Dr Romeo Jurie Young

J. G. Glen (Practice)

Inspection Report

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Overall summary

We carried out this announced inspection on 28 November 2017 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. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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

J G Glen Dental Practice provides private dentistry to patients of all ages. The dental team consists of two dentists, a part-time hygienist and two dental nurses. The practice has two treatment rooms and is open on Mondays from 9am to 7pm; Tuesdays from 9pm to 5pm; Wednesdays from 9am to 3pm; Thursdays from 9am to 7pm, and on Fridays from 9am to 2pm.

There is ramp access for wheelchair and pushchair users at the entrance of the building.

The practice is owned by an individual who is the principal dentist, Dr Romeo Young. He has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

During the inspection, we spoke with the principal dentist and two dental nurses. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 18 comment cards filled in by patients prior to our inspection.

Our key findings were:

- We received positive comments from patients about the dental care they received and the staff who delivered it.
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- The appointment system met patients' needs and the practice opened late two evenings a week.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Staff knew how to deal with medical emergencies, although not all equipment recommended by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards was available.
- The practice's sharps handling procedures and protocols complied with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks had not been completed.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes the recording and monitoring of significant events; ensuring appropriate medical emergency equipment is available, responding to national patient safety alerts, and ensuring staff receive regular appraisal of their performance.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff.

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

- Review the storage of dental care products and medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- Review practice protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.
- Review the practice's protocols for recording in the patients' dental care records the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. Review the analysis of the grades for the quality of radiographs to ensure these are correctly recorded over each audit cycle and for each dentist.
- Review the practice's protocol and staff awareness of their responsibilities under the Duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments. There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices were not robust.

Untoward events were not always reported appropriately and learning from them was not shared across the staff team. Emergency equipment did not meet national recommended guidelines.

Are services effective?

No action

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. Dentists mostly used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice, although there was room for improvement in the assessment of patients' periodontal risk, and the justification and grading of X-rays.

Clinical audits were completed to ensure patients received effective and safe care.

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

Are services caring?

No action

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

We received feedback about the practice from 18 patients. They were positive about all aspects of the service the practice provided. Patients spoke positively of the dental treatment they received and of the caring and supportive nature of the practice's staff. Staff gave us specific examples of where they had gone out their way to support patients.

Are services responsive to people's needs?

No action

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

Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available. Patients told us it was easy to get an appointment and the practice opened late two evenings a week. The practice had made reasonable adjustments to accommodate patients with disabilities including downstairs surgeries, ramp access for wheelchair users and a fully accessible toilet.

The practice had a complaints procedure and patients' concerns were dealt with in a timely and empathetic way.

Are services well-led?

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

The staff told us they enjoyed their work and felt supported by the principal dentist. However, we found a number of shortfalls indicating that the practice's governance procedures needed to be improved. This included the analyses of untoward events, recruitment procedures, staff appraisal and the provision of medical emergency equipment. The principal dentist had taken over the practice two years ago and had been focussing on meeting the immediate needs of patients and refurbishing the practice. He was aware that improvement was needed in the overall management of the service, and was keen to turn his attention to this.

Requirements notice 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with were not aware of any policies in relation to the reporting of significant events, or of other guidance on how to manage different types of incidents. We found staff had a limited understanding of what might constitute an untoward event and they were not recording all incidents to support future learning. For example, we were told of a number of untoward incidents such as patient who fell, the breakdown of an autoclave and a patient complaint. There was no evidence to demonstrate that these had been investigated and discussed to prevent their reoccurrence.

The practice had not signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). As a result, staff were unaware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children and vulnerable adults and had received appropriate training for their role. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact information for local protection agencies was available in treatment rooms, making it easily accessible.

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. The dentists mostly used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted the latex dam was out of date for safe use in one kit we checked

The practice did not have a business continuity plan describing how it would deal with events that could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and had completed in-house training in resuscitation and basic life support. This had become out of date for staff but training had been planned for the 15 December 2017. Staff did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills. We noted the practice was missing some essential medical emergency equipment such as portable suction, and the oxygen cylinder was not the recommended size. We also noted that cannulas, single use syringes and airways equipment was out of date. The practice did not carry the correct form of medicine to manage epileptic seizures, and the glucagon had not been stored correctly, becoming unsafe for use as a result.

The practice did not have a defibrillator as recommended by guidance and did not have any alternative arrangements in place to mitigate this.

Staff recruitment

The practice did not have a recruitment policy to help them employ suitable staff in line with legislation. We viewed recruitment paperwork for the most recent staff member and found that essential pre-employment checks had not been undertaken such as a disclosure and barring check, and references. One nurse only had a standard (and not enhanced) disclosure check, despite working regularly with vulnerable adults and children. The practice did not keep a record of employment interviews to demonstrate they had been conducted fairly and in line with good employment practices.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. We noted risk assessments had been completed for specific issues such as the steep ramp for wheelchair users, the safe used to store antibiotics and a heavy storage unit in the practice.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. We viewed the practice's logbook that showed that water temperature checks had been completed monthly and annual water testing had been undertaken.

Firefighting equipment such as extinguishers was regularly tested and staff rehearsed fire evacuations from the premises.

Are services safe?

There was a control of substances hazardous to health folder in place containing chemical safety data sheets for most products used within the practice. This needed to be reviewed more frequently to ensure it remained up to date and relevant. We noted some cleaning chemicals were kept in an unlocked cupboard in the waiting room, making them easily accessible to patients.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The dentist conducted infection prevention and control audits, but not as regularly as recommended by guidance. Results from the latest audit indicated that the practice met essential quality requirements.

We noted that all areas of the practice were visibly clean and hygienic including the waiting area, toilet and stairway. Cleaning equipment was colour coded and stored correctly. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily.

Staff had their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination, although one nurse had long fingernails that compromised effective hand hygiene. We noted staff changed out of their uniform for lunch. Records showed that clinical staff had been immunised against Hepatitis B.

The practice had an infection prevention and control policy and procedures to keep patients safe, which followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice, which was stored at the rear of the property in a locked shed.

Equipment and medicines

The provider had taken over the practice two years ago and was in the process of modernising it. In that time both treatment rooms had been refurbished, LED lighting had been installed and a digital X-ray machine had been purchased.

We reviewed servicing documentation for the equipment used and noted that staff mostly completed checks in line with the manufacturers' recommendations. However, the practice's washer disinfector had not been serviced since 2015 and, although not in use, had not been decommissioned to prevent staff using it accidentally.

The practice had a fridge in which to store temperature sensitive materials. We found its temperature was not routinely monitored to ensure it worked effectively.

Medicines were stored securely in a locked safe and a log was kept of all prescriptions issued to patients. We noted that medicine labels did not contain the name and address of the practice and the dentists did not routinely audit their antibiotic prescribing as recommended.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had most of the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography. Rectangular collimation was used on X-ray units to reduce the dosage to patients.

Dental care records we viewed showed that dental X-rays were not always justified, reported on and quality assured. Regular radiograph audits were completed although not all radiographs we viewed had been graded correctly.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 18 comments cards that had been completed by patients prior to our inspection. The comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

Our discussion with the dentist and review of dental care records demonstrated that patients' dental assessments and treatments were mostly carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. We noted that basic periodontal examination scoring needed to be reviewed so it met national guidance.

improvement was needed in the assessment of patients' periodontal risk and in the taking of X-rays to ensure recommended guidance was followed.

The principal dentist audited his own dental care records to check that the necessary information was recorded: no audits were done of the associate dentist's or hygienist's records to ensure they met national standards.

Health promotion & prevention

The practice employed a part-time hygienist to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. We noted a number of leaflets in her treatment room providing patients with advice on oral health care. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Complimentary samples of toothpaste were available to patients in the treatment rooms.

Dental care records we viewed showed limited use of fluoride applications and fissure sealants to prevent tooth decay in patients.

Staffing

There was a very small staff team at the practice and the provider was in the process of trying to recruit two additional nurses to improve the service. Staff told us they did not feel rushed in their work and that plenty time was allowed for patients' treatments. A nurse always worked with the dentist, although not always with the hygienist.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There was appropriate employer's liability in place.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. Referrals were monitored by the practice to ensure they had been received, although patients were not routinely offered a copy of the referral for their information.

Consent to care and treatment

Patients confirmed the dentist listened to them and gave them clear information about their treatment. We found staff had a satisfactory understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves, although were less clear about consent issues for patients under 18 years of age.

Each patient was given a plan that outlined their treatment and its cost which they signed.

Additional consent forms were used for treatments such as implants, evidence of which we viewed in the patients' notes.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. Patients described staff as caring, and friendly and that they put them at ease. Staff gave us examples of where they had assisted patients such as personally delivering their dentures, giving them a lift home and helping them across the busy road outside the practice. One nurse described to us the additional measures she took to calm nervous patients, and we saw an example of this during our inspection. The principal dentist regularly visited Africa to undertake voluntary dental work there.

All consultations were carried out in the privacy of treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Blinds in treatment room windows prevented passers-by from looking in. The reception area was not particularly private but patient information was not overlooked. Patients' notes were stored in a cupboard off the main waiting room, although we noted this was unlocked.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Patients received plans that clearly outlined the treatment they would receive and its associated cost.

We noted a book in one surgery with photographs of the various types of treatments available to help patients better understand it.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was accessible, with three parking spots immediately outside and on-street parking nearby. The practice had increased the range of treatments available to patients and in addition to general dentistry, now offered orthodontics, implants and tooth whitening services. Plans were in place to create a practice website for patients.

Although the practice did not operate a reminder service, patients told us they were satisfied with the appointments system. Appointments were available up to 7pm two evenings a week to meet the needs of patients who worked full-time. The senior nurse told us that any patient in dental pain would be fitted in the same day.

The practice was part of a rota system with nine other practices to provide out of hours services to patients. Information about the out of hours services was available on the practice's answer phone, but not on display outside the practice should a patient come when it was closed.

Promoting equality

The practice had made some adjustments for patients with disabilities; there was ramp access for wheelchair users, two downstairs treatment rooms and a fully accessible toilet. However there was

no portable hearing loop to assist those who wore hearing aids. Information about the practice and patient medical histories was not available in any other languages, or formats such as large print. Staff were not aware of translation services for patients who did not speak English.

Concerns & complaints

Information on how patients could raise their concerns and complaints was on display in the waiting area. This is included the timescales by which complaints would be responded to and other organisations that could be contacted.

The practice had received one formal complaint in the last year. We viewed the paperwork in relation to this and found it had been responded to in a professional, empathetic and timely way.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. He was supported by the senior nurse who took on some administrative tasks, in addition to her clinical work.

There were policies, procedures to support the management of the service, although some we reviewed were out of date, citing organisations that no longer existed and staff who did not actually work in the practice. There was no evidence that the practice's polices had been reviewed or shared with staff to ensure their full understanding of them.

We identified a number of shortfalls in the practice's governance arrangements including the analysis of untoward events, the recruitment of staff and the availability of some medical equipment. There was no system in place to ensure professional registration and fitness to practice checks were undertaken for staff.

Leadership, openness and transparency

Staff told us they enjoyed their work and felt supported and valued in their work. Communication across the practice was structured around regular staff meetings, attended by all staff. Minutes were kept and staff described the meetings as useful.

Staff told us that they had the opportunity to, and felt comfortable, raising any concerns with the principal dentist who was approachable and responsive to their needs. It was clear that the principal dentist and two nurses worked well as a team. However, staff did not have any lead roles or specific areas of responsibility to help ensure the practice met national guidelines and legislation.

The practice did not have specific duty of candour policy, and staff were unaware of their responsibilities under it.

Learning and improvement

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of some dental care records, X-rays and infection prevention and control. These audits needed to be more effective as the infection control audit was not completed as frequently as recommended and only the principal dentist's records were audited

Staff told us they completed mandatory training, including medical emergencies and basic life support each year, although this had last been completed in May 2016 and was out of date.

There was no system in place to ensure staff received regular appraisal of their performance and no system to monitor the clinical work of the associate dentist or hygienist to ensure it met standards.

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

The practice had its own satisfaction survey, which asked patients for their views on a range of topics. We viewed recent results that indicated a high level of satisfaction with the service provided. Patients had raised some issues in relation to the limited amount of dental products for sale, the lack of children's facilities, the difficulty of parking and not being able to pay by debit card. There was no evidence to demonstrate how the practice had responded to the concerns, or used the information to improve their service. No information was given to patients about the results of their survey.

The practice gathered feedback from staff generally through staff meetings and discussions. Staff told us that the principal dentist listened to them and was supportive of their ideas and suggestions. One staff member reported their suggestion for better appointment management systems had been listened to and implemented.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were no 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: • There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence. • There was no system in place for receiving and responding to patient safety alerts. • Appropriate medical emergency equipment was not available There was no effective process for the ongoing assessment and supervision and appraisal of all staff employed.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: • DBS checks had not been obtained for staff employed by the practice. • References had not been obtained for staff.

This section is primarily information for the provider

Requirement notices

Reg 19 (3)