

Whetstone Dental Surgery Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 24 August 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 for us to take into account.

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

Whetstone Dental Surgery Limited is located in Whetstone, a village in the Blaby district of Leicestershire. It provides mainly NHS treatment to patients of all ages, with a small number of private patients registered also.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. A limited number of car parking spaces, are available at the front of the practice building.

The dental team includes one dentist, three dental nurses (including the practice manager and one of the receptionists who are qualified dental nurses), an apprentice dental nurse and a receptionist.

The practice has one treatment room on the ground floor.

The practice is owned by a company 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 Whetstone Dental Surgery Ltd is the practice manager.

On the day of inspection we collected 18 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the service.

During the inspection we spoke with the dentist, a dental nurse, receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 8.30am to 5.30pm.

Our key findings were:

- Effective leadership from the provider and practice manager was evident.

- Staff had been trained to deal with emergencies and appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to treatment and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- The practice dealt with complaints positively and efficiently.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

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 robust 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.

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.

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 first class, to a high standard and very 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



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 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, accommodating and respectful.

They said that they were given helpful and detailed explanations about dental treatment, and said their dentist listened to them. Patients commented that staff made them feel at ease and were good with treating children.

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

No action



Are services responsive to people's needs?

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

No action



Summary of findings

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. Practice staff spoke a number of different languages and also had access to interpreter services.

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

Are services well-led?

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

The practice had embedded 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 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 had recorded nine untoward incidents within the past twelve months. We reviewed detailed documentation to support actions taken by the practice in response to incidents recorded. As a result of one incident, the practice emphasised to patients the importance of them fully updating their medical histories.

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. Our review of practice meeting minutes (May 2017) showed that safeguarding patients was discussed to ensure staff learning was embedded. The practice manager was the lead for safeguarding matters.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data

sheets ensured information was available when needed. The practice had adopted a process for the review of COSHH data annually to ensure their records were up to date.

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 dentist used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to be able to use rubber dams.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. The plan was last reviewed in February 2017.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in December 2016.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept weekly records of their checks to make sure these were available, within their expiry date, and in working order. Equipment included an automated external defibrillator, medical oxygen and portable suction.

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three 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

Are services safe?

potential risk. These covered general workplace and specific dental topics. We saw that regular health and safety audits were completed, reviewed and where necessary updated.

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 dentist when they treated patients.

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 an infection prevention and control audits twice a year. The latest audit in July 2017 showed the practice was meeting the required standards. The practice had scored 100%.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. Risk assessments had been undertaken in December 2014 and in August 2017. We noted that the practice had complied with their recommendations.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed in our comment cards that 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 stored and kept records of NHS prescriptions as described in current guidance.

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 dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits quarterly and followed current guidance and legislation.

The dentist completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. Dental care records we looked at showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

We saw that the practice audited patients' dental care records to check that the dentist recorded the necessary information. We looked at documentation which showed audits undertaken to check patients' medical history information recorded, oral cancer risk recorded and referrals made.

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 dentist 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 all children based on an assessment of the risk of tooth decay for each child.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. Dental staff informed patients about antibiotics and their appropriate use.

The practice provided health promotion leaflets to help patients with their oral health and had posters displayed in the reception area to inform patients about healthy teeth and dental diseases. The practice provided free samples of toothpaste for patients to take.

Staffing

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We looked at a sample of these records.

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

Working with other services

The dentist 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 dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed in a number of our comment cards that their dentist listened to them and gave them clear information about their treatment.

The practice's patient consent policy (February 2017) 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 and the dental team were aware of the need to consider this when treating young people under 16. Staff described how they would involve patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We reviewed meeting minutes in June 2017 which showed that staff discussions had taken place regarding the principles of the Mental Capacity Act 2005 and Gillick competence. This ensured that staff knowledge was refreshed.

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 courteous, accommodating and efficient. One patient comment included that staff cared about how they felt.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

The treatment room had a television mounted on the ceiling above the dental chair. The dentist told us this helped in distracting patients, particularly if they felt anxious.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided limited privacy when reception staff were dealing with patients due to its size. The practice played music in this area which provided some background noise and helped with patient confidentiality.

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 care records and backed these up to secure storage. They stored paper records securely.

A patient information folder was available for patients to read. The practice encouraged patients to complete the Friends and Family test electronically at the reception desk and asked patients to complete a practice satisfaction survey.

Involvement in decisions about care and treatment

The practice mostly offered NHS dental treatments (95%) The costs for NHS and private dental treatment were displayed in the waiting room.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them and did not rush them. One patient comment included that staff took their time to explain any necessary treatment options and discuss any alternatives. This was supported by other comments we reviewed.

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

The practice's information folder provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

The dentist told us they used dental models to help explain treatment options to patients.

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 provided with specific examples regarding the additional measures taken to assist patients who were visually impaired and had hearing difficulties. The practice had braille on its doors to advise patients of the room they were entering into.

The practice manager told us that practice staff had previously attended a deaf awareness course.

Staff told us that anxious patients would be allocated a longer appointment time if required. They told us that they could allocate them an appointment during lunchtime, so they did not have to wait on arrival at the practice. The practice manager told us they had been asked to sit in the treatment room during patient procedures which provided reassurance to a patient.

The practice provided a clinic after school hours on a Tuesday for the convenience of school aged children.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access via a concrete ramp, a separate entrance door for those in wheelchairs/pushchairs to enable ease of manoeuvre and an accessible ground floor toilet with a handrail. The practice did not currently have a hearing loop; this had recently been disposed of as it required replacement.

The practice had access to interpreter/translation services which included British Sign Language. In addition, practice staff spoke a number of languages which included Swedish, Turkish, Persian, Gujarati and Hindi.

Access to the service

The practice displayed its opening hours in the premises and in their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum where possible. We looked at when the next available routine appointment was and found one within one week.

The practice was committed to seeing patients experiencing pain on the same day and asked patients to attend the practice and sit and wait to be seen. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were directed to the NHS 111 service. Patients confirmed they could make routine and emergency appointments easily and were not often 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 practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if considered appropriate. 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. We noted two complaints received since December 2015. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. An outcome from a complaint led to the practice issuing laminated copies of treatment procedures to patients if they were receiving treatment on the same day as their consultation.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was also the practice manager and was 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. Detailed documentation we reviewed supported robust governance arrangements which were embedded within the practice.

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.

The provider told us that plans were in place to expand the practice and they had purchased the adjacent property. Renovation work was underway and the provider was planning to incorporate two new treatment rooms. They told us they would seek to recruit a second dentist.

Staff told us there was an open, no blame culture at the practice. They said the practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager 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. We were informed about staff development opportunities which included one of the nurses undertaking courses in oral health education and fluoride application.

Staff told us they completed mandatory 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 to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the implementation of a children's after school clinic. A patient suggestion to have cycle parking had also been considered and the practice told us they would ensure this was available once the expansion of the premises was complete.

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. Results collated during 2016 showed that a total of 481 patients responded. Of these, 443 patients were extremely likely to recommend the practice, 33 were likely to, two patients were unlikely to and three did not express a view.