

Mr. John Wolverson

Hislop and Wolverson

Inspection Report

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Overall summary

We carried out this announced inspection on 9 January 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. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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 providing well-led care in accordance with the relevant regulations.

Background

Hislop and Wolverson dental practice is in Doncaster and provide NHS and private treatment to adults and children. The practice also provides orthodontics and a denture repair service.

There is step access into the practice; ramp access is not possible due to the gradient of the path leading up to the practice. People who use wheelchairs and pushchairs are assisted into the practice by staff members or supported to find an alternative practice. Car parking spaces are available near the practice.

The dental team includes five dentists, nine dental nurses (three of which are trainees) and a receptionist. The practice has five treatment rooms, an instrument

Summary of findings

decontamination room. There are two rooms on the ground floor which are used as a dental laboratory; the dental laboratory operates independently from the practice and is run by a self-employed dental technician.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Hislop and Wolverson was the senior partner.

On the day of inspection we collected five CQC comment cards filled in by patients and spoke with six other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, the dental technician 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 Friday 9am – 5:30pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk. Improvements could be made in respect to fire safety, Control of Substances Hazardous to Health (COSHH) and waste management.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's environmental risk assessments paying attention to the rooms used by the dental technician to ensure a comprehensive fire risk assessment is undertaken and the necessary actions implemented.
- Review the practice's waste handling protocols to ensure X-ray chemicals and gypsum waste is segregated and disposed of in accordance with relevant regulations taking into account guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the security of in-use prescription pads in the practice.
- 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 procedures for closed-circuit television (CCTV) and compliance with the Information Commissioner's Office protocols (ICO).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

There was no fire safety risk assessment in place to cover the practice and the rooms used by the dental technician.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. The emergency medicine glucagon was stored in the medicine fridge; we noted that the fridge temperature was not monitored.

We saw that used and surplus X-ray chemicals were being stored in the practice and there was no process in place for their disposal.

We saw the provider had declared to the council that dental plaster (gypsum) waste was produced at the practice but the practice's current process for disposing of gypsum was not in line with waste management regulations.

We saw that in-use prescription pads were not being stored securely when the practice was closed.

We received evidence from the practice after the inspection that the fire risk assessment was being arranged. The senior partner assured us that the additional areas of concern would be addressed without delay.

No action



Are services effective?

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

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

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from five people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and treat you with respect. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

The practice had recently installed Closed Circuit Television (CCTV) in the patient waiting and reception areas; there was no internal signage or policy in place to support its use.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice carried out monthly X-ray audits but was not consistently reporting on the quality of X-rays taken.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

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

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

The emergency medicine glucagon was stored in the medicine fridge; we noted that the fridge temperature was not monitored. We highlighted this to the senior partner who assured us this would be addressed immediately.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

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. These covered general workplace and specific dental topics.

There was a basic fire assessment incorporated into the general workplace assessment, this assessment did not include the rooms used by the dental technician. We identified that a comprehensive practice fire safety risk assessment had not been carried out. The two rooms used by the dental technician were not fitted with smoke detectors or a fire alarm and there were no serviceable fire extinguishers in this area. The area was cluttered, a gas fire and a bunsen burner were in use and the ventilation fan was not used to remove fumes. Practice staff were observed spend time in this area throughout the inspection day. We highlighted these areas of concern with the senior partner who assured us they would be addressed as a priority. We were sent confirmation after the inspection that a fire assessment had been arranged for the 30 January 2018 and the partners were in the process of reviewing risks associated with work carried out in the rooms used by the dental technician.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

The practice was registered with an authorised contractor for the collection and safe disposal of clinical waste. We

Are services safe?

saw that used and surplus X-ray chemicals were being stored in the practice and there was no process in place for their disposal. The senior partner assured us that this would be addressed without delay.

We identified that dental plaster (gypsum) waste was not being separated and disposed of in line with current waste management regulations. We saw documentation the provider declared to the council annually that dental plaster was produced at the practice but the current disposal process was not being carried out correctly. The senior partner assured us that this practise would cease immediately and an appropriate disposal process would be put in place.

We reviewed the Control of Substances Hazardous to Health (COSHH) folder and found some cleaning materials used at the practice had not been risk assessed. We also noted that some cleaning materials, such as floor cleaner and stripper, sodium hypochlorite and liquid hand scrub were not stored securely in the dental laboratory. We were sent evidence after the inspection that all COSHH items had been moved to a more secure location and all cleaning materials had been risk assessed.

Infection control

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice kept records of NHS prescriptions as described in current guidance and there was a system in place to monitor and track their use. We saw that in-use prescription pads were not stored securely when the practice was closed; we highlighted this to the senior partner who assured us this would be reviewed without delay.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified and graded the X-rays they took. The practice carried out monthly X-ray audits but was not consistently reporting on the quality of X-rays taken. We discussed this with the dentists who assured us that a more effective quality assurance process would be introduced.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

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

Staffing

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were caring, lovely and welcoming. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic correspondence and backed these up to secure storage. They stored paper records securely.

Patient information folders, patient survey results and thank you cards were available for patients to read.

The practice had recently installed Closed Circuit Television (CCTV) in the patient waiting and reception areas, there was no signage inside the practice and no policy was in place to support its use. The Information Commissioner's Office had not been informed that CCTV was now in use at the practice. We highlighted this to the partners who started to address this on the day of inspection.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The NHS choices website provided patients with information about the range of treatments available at the practice. These included general dentistry, orthodontics and denture repairs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that a small number of patients who would struggle to use the steps to gain access would be assisted into the practice by members of staff.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included assisted access, ground floor treatment rooms and an accessible ground floor toilet. The practice information leaflet informs patients that there are access difficulties due to the nature of the building and offers assistance to find an alternative practice to receive treatment if requested.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on the NHS choices website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. The NHS choices website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The partners were responsible for dealing with these. Staff told us they would tell the partners about any formal or informal comments or concerns straight away so patients received a quick response.

The partners told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

Governance arrangements

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

We identified improvements could be made to fire risk awareness, COSHH and waste management.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the partners encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the partners were approachable, would listen to their concerns and act appropriately.

The senior partner told us that practice meetings were not being held regularly due to the level of clinical commitment and staff rotas. We were assured that communication within the practice was good and information was filtered throughout the team on a daily basis. The senior partner told us they would like to reinstate staff meetings and would aim to do so in the near future.

Learning and improvement

During the inspection we found all staff were responsive to discussion and feedback to improve the practice. They took immediate actions to address the concerns raised during the inspection and sent evidence to confirm that action had been taken. They demonstrated a commitment to make further improvements.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. We found improvements could be made to the X-ray quality assurance process.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team 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 told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. 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.