Dr Timothy Jones & Mrs Julie Jones

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 18 July 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures in place. Audit of infection control procedures had not identified areas where guidance was not followed.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises. Some risk assessments had not been carried out or required updating.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Information on local area contacts for child safeguarding were not available.
- The practice had staff recruitment procedures in place. These did not always follow current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patient information leaflets were not always issued with medicines dispensed by the practice.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Systems and processes were in place to ensure any complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The practice Dr Timothy Jones and Dr Julie Jones is in Stockton Health, Cheshire and provides private dental care and treatment for adults and children.

There is step free access to the practice at the rear of the building, for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice in a pay and display car park. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 5 dental nurses, 1 dental hygienist, and 1 dental therapist. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, 2 dental nurses, and the dental hygienist We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday 9am to 5.30pm.

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

- Improve the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, for management of risk of fire, for staff without confirmed immunity to bloodborne viruses, for any staff member working alone, and for Control of Substances Hazardous to Health (COSHH).

- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term. In particular, for timely audit of antimicrobial prescribing, clinical record keeping and for oversight of infection prevention and control audit and the effectiveness of some staff training.

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?	**No 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 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)

The practice had a practice child safeguarding statementin place; staff understood their responsibilities for safeguarding vulnerable children. When we read the child safeguarding statement, we observed it didn't include details of contacts of local authority safeguarding leads, or who to contact when making a referral. The practice confirmed they would address this immediately. There was an adult safeguarding policy in place and all relevant local authority contact details for adult safeguarding concerns were available.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy to help them employ suitable staff, including for agency or locum staff. This reflected the relevant legislation. We found that in a small number of cases, this was not always followed. For example, for staff members there was no record of immunity to bloodborne viruses or evidence of qualifications.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment had been carried out and reviewed annually. When we reviewed this we observed that some areas were not considered. We discussed with the provider how this could be addressed.

The practice had sufficient fire safety equipment and the practice was fitted with smoke detectors.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. We identified instances when risk assessments had not been implemented, for example, for lone working of one staff member, and for staff whose immunity to bloodborne diseases had not been confirmed. The provider confirmed that they would address this immediately.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health for all staff using dental treatment and decontamination products. We observed that the staff member carrying out cleaning duties when the practice was closed, did not have access to information sheets (for the Control of Substances Hazardous to Health ((COSHH)) on the cleaning products they used. We discussed how these could be provided.

Are services safe?

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements. We discussed how patient care records could be further strengthened by recording all treatment options discussed with patients and the risk and benefits of each.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out but not at the expected frequency, which is annually.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better 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.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 detailed patient care records in line with recognised guidance.We discussed how these could be further strengthened by including details of all treatment options available, and the risks and benefits of each option.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. We discussed how some findings from inspection indicated that further training would be appropriate and helpful in some areas, for example, in how to manage cleaning in a primary care setting, in the carrying out of health and safety risk assessments for the practice and in oversight of staff carrying out audits.

Newly appointed staff had a structured induction and clinical staff completed 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 dentists 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 were aware of their responsibility to respect people's diversity and human rights.

On the day of inspection, we observed staff interactions with patients, and reviewed patient feedback received by the practice. Patients had commented that staff were compassionate and understanding when they were in pain, distress or discomfort. Patients were greeted by name by staff, and it was clear that staff knew their patients well.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. 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 gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, and X-ray images.

Are services responsive to people's needs?

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including step free access at the rear of the practice for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

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

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was visible leadership with emphasis on people's safety and continually striving to improve.

Staff worked together in such a way that the inspection did not highlight any significant issues; we discussed areas that fall within oversight and governance, which could be improved.

Overall, information and evidence presented during the inspection process was clear and well documented.

We saw the practice had processes to support and develop staff with additional roles and responsibilities. We discussed how this could be further developed and strengthened.

Culture

Staff could show how they ensured sustainable services. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and at practice meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up to date. During our inspection we discussed how training provided should be periodically reviewed to ensure it continued to meet staff requirements.

Governance and management

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. When we reviewed these, we found some were not working effectively. For example, we found:

- Review of practice policies had not identified information required by staff, that was missing, for example, in the practice child safeguarding policy, in the practice whistleblowing policy, and in information available to cleaning staff, for example COSHH data sheets.
- Review of infection control audit undertaken, had not identified information missing in relation to staff occupational health and safety.
- Steps to check all required recruitment processes had been carried out for permanent staff, had not identified that some records still required submitting and that a supply agency had not shared recruitment checks carried out on supply staff.
- Systems to ensure risk assessments were in place in all required areas had not highlighted areas of work were not risk assessed, for example, lone working. The fire risk assessment had not highlighted that an exit from the building was sometimes blocked by parked cars.
- Processes in place to monitor audits were not in place. The frequency of antibiotic audit was not in line with recommended guidance. Follow-up cycles of audit on prescribing and clinical record keeping was slow, in some cases, 18 months from baseline audit.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and improvement. These included audits of patient care records, radiographs, antimicrobial prescribing, and infection prevention and control.