrated their awareness of the signs and symptoms of abuse and neglect. There was no evidence the registered provider had completed any training to date. We were told this was booked in for November 2016.

The registered provider never used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. The registered provider did not have any robust or consistent safety procedures in place to reduce the risk.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations. The staff told us they felt they all had an open and transparent relationship and they felt all staff would have someone to go to if they had any concerns at all.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice had no records to show checks were carried out on the emergency medicines, the medical oxygen cylinder and the AED. These checks would ensure the oxygen cylinder was sufficiently full, the AED was fully charged and the emergency medicines were in date.

We found the needles were not compatible with the syringes and the syringes were out of date. This was brought to the attention of the registered provider as a secondary dose of adrenaline could not be administered.

Staff recruitment

The practice had a recruitment policy in place which needed to be more robust to included pre-employment check requirements. A process had not been followed when employing the newest member of staff. A relevant

policy would include obtaining proof of their identity, requesting a DBS check, checking their skills and qualifications, registration with relevant professional bodies and taking up references.

We saw only the registered provider had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. No other staff had been asked to complete a check and no ID checks were in place to prove staff identity. The registered provider refused to ask for a DBS check for staff who had been working with him since 2009 as he felt this was inappropriate. We asked about the newest member of staff and as they had a DBS two years ago for another practice they registered provider thought this was adequate.

The recruitment files we reviewed showed clinical staff had evidence to support their immunisation status. One of the dental nurses was awaiting results as to see if she required a booster. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures in the UK).

We saw that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Monitoring health & safety and responding to risks

There was no evidence the practice had undertaken any risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice.

The practice had a Control of Substances Hazardous to Health (COSHH) folder with safety data sheets for materials in place. No risk assessments had been completed and we were told this was a work in progress. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

We observed the fire extinguishers had been checked in September 2016. This ensures they are suitable for use if required. There was no evidence that a fire drill had been undertaken. These and other measures should be taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a decontamination area within a decommissioned surgery that was now set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination area from the 'dirty' to the 'clean' zones.

There was no separate hand washing sink for staff available and only one sink for decontamination work. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We saw appropriate personal protective equipment was available in the decontamination area and this included disposable gloves and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were well-informed about the decontamination process and demonstrated correct procedures. For example, instruments were transported in a rigid colour coded sealed box to the instrument decontamination area. Instruments were hand scrubbed using a long handled brush, inspected under light magnification before being placed in a validated non-vacuum autoclave (a device for sterilising dental and medical instruments). Instruments were dried and stored in a date stamped bag and returned to the treatment room in a 'clean' colour coded box.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit that had not been dated, relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. There was no action plan or learning outcomes in place to improve systems and processes.

Are services safe?

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis

We saw no evidence a Legionella risk assessment had taken place. The registered provider had evidence of recent water testing being carried out. Disinfecting tablets were in the practice to use in conjunction with the daily water bottle used on the dental unit water lines however these were not used in line with the manufacturer's instructions. The registered provider sent evidence after the initial inspection to show the assessment had been booked but this was not carried out.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of Portable Appliance Testing (PAT) in July 2015. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Evidence the compressor had been serviced and certified was now in place and this had been completed in July 2016. The regular maintenance ensures the equipment remained fit for purpose in line with the Pressure Systems Safety Regulations 2000.

Only one local anaesthetic type was stored within the practice and this was stored appropriately, a log of batch numbers and expiry dates was still not in place. Other than emergency medicines no other medicines were kept at the practice.

Radiography (X-rays)

The practice had a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

The X-ray equipment was located in the surgery. The local rules were now in place. The X-ray equipment had been serviced in June 2016 and actions were in place for the registered provider to implement rectangular collimation. The registered provider told us this was on order.

Intra-oral X-ray audits had been carried out by the practice in September 2016. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept paper dental care records. We used guidance from the Faculty of General Dental Practice (FGDP) to help us make our decisions about whether the practice records and record keeping were meeting the guidelines. We then looked to see whether the practice had in house systems in place that were equal to or better than what was recommended in the FDGP guidance and we could find no evidence that this was in place.

The records we viewed did not contain detailed information about the patient's current dental needs and past treatment. The dentist carried out an examination; recorded the medical history information within the patients' dental care records. At all subsequent appointments patients were asked to review and update a medical history form. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. Oral health was not always monitored or recorded in the patients dental care records. BPEs were rarely recorded and this was confirmed by staff.

We saw no evidence of a discussion of treatment options or the risks and benefits with the patient. Soft tissue examinations, a diagnosis and a full assessment of each patient's needs had also not been recorded.

The dentist told us they always discussed the diagnosis with their patients and parents or guardian and, where appropriate, offered them any options available for treatment and explained the costs if required. By reviewing the dental care records we found these discussions were not recorded.

Patients' oral health was not monitored in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the dental care records and confirmed in discussion that the dentist was led by patients' wishes rather than risk based needs.

The practice was not in line with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentist was not applying the guidance from the FGDP on X-ray frequency. Justification for the taking of an X-ray, a grade of each X-ray and a detailed report was not recorded in the patient's dental care record.

Patients requiring specialist treatments that were not available at the practice, such as conscious sedation or orthodontics, were referred to other dental specialists.

Health promotion & prevention

The patient waiting areas contained no information that explained the services offered at the practice. NHS and private fees for treatment were displayed in the waiting room. Staff told us they did not always offer patients information about effective dental hygiene and oral care in the surgery.

The dentist told us they did not always provide patients with oral health advice as they had long standing relationships with patients.

Patients were not always given advice regarding maintaining good oral health. We did not see evidence that patients who had a high rate of dental decay were provided with diet advice which should include advice about snacking between meals, hidden sugars in drinks and tooth brushing. We did not see evidence of patients who had a high rate of dental decay being risk assessed or prescribed high fluoride toothpastes to help reduce the decay process.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. We saw evidence of completed induction checklists in the recruitment files. An informal chat with staff members to familiarise themselves with how the dentist worked and how the decontamination equipment was used.

Staff told us they had access to on-going training to support their skill level and they were not encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

Staff told us they had annual informal appraisals and training requirements were discussed at these. Staff also felt they could approach the registered provider at any time to discuss continuing training and development as the need arose.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We were told that patients were given appropriate information to support them to make decisions about the treatment they received although we saw no evidence in dental care records that individual treatment options, risks, benefits and costs were discussed with each patient. Staff ensured that a treatment plan was signed by the patient.

Staff were due to complete some training to ensure they were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including policies and procedures for monitoring and improving the services provided for patients. All of the practice policies had not been dated to show when they were implemented, they were not always practice specific and no evidence staff had read them was in place.

Intra-oral X-ray audits had been carried out by the practice in September 2016. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.

The infection prevention and control audit had been completed but not dated: HTM 01-05 states that an audit of the practice's infection prevention and control processes should be conducted every six months. No action plans or learning outcomes were in place.

Learning and improvement

Staff told us they now had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. They were keen to state that the practice supported training which would advance their careers.

All staff had informal verbal annual appraisals at which learning needs, general wellbeing and aspirations were discussed.