

Brian Parnell

Brian Parnell - Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 26 February 2020 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Brian Parnell - Dental Surgery is in Weymouth and provides NHS dental care and treatment for adults and children.

There was no level access to the practice for people who use wheelchairs and those with pushchairs. Access to the practice, which was on a first floor town centre location, was via a set of stairs. The practice had identified the stairs as an access issue for some patients, and all new patients, upon contact with the practice, were advised of the situation and offered alternative arrangements, if necessary, with another local practice. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

Summary of findings

The dental team includes one dentist, two dental nurses and one receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist. 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 50 CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with one dentist, one dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Thursday 9am to 5pm
- Friday 9am to 1pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.
- The provider had systems to help them manage risk to patients and staff for example the COSHH file
- The provider patient care notes were not adequately completed according to FGDP guidelines.
- The provider did not ensure audits were completed to drive improvements within the practice.

We identified regulations the provider was not complying with. 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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

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

No action 

Are services effective?

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

No action 

Are services caring?

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

No action 

Are services responsive to people's needs?

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

No action 

Are services well-led?

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

Requirements notice 

Are services safe?

Our findings

We found 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 staff had 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 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.

The provider had 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. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were 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 in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The second dental treatment room at the practice was not in use. The provider told us the second treatment room was permanently decommissioned. The provider told us that water line flushing was taking place for sinks but was not occurring for the dental chair, which would have to be fully serviced and dental lines replaced should a decision be made to bring the treatment room back into operation.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The provider had not carried out infection prevention and control audits twice a year as required in guidance. The audit should show the practice was meeting the required standards. The provider told us that this would be commenced during the next two months.

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

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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 all staff recruitment records. These showed the provider followed their recruitment procedure.

We observed clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

Are services safe?

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers throughout the building and fire exits were kept clear.

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

We were shown evidence the dentist had not justified, graded and reported on all radiographs they took. The provider had not carried out radiography audits every year following current guidance and legislation. The provider told us that this would be commenced during the next two months.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice 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 arrangements for safe dental care and treatment. The staff followed the 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 vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

None of the clinical staff expressed confidence of their knowledge of the recognition, diagnosis and early management of sepsis. The provider told us that the issue of sepsis would be re visited for staff within the next two months.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were not available as described in recognised guidance. We found staff did keep records. However the list being used did not conform to the current guidance on which medicines and

equipment should be held. We found a number of items were missing, for example, adult air bags, airways and suction tubes. We found the practice did not have medicines to manage a severe allergic reaction, a seizure or relieve angina. The practice made immediate arrangements to rectify the missing equipment and medicines; and obtain the correct check lists.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team.

We reviewed the Control of Substances Hazardous to Health (COSHH) Regulations 2002 file and saw that some material safety data sheets were out of date when newer versions were available, not all products had been risk assessed to minimise the risk that can be caused from substances that are hazardous to health. We saw that practice staff had commenced a review of the file and that the file was being brought up to date.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to corroborate our findings and observed that individual records were written and managed in a way which kept patients information safe. Dental care records we saw were not fully complete, legible, were not kept securely or complied with General Data Protection Regulation requirements. The dental care records we looked at did not fully cover all FGDP guidelines would benefit from more information being recorded concerning essential information, soft tissue examination and treatment options. The provider told us that they would amend records with immediate effect.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. The practice did not have a central monitoring system which could lead to the possibility that referrals could have been missed. The practice made immediate steps to introduce a monitoring system.

Are services safe?

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

The dentist was aware of current guidance with regard to prescribing medicines.

Antimicrobial prescribing audits were not carried out annually. Such an audit would indicate the dentist was following current guidelines. The provider told us that this would be commenced during the next two months.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand the potential risks and led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had 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 this practice was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. The practice was not signed up to the Medicines and Healthcare products Regulatory Agency (MHRA) alerts which would ensure that the practice staff were aware of significant medical related issues. The practice made immediate arrangements to sign up to MHRA alerts. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives. For example; local stop smoking services. They directed patients to these schemes when appropriate.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and completing detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining consent. Improvements could be made to the recording of patients' consent to treatment in line with guidance. The provider told us that amendments would be made to patient care notes with immediate effect. The staff were not fully aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this was not well documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice consent policy included information about the Mental Capacity Act 2005. The team did not fully understand 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 in certain circumstances. Staff were not fully aware of the need to consider this when treating young people under 16 years of age. The provider told us that issues of consent, mental capacity and Gillick would be revisited with staff to ensure that they fully understood the issues involved.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patient's current dental needs, past treatment and medical history. We found that the six records we looked at did not contain sufficient detail as required by the Faculty of General Dental Practice (FGDP) guidelines. The dentist told us how they would assess patient's treatment needs in line with recognised guidance. The provider told us that records would be improved with immediate effect.

The provider had limited quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of a record keeping audit, although with no resulting action plans or improvements demonstrated. The provider told us that this would be commenced during the next two months.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

We found 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 efficient, professional and caring. We saw staff treated patients respectfully, appropriately and effectively; and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results 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 layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' 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. Whilst an electronic system was available to record patient care notes the dentist preferred to make hand written notes.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were not available for patients who did not speak or understand English. This was relevant as the service offered an NHS emergency service. The provider told us that this service would be obtained within the next two months.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

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.

Staff gave patients clear information to help them make informed choices about their treatment. 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.

The practice information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed, these X-rays which enabled images to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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 about the importance of emotional support needed by patients when delivering care. The practice provided urgent NHS dental care, on behalf of the NHS 111 service, for members of the public who could not access usual NHS dental care. Patients could include homeless people or people with drug and/or alcohol dependence.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

- 50 cards were completed, giving a patient response rate of 100%
- 100% of views expressed by patients were positive.

Common themes within the positive feedback were friendliness of staff, easy access to dental appointments and flexibility of appointment times. We shared this with the provider in our feedback.

We were able to talk to three patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff had not carried out a disability access audit and or formulated an action plan to continually improve access for patients. The practice had identified the access stairway as an issue and discussed this with new patients when contact was first made with the practice. Alternative arrangements could be made with other practices if necessary.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

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 in their information leaflet.

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

The staff took part in an emergency on-call arrangement with the NHS111 out of hour's service and patients were directed to the appropriate out of hours service.

The practice information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us 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 about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The provider was responsible for dealing with complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients could receive 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 had received in the previous year.

Are services responsive to people's needs?

(for example, to feedback?)

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 this practice was not providing safe 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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The principal dentist had the capacity, values and skills to deliver high-quality, sustainable care, and were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Staff told us they worked closely with the principal dentist to make sure they prioritised compassionate and inclusive leadership.

Staff planned the services to meet the needs of the practice population. An example of this was the emergency access contract the provider held with the NHS to provide unregistered patients with dental services.

Culture

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

Staff had last discussed their training needs at an annual appraisal during 2016. The staff also told us they discussed learning needs, general wellbeing and aims for future professional development informally. We saw evidence of the completed 2016 appraisals in the staff folders.

We saw the provider had systems in place to deal with poor staff 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. They had confidence these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice; and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had an ineffective system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed regularly. The documents we looked at indicated that clinical governance could be improved by reviewing the content of policies, protocols and procedures.

We saw there were processes for managing risks, issues and performance. The documents we looked at indicated that the processes for managing risks, issues and performance could be improved by reviewing the content of policies, protocols and procedures.

The provider told us that they were looking to introduce a better clinical governance system supplied by an external contractor as soon as was practical.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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 the service.

The provider used verbal comments to obtain staff and patients' views about the service.

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

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

Continuous improvement and innovation

Are services well-led?

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had limited quality assurance processes to encourage learning and continuous improvement. These included an audit of dental care records. Staff kept records of the result of this audit; there was no resulting action plan or demonstration of improvements made. These did not include audits of radiographs and infection prevention and control.

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

Staff completed 'highly recommended' training as stated in the General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good governance</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>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The provider must ensure the clinician take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.• The provider must ensure the availability of equipment and medicines in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.• The provider must ensure the availability of an interpreter service for patients who do not speak English as their first language.• The provider must ensure that staff are fully aware of the issues of consent and mental capacity and Gillick and that staff understand these matters.

This section is primarily information for the provider

Requirement notices

- The provider must ensure that provision of a Control of Substances Hazardous to Health (COSHH) Regulations 2002 file and that products are risk assessed and stored and used to minimise risk.
- The provider must ensure audits of radiography, dental care records and infection prevention and control are undertaken at regular intervals to improve the quality of the service. The provider must also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Regulation 17