

Mr. David Gilkeson

Dental Surgery - Stonegate

Inspection Report

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Date of inspection visit: 17 September 2019
Date of publication: 13/11/2019

Overall summary

We carried out this announced inspection on 17 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

We found that this practice was not 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

Dental Surgery - Stonegate is in the centre of York and provides mainly private dental treatment to adults and children. The practice also holds a small NHS contract.

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

The dental team includes the principal dentist, two dental nurses (one of whom is a trainee dental nurse). Locum dental nurses are employed on an ad-hoc basis to cover staff shortages. The inspection day was the last working day for the practice manager.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 77 CQC comment cards filled in by patients. All comments received were positive about the service provided. There were no patients booked in to visit the dentist on the inspection day.

During the inspection we spoke with the principal dentist, two dental nurses and the short-term practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Our key findings were:

- The practice appeared clean and well maintained.
- Except for the location of the reception desk and practice manager admin area operating in the clinical areas. The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- Improvements could be made to ensure care and treatment provided was in line with current guidelines, regulations and Law.
- Staff took care to protect their privacy and personal information.
- Improvements could be made to ensure preventative care was provided and support was maintained to ensure better oral health in the longer term.

- The completion of dental care records could be improved
- The appointment system took account of patients' needs.
- Leadership and management were more effective, and we saw positive development in the practice's culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems in place to deal with complaints.
- The provider had suitable information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

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

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of dental dams for root canal treatment.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular: The location of the reception area and IT admin area.
- Implement protocols and procedures in relation to the Accessible Information Standard to ensure that that the requirements are complied with.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Are services safe?

Our findings

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

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The provider did not use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. The provider told us of the other methods used to protect the airway, such as high speed suction, cotton wool and a parachute chain. This was not documented in the dental care record and no risk assessment was completed in respect to this.

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at the most recent staff recruitment record. This showed the provider followed their recruitment procedure. Systems were put in place to ensure the provider had outside agency assistance to help them recruit a new practice manager.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

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

We saw evidence that the provider justified and graded on the radiographs they took. Evidence found in dental care records showed this was not fully understood. Improvements could be made to ensure these were effectively reported on. The provider now carried out radiography audits every year; an action plan was in place identifying shortfalls; the provider assured us that improvements would be made as a result following current guidance and legislation.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The team had attended a

Are services safe?

training facility that facilitated simulated emergency scenarios; the provider told us this had enhanced the confidence of the team to be able to deal with an emergency in practice.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the provider when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

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

The practice frequently used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures, appropriate staff checks were carried out prior to employment.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. We noted the reception table, appointment book and the telephone was located in the treatment room. In addition; the practice administration computer and work desk was located in the decontamination room. We discussed with the provider how this could impact on the infection prevention and control measures in place and put the people using these systems at risk of working in an area which would be difficult to keep clean due to the nature of work carried out in these rooms. The provider agreed and assured us that measures would be taken to utilise the spare office space on the floor above for reception and administration going forward.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the

manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

Information to deliver safe care and treatment

We discussed with the provider how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings. We discussed these with the provider and found that whilst positive development had been made in some areas since our last visit to the practice, there was still room for improvement in respect to them being complete and legible.

Dental care records were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

Are services safe?

The provider was aware of current guidance with regards to prescribing medicines.

A system was in place to ensure prescriptions could be monitored and tracked.

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents. A system was in place to ensure if an incident occurred, it would be investigated, documented and discussed with the rest of the dental team to prevent such occurrences happening again in the future.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned, and shared lessons, identified themes and acted to improve safety in the practice. Staff gave a detailed account of the system in place and could recall previous incidents that had been recorded.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was not providing effective care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Effective needs assessment, care and treatment

We discussed with the provider how they kept up to date with evidenced-based practice. We noted the provider's knowledge and awareness of evidence-based practice had improved since our last visit to the practice, but we were not assured that dental treatment in some areas was being carried out in line with current legislation, standards and guidance. Discussion with the provider had led to concerns in the following areas:

- Treatment was not consistently carried out in line with the British Society of Periodontology (BSP). For example, the provider does not complete pocket or gum bleeding charts.
- The provider does not routinely follow up on patients undergoing periodontal treatment.
- The recording of treatment, consent and discussion in dental care records was not always carried out in line with guidance from the Faculty of General Dental Practice (UK) (FGDP).
- Treatment was not always carried out in line with the General Dental Council Position Statement on Tooth whitening. In particular: The Cosmetic Products Enforcement Regulation 2013. For example, tooth whitening products had been used on a person of inappropriate age.
- Radiographs were not always being taken in line with guidance provided by the FGDP. For example: pre and post-operative radiographs were not consistently being taken during a root canal restoration.
- Radiographs were not consistently being taken to monitor bone levels for patients at risk of periodontal disease.

These areas of concerns were discussed at length with the provider, who agreed that improvement was required.

Helping patients to live healthier lives

We found inconsistencies in respect to providing preventive care and support to patients to ensure better oral health in the longer term in line with the Delivering Better Oral Health toolkit and guidance issued by the National Institute for Clinical Excellence.

The provider prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The provider, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

Consent to care and treatment

The provider told us they obtained consent to care and treatment in line with legislation and guidance. Documented evidence of informed consent was lacking in the dental care records we reviewed with the provider. The provider agreed this could be improved.

The provider told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Documented evidence in the dental care records did not support this. In addition, we saw no supporting documentation to show that a treatment plan and a costing was produced for the patient. The provider agreed this could be improved.

The practice had a consent policy which included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past

Are services effective?

(for example, treatment is effective)

treatment and medical histories. The provider had improved what was recorded in the dental care record but there were still details being missed. We discussed this with the provider who agreed there was room for improvement in this area. For example:

- Treatment options, outcomes, risks and benefits discussed with the patient were not being recorded.
- Documented evidence of informed consent was lacking in the dental care records we reviewed.
- Treatment plans were unclear. The provider confirmed that a copy was not given to the patient.
- Referral letters from the practice were not consistently filed in the dental care record.
- Recording on the findings of X-rays was not consistently documented in the dental care record.

We saw the practice audited patients' dental care records to check that the provider recorded the necessary information. A recent audit had identified some of the areas we had concerns about and there was a plan in place to address these. The provider assured us that improvements would be made in line with the action plan.

Effective staffing

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

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The provider confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for 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.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were wonderful, caring and dedicated.

Patients commented that staff were compassionate and understanding.

Patients commented that staff were kind and helpful when they were in pain, distress or discomfort.

Information folders and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The reception area was currently in the treatment room, whilst this was now under review, staff told us they always respected patients' privacy and would talk to patients on the telephone in another room if the conversation was sensitive.

If a patient asked for more privacy, staff would take them into another room. The computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. We saw that interpreter services were available for patients who did not speak or understand English. Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

The provider was not aware of the Accessible Information Standard, which is an NHS England requirement to make sure that patients and their carers can access and understand the information they are given. We discussed this with the provider, who assured us this would be reviewed and implemented.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The provider described the conversations they had with patients to satisfy themselves they understood their treatment options.

The provider described to us the methods they used to help patients understand treatment options discussed. These included for example, models and X-ray images to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

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

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it on the NHS Choices website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day.

The staff took part in an emergency on-call arrangement with the 111 out of hour's service.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet in the waiting area explained how to make a complaint.

The provider was responsible for dealing with these. Staff would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider 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 provider had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within 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

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

Leadership capacity and capability

We found the provider had improved their capacity and skills to deliver sustainable care in some areas; improvement was still needed to be fully effective in record keeping and their awareness of guidance and regulations relevant to the treatment being provided. The practice continued to maintain a patient focussed approach.

The practice manager had been fully involved in the improvements we saw in respect to governance, management and leadership. The provider assured us they had the capacity to continue this momentum in the absence of the practice manager, who was due to retire after the CQC inspection. Staff told us the provider was visible and approachable.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management in the short-term. We saw systems were in place to recruit a new manager to ensure good governance was maintained going forward.

The provider had overall responsibility for the management and clinical leadership of the practice. The short-term practice manager was responsible for the day to day running of the service. As these arrangements were due to

change immediately after the inspection day, arrangements had been made to cover governance in the short-term within the team and the provider was aware of their responsibilities to ensure these were maintained.

Staff were aware of the future revised management arrangements and their roles and responsibilities to help maintain the effective functioning of the practice until such time that a new manager was appointed.

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

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys and comment cards to obtain staff and patients' views about the service. We reviewed a selection of recent comments and all were complimentary about the service provided.

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

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Records of these results were available and action plans were in place to continuously improve. The provider was improving their response to these and assured us that going forward they would be completed and acted upon appropriately and in a timely manner.

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

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.