

Jason Old Dental Practice

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Inspection Report

The Gables Health Centre
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Overall summary

We carried out an announced comprehensive inspection on 21 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Jason Old Dental Practice has been providing NHS dental treatment for over 20 years to patients of all ages. The practice is situated in a health centre in Bedlington, Northumberland and has one treatment room, a reception and a waiting room. There is a separate decontamination room which is accessed through the dental surgery. Access for wheelchair users or pushchairs is possible via the step-free access at the front entrance and throughout the health centre. A car park is on-site for staff and patients with allocated disabled parking spaces.

The practice is open Tuesday and Wednesday 0900-1700 and Friday 0900-1230.

The dental team is comprised of a principal dentist, a dental hygienist and three qualified dental nurses one of whom is the receptionist.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. 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.

We reviewed 29 CQC comment cards on the day of our visit; patients were very positive about the staff and

Summary of findings

standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

Our key findings were:

- Staff were very friendly and enthusiastic about their work.
- The practice was visibly clean and free from clutter.
- The practice had systems for recording incidents and accidents.
- Staff received annual medical emergency training.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patients could access urgent care when required.
- Complaints were dealt with in an efficient and positive manner.
- An Infection prevention and control policy was in place and sterilisation procedures followed recommended guidance.

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

- Review management of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), the General Dental Council (GDC) standards for the dental team and the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Review the practice responsibilities in regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 to ensure all documentation is present and up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review its audit protocols to ensure learning points are documented and shared with all relevant staff.
- Review the practice's procedures and protocols for ensuring staff have access to medical emergency equipment whilst undertaking domiciliary visits in line with the guidelines for the delivery of a domiciliary oral healthcare service 2009.
- Review the current legionella risk assessment and implement the required actions giving due regard to the 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.
- Review the practice's waste handling policy and procedure to ensure waste is disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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.

Infection prevention and control procedures followed recommended guidance.

Emergency medicines and equipment were not fully in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We found the medical oxygen had expired and the aspirin was not dispersible.

Equipment for radiography and general dental procedures was tested according to manufacturer's instructions.

Risk assessments were in place for the practice.

We found the practice's Control of Substances Hazardous to Health (COSHH) file did not contain risk assessments for materials held within the practice.

The practice had not implemented all the required actions from their legionella risk assessment.

We saw the practice had segregated their waste in accordance with national guidance; the principal dentist was not able to provide us evidence of collections of all types of waste including X-ray developer fluid and amalgam.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

Domiciliary visits were carried out by the practice; staff did not ensure they had access to medical emergency drugs and equipment whilst undertaking these visits.

No action



Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff treated patients with care, provided options for informed consent and made referrals to other services in an appropriate and recognised manner. Staff were not fully aware of the requirements of the Mental Capacity Act (MCA) 2005 as it relates to their role.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 29 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Are services responsive to people's needs?

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

The practice had dedicated appointments each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

The practice had reviewed the requirements of the Equality Act 2010 by undertaking a disability access audit for the premises. Patients had access to telephone interpreter services when required and the entire health centre was based on the ground floor. The dental treatment room could accommodate wheelchair users or people with push chairs and the patient toilet was equipped with handrails and a safety pull-cord.

No action



Are services well-led?

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

There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The principal dentist kept all staff recruitment files.

Staff were encouraged to provide feedback on a regular basis through informal discussions and surveys.

Patient feedback was also encouraged verbally and online. The results of any feedback were discussed in meetings for staff learning and improvement.

Audits were carried out to help improve the service. We found the principal dentist could not show evidence of frequent audit cycles and of documented learning points /analysis for all audits.

No action



Jason Old dental practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 21 February 2017. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the principal dentist, one dental nurse and the receptionist.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). There were no accidents or incidents within the practice in the last 12 months. We saw a dedicated folder with information and reporting forms should the need arise.

The principal dentist showed us they received safety alerts from the Central Alerting System (CAS).

Reliable safety systems and processes (including safeguarding)

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment; traditional syringes were used with protective devices to comply with the regulations.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff were knowledgeable of their local policy on occupational health assistance and a practice sharps policy was available for staff to refer to.

The dentist told us they routinely 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. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding; this contained contact details of their local child protection and adult safeguarding teams. Staff were able to advise us of their practice protocol and response to any safeguarding issues should they arise.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (expiry February 2018).

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Emergency medicines and equipment were not fully in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. We saw the medical oxygen had passed its expiry date and the aspirin was not dispersible.

The principal dentist ordered these on the inspection day and we received evidence of this shortly after the inspection.

We saw the practice kept logs which indicated the emergency equipment and emergency drugs were checked weekly or monthly.

Domiciliary visits were carried out by the practice; staff did not ensure they had access to medical emergency drugs and equipment whilst undertaking these visits. The principal dentist agreed they would review the process and procedures for domiciliary care in line with the guidelines for the delivery of a domiciliary oral healthcare service 2009.

Staff recruitment

We reviewed the staff recruitment files for three members of staff to check that appropriate recruitment procedures were in place. We found all staff files held the required

Are services safe?

recruitment documents including GDC registration certificates, indemnity proof documents, qualifications, immunisation status, where appropriate a Disclosure and Barring Service (DBS) check, evidence of induction processes, references and staff appraisals. New employees were provided with their own copies of policies to ensure they were familiar with the practice protocols and procedures.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We saw the COSHH file contained all the products' safety data sheets (these provide information on the general hazards of substances and give information on handling, storage and emergency measures in case of accident) but not actual risk assessments of any of their materials, as required by the Health and Safety Executive.

We were assured this would be addressed immediately and each substance would be risk assessed and recorded.

We reviewed the practice risk assessment, sharps risk assessment and fire risk assessment. These were specific to the dental practice and were appropriately dated and reviewed.

We saw annual maintenance certificates of firefighting equipment. Annual fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with one dental nurse about decontamination and infection prevention and control; the process of

instrument collection, processing, inspecting using a magnifier, sterilising and storage was clearly described and shown. We were told daily and weekly tests were being carried out by the dental nurses to ensure the steriliser was in working order. We saw these checks were documented.

We inspected the treatment rooms and decontamination rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). Staff described the method used and this was in line with current HTM 01-05 guidelines.

A Legionella risk assessment had been carried out in March 2016. We saw the recommended monthly and yearly water temperature checks were implemented and recorded. The practice had not tested their water samples on a quarterly basis as per the assessment. The principal dentist assured us they would rectify this.

The practice stored clinical waste in a secure manner on-site and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that clinical waste including sharps was collected on a regular basis. We did not see any evidence of consignment notes or collection of amalgam, extracted teeth with amalgam, X-ray developer fluid and gypsum; the principal dentist showed us they segregated this waste as per guidance and assured us they would maintain their evidence for this from now on.

We observed the practice had different coloured cleaning equipment to follow HTM0105 guidance for environmental cleaning.

Equipment and medicines

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

We saw evidence of servicing certificates for the sterilisation autoclave equipment, X-ray machine, compressor and Portable Appliance Testing (PAT). (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

Are services safe?

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice maintained a thorough radiation protection file with various documents including the local rules, names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification and quality assurance grading results.

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

The principal dentist showed us their audit results from November 2016 were in line with the National Radiological Protection Board (NRPB) guidance.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and best practice procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any treatment required.

The dentist advised us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

The dentist we spoke with used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required.

Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staffing

Staff were fully aware as to whom the dedicated leads for infection prevention and control, safeguarding adults and children and complaints were.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was confirmed on the day of the inspection. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported in their continuous professional development (CPD) and we saw evidence of this in staff files.

Working with other services

The dentist confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. They stated referral letters would contain all the relevant information including patient identification, medical history, reason for referral and x-rays if relevant.

The practice ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' record.

Staff were not clear on all the principles of the Mental Capacity Act 2005 (MCA). 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. We saw all staff had undergone training in MCA and the principal dentist told us they would revisit this as a practice to ensure all staff are aware of their responsibilities under the Act.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 29 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection.

We saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Staff were confident in data protection and confidentiality principles and had undergone training in Information Governance. Dental care records were stored securely in lockable cabinets.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

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 recommended guidelines. We looked at dental care records with the dentist and found they followed the guidance.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including practice leaflets, the practice opening hours, emergency 'out of hours' contact details and treatment costs. Information leaflets on oral health were also available.

The practice had dedicated appointments each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

In accordance with the Equality Act 2010, the practice had fully assessed the barriers which may prevent some people from using their services by undertaking a disability access audit for the premises. The entire practice was step-free

and the surgery could accommodate wheelchairs and pushchairs. Staff knew how to access a translation service when required and had implemented 'elephant feet chair raisers' to one of the waiting room chairs following feedback from a patient. The patient toilet was accessible, equipped with handrails and a safety cord alarm system.

Access to the service

The practice's opening hours were displayed in the premises and in the practice information leaflet. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

Staff told us they raised any patient comments or concerns with the principal dentist immediately to ensure responses were made in a timely manner.

The practice received no complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist demonstrated their system of policies, procedures and certificates. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing, recruitment and maintenance.

There were regular checks of clinical and administration work or systems for identifying where quality or safety was being affected.

Leadership, openness and transparency

The overall leadership was provided by the principal dentist. Staff told us they were clearly aware of whom the dedicated leads in infection prevention and control, complaints and safeguarding within the practice were. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible.

Learning and improvement

We saw the practice carried out audits in radiography in November 2016, infection prevention and control in February 2017 and record keeping. An audit is an objective assessment of an activity designed to improve an

individual or organisation's operations. We found there was no documented analysis or action plan, where appropriate, of the infection prevention and control audit results from February 2017. We requested audits from previous years; these were not available.

Improvement in staff performance was monitored by the practice; personal development plans or appraisals were performed within the practice.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff and patients were encouraged to provide feedback on a regular basis either verbally or through surveys.

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

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager.