

Mr. Steven Alan Jepson

# Mr Steven Alan Jepson - Blackpool

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 January 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 and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

We found that this practice was not providing well-led care in accordance with the relevant regulations.

#### **Background**

SA Jepson King Street Dental practice is in north Blackpool and provides NHS and limited private funded treatment to both adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice in a pay and display car park.

# Summary of findings

The dental team includes 13 dentists, 19 dental nurses, two dental hygienists, one dental hygiene therapist and four receptionists. The team is supported by a practice manager. The practice has 13 treatment rooms.

The practice is registered as 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 30 CQC comment cards filled in by patients. This information gave us a positive patient view of the practice.

During the inspection we spoke with two dentists, one dental nurse, 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 8.30am – 5.30pm and alternate Thursdays until 6.30pm

## Our key findings were:

- The practice was clean.
- The practice had infection control procedures which reflected published guidance.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided 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.
- Patients reported they felt happy with the treatment they received.
- The appointment system met patients' needs.
- The practice dealt with complaints positively and efficiently.
- Sedation services offered by the practice did not meet current guidelines.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were not easily accessible.
- The practice had limited systems to help them manage risk.
- The practice did not have thorough staff recruitment procedures.
- The practice lacked effective leadership.
- The practice did not actively ask staff and patients for feedback about the services they provided.

We identified a regulation the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

## Full details of the regulation the provider was not meeting are at the end of this report.

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

- Establish an effective process for the ongoing monitoring of training, learning and development needs of individual staff members at appropriate intervals to ensure staff are up to date with their training and their Continuing Professional Development (CPD).
- Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's policy and the information available of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and up to date data sheets are available.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

# 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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Cleaning schedules were not available for non-clinical areas.

Staff were qualified for their roles; we found the practice had not completed essential recruitment checks.

Premises and equipment were clean. Maintenance certificates for the gas boiler and the fixed electrical wiring for the building were not readily available.

Staff training for the provision of sedation services offered by the practice did not meet current guidelines.

The practice had arrangements for dealing with medical and other emergencies but equipment was not readily accessible.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as first class and excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles. We found they had limited systems in place to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 30 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, helpful and courteous. They said that they were given full information and time to discuss treatment options. They said their dentist listened to them.

No action



# Summary of findings

Anxious patients said staff were compassionate and understanding. Some commented that they were no longer afraid of attending the practice and that the dentist allowed plenty of time so they did not feel anxious or rushed.

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.

The practice was involved in an initiative with NHS England to provide dental services to refugees who had recently arrived in the area.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to 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 not providing well led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Governance arrangements were not in place to support the smooth running of the service. Policies and procedures to support the management of the service were not reviewed regularly. There was limited designation of roles and responsibilities. There were no designated leads.

We found the practice had not completed essential recruitment checks.

Maintenance certificates for the gas boiler and the fixed electrical wiring for the building were not available on the day of the inspection and there was no assurance these had been completed.

Staff training for the provision of sedation services offered by the practice did not meet current guidelines.

The practice had arrangements for dealing with medical and other emergencies but equipment was not readily accessible.

The practice manager told us that risk assessments were had been carried out to include the new extension appropriately. For example, in relation to fire safety, health and safety and legionella. These could not be found on the inspection day.

Requirements notice



# Summary of findings

There were limited systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a defined management structure in the practice but this was not working effectively due to the limited systems of communication and support.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely. We found improvement to the monitoring records during sedation could be improved.

The practice did not fully monitor clinical and non-clinical areas of their work to help them improve and learn. This included audits of their practice.



# 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. Staff told us that there had been no recorded incidents or accidents in the last 12 months.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were reviewed by the practice manager, acted on and shared with staff where appropriate 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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

All staff had a Disclosure and Barring Service (DBS) check to prevent unsuitable people from working with vulnerable groups, including children.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance but these were not easily accessible. For example, equipment was stored in several locations within a large building. It took a number of staff a

considerable amount of time to account for all equipment required to respond to an emergency. There had been no risk assessment undertaken regarding the accessibility of the emergency equipment. There was no evidence that staff had performed emergency resuscitation scenarios.

Staff kept records of their checks to make sure these were available, within their expiry date, and in working order but outcomes of these checks were not brought to the attention of the practice manager. For example, oral glucose powder had not been available since July 2017. We were told a new box had been purchased, this could not be found on the day of inspection.

The practice carried out conscious sedation for patients who would benefit. This included people who were very anxious of dental treatment and those who needed complex or lengthy treatment. The practice had limited systems to help them do this safely and these were not in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, and sedation equipment checks. The practice assessed patients and gained consent appropriately for sedation.

Of the records we reviewed we saw that the patient had their ASA recorded (American Society of Anaesthesiologists physical status classification for patients undergoing conscious sedation). We found their blood pressure and oxygen saturation levels were not recorded pre-operatively in the dental care records. We saw an average blood pressure and oxygen saturation level was recorded over the course of the whole procedure. The recovery time of the patient was not recorded.

Staff who performed sedation had not received training in intermediate life support in accordance with guidance from the Resuscitation Council (UK). We did not see training certificates which showed that staff involved in sedation maintained their competency in accordance with guidelines. We were told that the last training had been undertaken in 2012 and had not been updated. We brought this to the attention of the practice manager.

### Monitoring health & safety and responding to risks

Within the last year the practice had undergone a ground floor refurbishment and an extension to include three



## Are services safe?

further surgeries. There were no new fire safety and health and safety risk assessments available. There were fire detection systems and emergency lighting in the building. We did not see evidence during the inspection that staff had undertaken any fire drills. We did not see evidence that there were designated fire wardens in the building.

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, dental hygienists and dental hygiene therapist when they treated patients.

Chemicals used in the practice were stored correctly. The 2002 Control of Substances Hazardous to Health Regulations (COSHH) also requires an assessment of the risk from hazardous substances. The practice had some data sheets or risk assessments for all substances used in the practice but all data sheets were not available and risk assessments were not up to date.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They did not fully follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. It was difficult to evidence if 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 was not fully completed. There were gaps in the records and the actions plan had not been completed.

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The legionella risk assessment was dated

2015 and an up to date assessment following the refurbishment could not be found. The product used for flushing water lines was not used as per manufactures instructions.

We saw cleaning schedules and check sheets which the dental nurses completed for each surgery. The practice was clean when we inspected and patients confirmed this was usual.

### Equipment and medicines

We could see servicing documentation for clinical equipment used in the practice. Staff carried out checks in line with the manufacturers' recommendations. Documentation for the maintenance and safety of the building was not available for example, an electrical wiring certificate or a service certificate for the gas boiler. The practice manager stated that these had been completed following the refurbishment.

The practice had suitable systems for prescribing 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 radiographs they took. The practice did not carry out radiograph audits every year following current guidance and legislation. They had recently participated in a local initiative of the external review of their radiographs by NHS England. The report had not yet been made available.

There was no evidence available during the inspection that all clinical staff completed continuous professional development in respect of dental radiography. We highlighted this to the practice manager who could not assure us that this had been done.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

### 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, as required smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

We were told there was a structured induction programme in the practice; we did not see evidence that this was completed. We could not confirm that clinical staff completed continuous professional development in line with their registration. Staff told us the practice provided support, training opportunities and encouragement to assist them in meeting the requirements of their registration and with their professional development. The practice manager did not formally monitor training to ensure training was completed and within the necessary timescales, Staff maintained their own professional development file.

The practice manager told us they discussed training needs informally with staff. There was a process in place for annual appraisal but we could not evidence that staff followed this. We saw several incomplete appraisals in staff files.

### 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. These 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 and recording patients' consent to treatment. The dentists told us they 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 had a limited understanding of 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 and dental nurses were aware of the need to consider this when treating young 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 caring, helpful and courteous. They said that they were given full information and time to discuss treatment options. They said their dentist listened to them. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Anxious patients said staff were compassionate and understanding. Some commented that they were no longer afraid of attending and that the dentist allowed plenty of time so they did not feel anxious or rushed.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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. 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 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.

Each treatment room had a screen so the dentists could show X-ray images when they discussed treatment options.



# 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. Appointment times for treatments were short but 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 telephoned or texted some patients, if requested, to remind them of their appointment to make sure they could get to the practice.

The practice was involved in an initiative with NHS England to provide immediate dental services to refugees who had recently arrived in the area.

### 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. The surgeries were situated over two floors in the building. There was a designated surgery on the ground floor of the practice for patients who could not manage the stairs.

### Access to the service

The practice displayed its opening hours in the premises and their information leaflet. 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. Emergency on-call arrangements were with the local dental access centre. The 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 told us they had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the complete management of the service. Staff knew the management arrangements. There was limited designation of roles and responsibilities. There were no designated leads.

Governance arrangements were not in place to support the smooth running of the service. The practice had policies and procedures to support the management of the service and to protect patients and staff. These had not been reviewed regularly and there were limited risk assessments to support these, for example, fire safety, health and safety, legionella. There were also limited arrangements to monitor the quality of the service and make improvements. For example, in relation to the sedation service, infection prevention and control and radiography. The practice could not demonstrate that maintenance and safety of the building was maintained appropriately.

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 apologetic to patients if anything went wrong.

On the day of our inspection the process was supported by the practice manager. The principal dentist did not participate in the feedback from inspectors following the inspection.

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. It was not clear how the practice worked as a team. All management responsibilities were left to the practice manager. They had no support to manage the practical and business side of the practice. The clinicians concentrated on offering treatments to patients.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. The nurses and the clinicians in the practice held separate team meetings. Immediate discussions were arranged by the practice manager to share urgent information.

### Staff recruitment

The practice did not have a staff recruitment policy and procedure to help them employ suitable staff. Recruitment procedures did not reflect the relevant legislation. Most of the staff had been with the practice for a long time. We looked at two staff recruitment files for staff newly recruited to the practice. These did not include references or evidence of qualifications.

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

### Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. They were no records of the results of these audits or 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. Learning needs, general wellbeing and aims for future professional development were discussed informally with the practice manager; we found limited evidence to support this.

Staff told us the practice provided support and encouragement for them to do so, but training was not monitored by the practice manager. The practice did not ensure that staff who provided the sedation service had completed the appropriate sedation and ILS training.

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

The practice had limited systems to obtain staff and patients' views about the service. The practice relied on NHS Friends and Family Test (FFT) results. This is a national programme to allow patients to provide feedback on NHS services they have used. Patients were not actively encouraged to complete the survey therefore returns were minimal.

## Are services well-led?

The practice had undertaken a small survey of patients who had undergone minor surgical procedures regarding their experience in the practice. Review of the results of this survey showed that all respondents had received a good experience.

The practice gathered feedback from staff through informal discussions. Staff were encouraged to offer suggestions for improvements to the service.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The registered person carried out infection control and prevention audits but these did not reflect did not reflect our findings during the inspection and had not identified areas for improvement. No action plan or learning points were included.</li><li>• Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography is undertaken at regular intervals to help improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.</li><li>• The provider could not demonstrate that all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: staff providing sedation services had not received immediate life support training, there was no evidence of their on-going training in the use of sedation. Improvements could be made to the recording of patient information during sedation.</li></ul>

## Requirement notices

- There were limited systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: the service certificate for the gas boiler and the updated fixed electrical wiring certificate.
- The registered person had not considered all reasonably practicable measures to reduce the risks associated with Legionella and fire management.
- The registered provider failed to ensure recruitment procedures were established and operated effectively in line with Schedule 3.

### **Regulation 17(1)**