

Dr Jai Bir Singh Arhi

The Willows Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 19 December 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.

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

The Willows Dental Practice is located in Hereford city centre. There are two services provided by two different providers at this location. This report only relates to the provision of NHS dental care. An additional report is available in respect of the private dental care which is registered under the provider Jai Arhi Limited.

The practice is situated on the first and second floors of the building which has an assistance bell and a stair lift from the ground floor to support access for patients with limited mobility. The first floor of the practice consists of a reception area, a waiting room, a patient toilet, a staff toilet and three dental treatment rooms. On the second

Summary of findings

floor there is a staff room / kitchen and a decontamination room for the cleaning, sterilising and packing of dental instruments. Car parking spaces, including some for patients with blue badges, are available in pay and display car parks near the practice.

The dental team includes three dentists, six dental nurses, one dental hygienist, one receptionist and a practice manager. The current principal dentist took over practice ownership approximately two years ago.

The practice is owned by an individual who is the principal dentist 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 21 CQC comment cards filled in by patients and looked at patient satisfaction survey results. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, two dental nurses, the dental hygienist, one 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: 8.30am – 5pm

Tuesday: 8.30am – 5pm

Wednesday: 8.30am – 7pm

Thursday: 8.30am – 5pm

Friday: 8.30am – 5pm

Our key findings were:

- Effective leadership was provided by the principal dentist and an empowered practice manager. Staff we spoke with felt involved and supported by the principal dentist and practice manager and were committed to providing a quality service to their patients.
- The practice appeared clean and well maintained. The principal dentist showed us a refurbishment plan that was in the process of being implemented.
- The practice had infection control procedures which reflected published guidance.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice had systems to help them manage risk. There was a process in place for the reporting and shared learning when untoward incidents occurred in the practice.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines. New updates were shared with staff at practice meetings.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. Patients could access treatment and urgent and emergency care when required.
- The practice asked staff and patients for feedback about the services they provided. Information from 21 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, professional and high quality service.
- The practice dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Safeguarding flow charts with local authority contact details were displayed in reception and the staff room.

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 dental care provided was evidence based and focused on the needs of the patients. The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, professional, first class and gentle. 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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and 'simply lovely'. They said that they were given detailed informative explanations about dental treatment and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had an assistance bell on the ground floor and a stair lift to provide access to the first floor for patients with limited mobility.

The practice had access to telephone interpreter services, online translation services and a team member who was multi-lingual. The practice had reading glasses available for patients in reception, some patient information in braille and could request further documents in braille if required. The practice did not have a portable hearing loop.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Details of how patients could complain were clearly displayed in the reception area, in the patient information leaflet and on the practice website.

No action



Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and an empowered practice manager. The dentists, practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice.

The principal dentist took over ownership of the practice approximately two years ago and was in the process of implementing improvements detailed in a documented refurbishment plan. Improvements to date included a new reception desk, new flooring on the first floor, purchasing a water machine for patients in the waiting room and purchasing new equipment such as clinipads, new database software, large screens for the treatment rooms and an intra-oral camera.

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

The practice team kept complete patient dental care records which were clearly typed and backed up 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.

There had been two accidents and eight incidents reported in the past 12 months. These were all logged, investigated and learnings were shared with team members through staff meetings to reduce risk and support future learning.

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

Reliable safety systems and processes (including safeguarding)

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

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

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition to this, staff completed medical scenario training once a year to ensure they were confident to respond to medical emergencies.

Emergency equipment and medicines were available as described in recognised guidance. The dental hygienist had been delegated the responsibility for checking the emergency medicines and equipment to monitor they were available, within their expiry date, and in working order. We saw records to show the emergency medicines were checked weekly and the emergency equipment was checked daily.

Staff recruitment

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. We saw evidence of DBS checks for all members of staff.

The practice had a recruitment policy and procedure in place which was used alongside a comprehensive induction training plan for new starters. We looked at the recruitment records for five staff members which showed the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we reviewed were in accordance with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice manager had a clear process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance.

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

Are services safe?

The practice had carried out a fire risk assessment in October 2017. Fire procedures were displayed throughout the building and we observed weekly emergency lighting, fire blanket, fire alarm and smoke detector checks were carried out routinely by practice staff. The practice carried out six monthly fire drills which were discussed at practice meetings; the last fire drill was completed in June 2017. External specialist companies were contracted to service and maintain the smoke detectors, fire alarm and fire extinguishers. We saw annual servicing records for these which were all dated within the last year.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had detailed information about the control of substances hazardous to health. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. These were well organised and easy for staff to access when needed.

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.

There was a dedicated decontamination room which served all three treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices. We saw records which showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in August 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in December 2017.

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

Equipment and medicines

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

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

The practice 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.

The practice had three intraoral X-ray machines which were all fitted with rectangular collimation to reduce the dose of radiation to patients. The practice used digital X-rays to further reduce the dose of radiation received by patients.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation; this was last completed in August 2017. An action plan had been produced which identified learning points.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

We saw that the practice last audited patients' dental care in July 2017 records to check that the dentists recorded the necessary information.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. The dentists provided verbal advice and information to patients about oral health, smoking cessation and sensible alcohol consumption. This was further enhanced by promotion through monthly oral health displays in the reception area and appointments with the dental hygienist.

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

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

The practice team consisted of three dentists, six dental nurses, one dental hygienist, one receptionist and a practice manager.

Staff new to the practice had a period of induction based on a structured induction programme. Dentists new to the practice were mentored by the principal dentist and a

comprehensive induction manual was available in each treatment room to further support new starters. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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

Working with other services

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

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The practice manager discussed cases where local authorities had been contacted to discuss concerns relating to patients deteriorating capacity. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice had a consent policy alongside a mental capacity policy. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The practice team were aware of the need to also consider consent when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

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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 recently invested in a new and 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.

Staff described an example of a patient who was so nervous when they first joined the practice that they could not bring themselves to come into the building. The principal dentist called the patient to discuss their concerns, explain what would happen during their appointment and reassure the patient. This had enabled the patient to build a relationship and trust with the practice and to subsequently receive treatment.

We were informed that text message reminders were sent to all patients 48 hours before their appointments. Patients with appointments time lengths that were over 30 minutes received a courtesy call the day before their appointment as an additional reminder.

Promoting equality

The practice made reasonable adjustments where possible for patients with disabilities. These included an assistance bell on the ground floor, a stair lift, braille documentation, reading glasses and a toilet with hand rails.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services (which included British Sign Language and braille), online translation services and a team member who was multi-lingual.

Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The 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. 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 over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager 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.

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

Leadership, openness and transparency

The principal dentist took over ownership of the practice approximately two years ago and was in the process of implementing improvements detailed in a documented refurbishment plan. Improvements to date included a new reception desk, new flooring on the first floor, purchasing a water machine for patients in the waiting room and purchasing new equipment such as clinipads, new database software, large screens for the treatment rooms and an intra-oral camera.

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

Staff told us there was an open, no blame culture at the practice. They said the 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 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 principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The principal dentist had recently subscribed to an online training programme that all team members could use. The practice manager was part of an online practice manager's forum where they could discuss issues and access support and updates pertaining to dentistry.

The whole staff team including the principal dentist and practice manager had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 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, suggestion cards, verbal comments, appraisals and complaints to obtain staff and patients' views about the service. We saw many examples of suggestions from patients the practice had acted on. For example, following patient feedback that there was nowhere for patients to hang wet coats, the practice had placed coat hooks in the reception area. A wall had been removed in the waiting area and filing cabinets moved to improve the size and appearance of the waiting room.

Many patients commented that they appreciated the recent practice refurbishments to date with comments such as 'love the decorated up to date practice', 'the practice has had a makeover which makes it open, fresh looking and up to date, excellent dental facilities' and 'recent facelift of the practice looks lovely'.

Are services well-led?

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.