Care Quality Commission

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The Dental Surgery

Inspection Report

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Date of inspection visit: 14 October 2015
Date of publication: 26/11/2015

Overall summary

We carried out an announced comprehensive inspection on 14 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

The practice is owned and managed by the principal dentist and is situated in the town centre of Wigton in Cumbria. It offers mainly NHS treatment to patients of all ages and also offers independent dental treatment. The services include preventative advice, treatment and routine restorative dental care. The practice is open Monday, Wednesday and Friday from 9.00am to 5.00pm, and Tuesday and Thursday 9.00am to 7.00pm.

There are six dentists, two foundation dentists, two hygienists, nine dental nurses, a designated decontamination nurse, two receptionists and a practice administrator. Foundation dentists are newly qualified dental practitioners from a dental school. A foundation dental practitioner works in an approved training practice under supervision and also receives additional training of specific relevance to general or community dental practice.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We viewed 14 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and

Summary of findings

hygienic, they found the staff very friendly and approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and made the dental experience as comfortable as possible

Our key findings were:

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had received formal safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had recorded significant events and accidents and there were processes in place to investigate and analyse these. Improvement measures were implemented where appropriate.

Staff had received formal training in safeguarding, and they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated. The practice used markers on their treatment records to identify if patients had a specific need such as a particular medical condition which may affect treatment.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused strongly on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were supported to deliver effective care through training and supervisions. The clinical staff were up to date with their continuing their professional development (CPD) and they were supported to meet the requirements of their professional registration.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially.

We saw that treatment was clearly explained and patients were provided with treatment plans. Patients with urgent dental needs or pain were responded to in a timely manner, often on the same day.

Are services responsive to people's needs?

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

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments for disabled patients with designated disabled parking at the front of the building.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records were audited to ensure standards had been maintained.

Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients through formal and informal audits.

The Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on 14 October 2015 and was conducted by a CQC inspector who had access to a specialist dental advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, its latest statement of purpose, the details of its staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During the inspection we spoke with a number of staff working on the day. We reviewed policies, procedures and other documents. We reviewed 14 CQC comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists. The practice had a no blame culture and policies were in place to support this. We were told us that there had been no safety incidents in the last year during the last year with regards to needle stick injuries.

We saw documentation that showed the practice was aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC). The practice administrator said that there had been no RIDDOR notifications made, although they were aware how to make these on-line. We saw the minutes of staff meetings which showed that health and safety matters had been discussed, and learning points shared.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) and informed health care establishments of any problems with medicines or healthcare equipment

From information reviewed during the inspection we saw that the practice had received one complaint during the last 12 months. Review of the complaint showed us that it was handled appropriately and the patient was happy with the response.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The practice owner was the safeguarding lead in the practice and all staff had undertaken safeguarding training in the last 12 months. We saw that there had been one referral to the local safeguarding team. Staff told us they were confident about raising any concerns with the safeguarding lead or the local safeguarding team.

The practice had a whistleblowing policy. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

The practice had a policy to assess the risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The practice had identified potentially hazardous substances in use at the dental practice. Each substance was identified and risk assessed. Steps to reduce the risks included the use of personal protective equipment for staff and patients and safe and secure storage of hazardous materials. The practice had data sheets from the manufacturer on file to inform staff what action to take if an accident occurred, for example in the event of any spillage.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support including the use of the defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels and expiry dates. We saw these checks were recorded.

Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant,

references and whether a Disclosure and Barring Service check was necessary. We saw that staff had received a Disclosure and Barring Service check which was recorded in their file.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, staff told us that they would cover for their colleagues.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and fire-fighting equipment such as fire alarms and emergency lighting were regularly tested, and records in respect of these checks were completed consistently.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. We were told that the dental nurses had their responsibilities in each area within the practice with an employed cleaner for the communal areas. The practice had in place systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and paper hand towels throughout the premises. Posters describing effective hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste matter was stored safely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Staff wore appropriate personal protective equipment during the process and these included disposable gloves and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a designated decontamination nurse demonstrated the decontamination process to us and followed the correct procedures. The practice cleaned their instruments using a washer/disinfector. Instruments were then rinsed and examined visually with a magnifying glass and sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff wore appropriate uniforms that were clean and staff told us that they changed them daily. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. Hepatitis B virus (Hep B) is a type of virus that can infect the liver. This virus can be contracted by health care personnel and others as a result of a needle stick injury if they have not been immunised against the virus.

The practice had a Legionella risk assessment in place. Regular tests were conducted on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved. (Legionella is a term for particular bacteria which can contaminate water systems

in buildings. Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.)

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. We saw that the portable appliance testing (PAT) on all electrical equipment was in date. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly to ensure equipment remained in date for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentists monitored the quality of the X-ray images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentists considered each person's circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Patients' notes showed that information related to X-rays was recorded in line with current guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and general dental hygiene procedures. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE).

We reviewed 14 CQC comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

Staffing

The practice was owned and managed by the principal dentist. There were six dentists, two foundation dentists, two hygienists, nine dental nurses, a designated decontamination nurse, two receptionists and a practice administrator employed by the practice.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place.

Staff training was monitored and training updates and refresher courses were provided. The practice had identified some training for example, in basic life support. Staff had received training in the safeguarding of children and vulnerable adults. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that all the dentists were supportive and always available for advice and guidance. The principal dentist described to us the new system of appraisal which they were implementing. 360 Degree Feedback is a system or process in which employees receive confidential, anonymous feedback from the people who work around them. This typically included the employee's manager, peers, and direct reports. This feedback process gives people an opportunity to provide anonymous feedback about a co-worker that they might otherwise be uncomfortable giving. Feedback recipients gain insight into how others perceive them and have an opportunity to adjust behaviours and develop skills that will enable them to excel at their jobs.

Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. Staff regularly reviewed the log to ensure patients received care and treatment needed in a timely manner.

Consent to care and treatment

We discussed the practices policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and written consent was gained from patients before any treatments were undertaken. Consent forms were stored in the patient's notes.

Are services effective?

(for example, treatment is effective)

Training records we looked at showed that staff had attended Mental Capacity Act 2005 (MCA) training. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists we spoke with were also aware of and understood the use of Gillick competency in young persons. Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

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Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that they considered conversations held at the reception area when other patients were present. Staff members we spoke with told us that they never asked patients questions related to personal information at reception.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

The patients who completed the CQC comment cards reported that they felt that practice staff were kind and caring and that they were treated with dignity and respect and were helpful. They recorded that staff always listened to concerns and provided excellent advice and appropriate treatment and that staff were always very friendly and professional.

Involvement in decisions about care and treatment

CQC Comment cards completed by patients included comments about how professional the staff were and treatments were always explained in a language they could understand. Patients also commented that staff were very sensitive to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping.

Appointment times and availability met the needs of patients. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. Emergency appointment slots were available each day. The practice's answering machine informed patients of contact details for the dental emergency service when the practice was closed.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. Reasonable adjustments had been made to the premises to accommodate disabled patients. These included disabled parking at the front of the practice.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources.

The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area. Staff we spoke with told us that patients could access appointments when they wanted them. Patients who completed comment cards confirmed that they were very happy with the availability of routine and emergency appointments.

All practitioners working on the day held appointments open for emergencies. On call and out of hours services were provided by the NHS dental emergency service.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Relevant risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. This enabled dental staff to monitor their systems and processes and to improve performance.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with any of the dentists if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the dentists would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

We saw that the dentist reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

Staff told us that patients could give feedback at any time they visited. A recent patient survey had been carried out and the results of this had been positive, with patients expressing a high level of satisfaction with the services they received.

The practice had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings, informal staff discussions and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.

The practice also undertook the NHS Family and Friends Test and the recent results showed that 100% of patients who responded would recommend the practice to family and friends.