

Peirson Services Limited

# Jim Peirson Dental Health Care

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 16 August 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff provided preventive care and supported patients to ensure better oral health.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff felt involved, supported and worked as a team.

# Summary of findings

- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- Sedation procedures were not in line with guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care' 2015.
- There was no system in place to ensure that all equipment was safe to use, maintained and serviced according to manufacturers' instructions.

## Background

Jim Peirson Dental Health Care provides mostly NHS dental care and treatment for adults and children. In addition to general dentistry, the practice also offers inhalation sedation services.

The practice has made reasonable adjustments to support patients with access requirements including ramp access, ground floor treatment rooms and a fully accessible toilet.

The dental team includes a dentist, a practice manager, a dental hygienist, a dental therapist and 6 dental nurses.

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

The practice is open Mondays, Tuesdays and Thursdays from 8am to 8pm; on Wednesdays from 8am to 5pm, and on Fridays from 8am to 1pm.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Ensure all sedation procedures are in line with guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. In particular, ensuring that patients' clinical signs are monitored throughout the procedure and that staff have immediate life support training for both adults and children.
- Ensure the prescribing of antibiotic medicines takes into account the guidance provided by the College of General Dentistry.
- Implement a system to ensure that fixed wire electrical testing is undertaken every 5 years, the relative analgesia machine is serviced regularly and that all nitrous oxide cannisters are kept in date.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

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.

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

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken to ensure staff were suitable for their role.

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

The practice ensured that most equipment was safe to use, maintained and serviced according to manufacturers' instructions, although we noted that an electrical installation condition report had not been undertaken since 2012. An electrician to undertake this check was organised the day following our inspection.

A new fire safety risk assessment had been conducted the day before our visit and the practice was awaiting its results. Fire equipment was checked yearly, and staff undertook regular fire evacuations.

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.

Emergency equipment and medicines were available and checked in accordance with national guidance, however we noted there was no self-inflating bag with a reservoir for a child, no oxygen face mask for children, and no clear facemasks. This missing equipment was ordered the day following our inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. However, they had not completed immediate life support required when treating patients under sedation.

The practice had assessments to minimise the risk that could be caused from substances that were hazardous to health.

### **Information to deliver safe care and treatment.**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

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

# Are services safe?

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines and prescription pads were stored securely and a system was in place to identify any lost or missing scripts.

Patient group directions were in place to allow the dental hygienist and therapist to administer local anaesthesia.

Antimicrobial prescribing audits were carried out to ensure clinicians were following nationally recommended guidelines, although we noted the dentist was not always prescribing them according to national guidelines.

## **Track record on safety, and lessons learned and improvements.**

The practice had systems to review and investigate incidents and accidents. We viewed several incident report records that had been completed in good detail. However, there was limited evidence to show how learning from these events had been implemented to prevent their recurrence.

The practice had a system for receiving and acting on national 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice provided a small number of nitrous oxide inhalation sedations to patients. However, we found that staff had not undertaken training in immediate life support, the relative analgesia machine had not been serviced since 2017 and one of the nitrous oxide canisters was out of date. Following our inspection, the provider confirmed to us that he would not undertake any further patient sedation and would contact NHS England about his current contract with them for it.

### **Helping patients to live healthier lives.**

The practice provided preventive care and supported patients to ensure better oral health. A dental therapist and dental hygienist were available to help patients manage their oral health and gum disease.

The practice sold dental sundries such as interdental brushes, floss, mouthwash and toothpaste to help patients manage their oral health.

### **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 saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out regular radiography audits.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Despite this being a very busy NHS dental practice, staff told us they had time for their role and did not feel rushed in their job.

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.

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We advised that the system for monitoring patient referrals required strengthening to ensure their timely management.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

99% of respondents to the practice's patient survey stated that they had been treated with dignity, care and gentleness by staff.

Staff described to us some of the ways they enabled nervous patients to undergo their treatments and the additional measures they had implemented to help one child with autism. Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy. A radio was played in the waiting area to distract patients from conversations at reception, and there was a screen in front of the reception desk which also helped mute conversation. The computer screens were not overlooked, and staff password protected patients' electronic care records and backed these up to secure storage.

The practice had completed a specific privacy impact risk assessment that covered staff's use of email, text and online media platforms.

Archived patient notes were held on open shelves behind the reception desk, but this area was not accessible to the public and the practice's cleaner had signed a confidentiality agreement.

We noted ground floor treatment rooms had vertical window blinds to prevent passers-by looking in.

### **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 provided patients with information about the range of treatments available.

# 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 was accessible to wheelchair users via a ramp entrance and 4 treatment rooms that were on the ground floor. There was a portable hearing loop to assist patients who wore hearing aids and information could be produced in large print if needed.

Translation services were available for those who did not speak or understand English.

The practice offered a text, email and telephone appointment reminder service to patients.

### **Timely access to services**

At the time of our inspection, the practice was not taking on any new NHS patients but was able to offer some appointments to new patients if last minute cancellations allowed. Emergency slots were available each day, and the practice opened until 8pm three evenings a week to meet patient demand.

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

### **Listening and learning from concerns and complaints**

Information about how patients could raise their concerns was available in the waiting area and the receptionist spoke knowledgeably about how they would deal with a complaint.

Information we reviewed in relation to two recent complaints demonstrated they had been managed in a timely and empathetic way.



# 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 manager had overall responsibility for the day to day running of the service but was supported by a compliance lead who worked two days a week, and two senior nurses. One nurse took responsibility for staff training, and the other for staff rotas and infection control.

We found staff demonstrated a transparent and open culture in relation to people's safety and were keen to implement improvements where shortfalls were identified.

### **Culture**

Staff stated they felt respected, supported and enjoyed their work. They described the dentist and practice manager as approachable and understanding of their concerns.

Communication systems in the practice were good, with regular meetings for all staff, and an instant messaging application to share key information. However, not all staff had received a recent appraisal of their performance.

### **Governance and management**

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

The practice had policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice signed up to a dental compliance company to help in the management of the service and to help staff keep up to date with the latest guidance.

### **Engagement with patients, the public, staff and external partners**

Patients were encouraged to complete a survey which asked them if they would recommend the practice, if they had confidence in the ability of staff and if they were treated well. Results of the surveys were on display in the waiting area and indicated high levels of satisfaction with the service.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. Their suggestions for managing their workloads and responding to patients had been implemented.

### **Continuous improvement and innovation**

The practice had some systems and processes for quality assurance and continuous improvement. These included audits of patient care records, radiography, antimicrobial prescribing (although this had failed to identify that the dentist was not prescribing antibiotics according to national guidelines), and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.