Mrs. Donna George

Mrs. Donna George

Inspection Report

116 Hollowell Way
Brownsover
Rugby
Warwickshire
CV21 1LT
Tel: 01788 551215
Website: www.parkviewhygienistclinic.com

Date of inspection visit: 10 March 2020
Date of publication: 24/04/2020

Overall summary

We carried out this announced inspection on 10 March 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

Mrs. Donna George, also known as Parkview Hygienist Clinic, is in Brownsover, Rugby and provides private dental hygiene treatments for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes one dental nurse, one dental hygienist and one receptionist. The practice has one treatment room.

Summary of findings

The practice is owned by an individual who is the dental hygienist there. 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 eight CQC comment cards filled in by patients and spoke with two patients.

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

The practice is open:

Monday from 9am to 1pm.

Tuesday from 9am to 6pm.

Wednesday closed.

Thursday from 2pm to 6pm.

Friday from 9am to 4pm.

Saturday from 9am to 2pm.

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. Appropriate medicines and some life-saving equipment were available. However, we found some items missing and one medicine had been stored outside refrigeration and the expiry date had not been adjusted to accommodate this. Missing items were ordered during the inspection and the shelf life of the medicine was adjusted.
- The provider had some systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to the control of substances hazardous to health, medical emergency equipment and clinical audit. Immediate action was taken within 48 hours of our inspection to address most of these shortfalls.
- 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.
- The provider supported learning and development within the practice. However, we found that an infection prevention and control audit and record keeping audit had not been completed.
- There was a small team of three who worked closely together and supported one another daily. Due to being such a small team no appraisals had been completed as staff told us they discussed their learning and development needs informally.
- 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.

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.

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 that 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 mostly in line with HTM 01-05. However, we found that staff did not sign check sheets to show they had completed the start-up and close down procedures in the decontamination room. We were advised that this was because there was only one person responsible for completing these tasks. The records we saw 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 completed in October 2019. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. However, we found that the cold water temperature was not being recorded once checked. We discussed this with the provider who advised that they would record the temperature moving forward.

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 pre-acceptance waste audit was not available for us to review during the inspection. However, this was sent to us within 48 hours of the inspection.

The provider had not carried out infection prevention and control audits twice a year as recommended in national guidance. We discussed this with the provider who advised these would be completed every six months moving forward. A completed infection prevention and control audit was sent to us within 48 hours of the inspection which showed that the provider was meeting the required standards.

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

The provider had a recruitment procedure to help them employ suitable staff although they did not have a supporting policy. A recruitment policy was implemented within 48 hours of the inspection which reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that 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 had been carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

Risks to patients

The practice's 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's arrangements for safe dental care and treatment. The dental hygienist used traditional needles to administer local anaesthetic rather than a safer sharps system. The practice's sharps policy and risk assessment identified that only the dental hygienist would dismantle syringes. We found the sharps bin in the practice that had not been labelled correctly by entering the brought into use date. This was discussed with the provider who advised it was an oversight and rectified this shortfall.

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.

Staff had not completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice.

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 that the following equipment was missing: portable suction, oropharyngeal airways sizes zero to four, self-inflating bag and reservoir for children and adults, clear face masks for the self-inflating bags size zero to four, oxygen face mask with reservoir and tubing for children and a spacer device. We found one medicine had been stored outside of refrigeration. However its shelf life had not been adjusted to accommodate this. All items were ordered during the inspection and placed in the equipment kit within 48 hours of the inspection. The shelf life of the medicine stored outside of refrigeration was amended during the inspection.

A dental nurse was not always with the dental hygienist when they treated patients as recommended in national guidance. The receptionist was available to act as a chaperone if requested by patients. A risk assessment was in place for when the dental hygienist worked without chairside support.

Guidance was available for staff on the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Copies of manufacturers' product safety data sheets were held for all materials although at the time of our visit, risk assessments had not been completed for all of these. We were advised this would be rectified.

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 dental hygienist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

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.

Safe and appropriate use of medicines

Although we found one medicine stored without refrigeration, the provider had systems in place to ensure emergency medicines were handled safely. There was a stock control system of emergency medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Track record on safety, and lessons learned and improvements

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

Are services safe?

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 did not have a system for receiving and acting on safety alerts. The provider registered to receive alerts within 48 hours of our inspection.

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 dental hygienist 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 dental hygienist used a 5% concentration fluoride product if a patient's risk of tooth decay indicated this would help them.

The dental hygienist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

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 practice was dedicated to supporting the local community by providing preventive oral hygiene advice in the local day nurseries. Team members regularly visited the local day nursery to educate children in tooth brushing techniques and deliver healthy eating advice.

The dental hygienist 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 recording 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 home care preventative advice. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

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 and recording patients' consent to treatment. The staff were 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. Patients confirmed the dental hygienist 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 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 aware of the need to consider this when treating young people under 16 years of age.

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 patients' current dental needs, past treatment and medical histories. We found there was scope to strengthen the clinical care records by including patient concerns, dental history, extra oral examination, tooth examination, and risk assessment.

The provider had quality assurance processes to encourage learning and continuous improvement. For example, the dental hygienist regularly attended external clinical update and training courses and the receptionist used an online platform to keep up to date with appropriate training. Medical emergency training was held in the practice.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

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 dental hygienist confirmed they referred patients back to their general dental practitioner for general dental 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 friendly, helpful and knowledgeable. We saw staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Several patients commented that they had received an exceptional service at the practice.

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 stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the

requirements of the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available upon request.

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. The dental hygienist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dental hygienist described to us the methods they used to help patients understand treatment options discussed.

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. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

Two days before our inspection, we sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service. These were due to be sent two weeks before however there was an issue with the postal service. Eight cards were completed and 100% of views expressed by patients were wholly positive. Common themes within the positive feedback were the friendliness of staff, "exemplary care received" and the "outstanding service".

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The dental hygienist gave us specific examples of how they supported patients to receive care including using cushions to support patients with back and neck problems.

The practice had made reasonable adjustments for patients with disabilities. This included access via a small step, ground floor facilities, a low-level area of the reception desk for wheelchair users, large print documents on request and an accessible toilet with hand rails.

All patients, where consent had been given, received a text message appointment reminder three days before their scheduled appointment. Patients that had not opted to receive appointment reminders via text were sent a postal reminder. 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 and on their website.

The practice had an appointment system to respond to patients' needs. 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 practice did not provide emergency appointments for routine dental care as this was a hygienist clinic. Patients in pain were referred to their general dental practitioner in working hours or to the NHS111 out of hours service outside of working hours.

The practice's 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 appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider would take complaints and concerns seriously although they had not received any to respond to. 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 dental hygienist was responsible for dealing with complaints. Staff told us they would tell the dental hygienist about any formal or informal comments or concerns straight away so patients received a quick response.

We looked at comments, compliments and feedback the practice received over the past 12 months. These showed the practice responded to feedback 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 well-led 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

We found the provider had the values and skills to deliver high-quality, sustainable care. However, due to the provider being the lead for everything within the practice and working clinically they did not always have the capacity. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Following our visit, we noted that the provider was responsive and had rectified most of the shortfalls we identified.

Due to being a very small team of three staff worked closely together to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs both informally and during practice meetings.

The staff focused on the needs of patients. For example, the receptionist always scheduled one patient's appointment at a time when their favourite radio show was on as this helped the patient to relax in the chair.

We saw the provider had systems in place to deal with staff poor performance.

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, and they had confidence that these would be addressed.

Governance and management

Most responsibilities and oversight of systems of accountability to support good governance and management were undertaken by the provider who was the dental hygienist in the practice. They had overall responsibility for the management and clinical leadership of the practice and were responsible for the day to day running of the service. The receptionist provided support where possible.

Staff discussed changes and updates at informal daily meetings and at formalised practice meetings.

The provider did not demonstrate that they had consistently clear and effective processes for managing risks. For example, we noted shortfalls in appropriately assessing and mitigating risks in relation to control of substances hazardous to health, medical emergency equipment and clinical audit. The provider ordered missing medical emergency equipment during the inspection and completed clinical audits within 48 hours of the inspection.

We found there were not always effective processes for managing performance. For example, staff had not received annual appraisals where they could discuss their learning needs, general wellbeing and aims for future professional development. We were informed that appraisals would be implemented for all employed staff following our inspection.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys, and external body reviews were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Are services well-led?

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 patient surveys and encouraged verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the radio station had been changed in the treatment room as a result of patient feedback.

Patient survey results from November 2019 completed by 40 respondents were wholly positive and achieved a satisfaction score of 99%. Comments received through the survey described lovely and professional staff; an efficient service and a welcoming positive experience.

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 on. For example, the toilet seat in the staff toilet had been replaced following staff feedback.

Continuous improvement and innovation

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

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental suppliers and practice noticeboards. However, the practice had not completed an audit of dental care records or infection prevention and control. These were completed and sent to us within 48 hours of the inspection.

The provider 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 per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. **How the regulation was not being met** 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: • A systematic comprehensive approach had not been implemented for staff appraisals. • There were limited systems for monitoring and improving quality. For example, infection prevention and control audit and record keeping audit had not been completed. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who might be at risk. In particular: • The provider had not ensured 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. • Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, did not ensure risk assessments were undertaken.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1) (2)