

Mr. Liam Masterson

West House Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 19 December 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement. Audits were not always carried out in line with recommended guidance.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

West House Dental Practice is in Belper in Derbyshire and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, including 1 with a special interest in Orthodontics, 10 dental nurses, including 3 who were in training, 1 dental hygienist, 2 orthodontic therapists, 1 practice manager and 3 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 3 dentists, 5 dental nurses, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday and Thursday from 9am to 5.30pm

Tuesday from 9am to 6.30pm

Friday from 8am to 5.30pm

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

- Take action to ensure audits of radiography, infection prevention and control and antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had received training to a level appropriate to their role and information about how to identify and raise safeguarding concerns was displayed around the service.

The practice had infection control procedures which reflected published guidance. We identified scope for improvement in ensuring all items that required it should be stored in pouches following decontamination. During and following our inspection, the provider submitted evidence to show how they had addressed this. Audits of infection prevention and control were not carried out at recommended intervals. We noted that the findings of the most recent audit did not match our observations during inspection.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The management of fire safety was effective. We saw that although a fire safety risk assessment was carried out in line with the legal requirements, it was not reflective of procedures at the practice. Following our inspection, the provider submitted evidence that an external fire safety specialist was engaged to carry out an updated assessment.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. We saw that where clinical staff chose not to use the safer sharps system, the provider had carried out specific risk assessments to mitigate against the risk of injury for all staff.

Emergency equipment and medicines were available and checked in accordance with national guidance. We identified scope for improvement in ensuring that monitoring of the availability and suitability of this equipment was carried out within recommended timescales. The provider submitted evidence that this was addressed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

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

Are services safe?

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. We noted that antimicrobial prescribing audits were not carried out in line with guidance. The provider submitted evidence that these would be completed.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The orthodontist carried out patient assessments in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. We noted that longer appointments at times that were most convenient for the patient were arranged.

We saw evidence the dentists justified, graded and reported on the radiographs they took. There was scope for improvement in how evidence was gathered and analysed for radiography audits. We noted that audits were completed annually rather than every 6 months as stated in guidance. The provider submitted evidence following our inspection that the audit processes and schedule would be updated.

Effective staffing

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

Newly appointed staff had a structured induction which could be extended or shortened to meet the needs of the staff and service. Staff were supported throughout their induction and the provider had introduced a training monitoring tool to ensure all relevant training and familiarisation was completed. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

We reviewed a range of feedback from patients through surveys, the NHS friends and family test and online reviews. All feedback indicated a very high level of satisfaction with the treatment received at West House Dental Care.

We observed positive, caring interactions between staff and patients both in person and on the telephone. Staff gave us examples of times they were particularly supportive to patients including those living with dementia.

Feedback stated that staff were compassionate and understanding when patients were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Separate areas were available to hold private conversations such as treatment option discussions when required.

Staff password protected patients' electronic care records and backed these up to secure storage. Computer screens were not visible to the public and staff stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included study models, videos, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences. We saw a very positive example of how staff had worked hard to provide an interpreter to ensure a patient could communicate in their preferred manner.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including, access to sign language and verbal interpreters, level access to the service, a hearing loop and a magnifier available at reception and an accessible toilet, for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and in their patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

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

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice staff and provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified any issues or omissions, action was taken swiftly to address these.

The information and evidence presented during the inspection process particularly around governance and oversight, recruitment, training, completion of continuous professional development and maintenance was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time. We identified scope for improvement in the completion of audits within recommended timescales.

There was an established leadership and staff team. Staff we spoke with told us they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had effective and robust arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. We saw that policies were regularly discussed at team meetings and all staff, including those during their induction process, had signed to say they read and understood them.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Are services well-led?

Feedback from staff was obtained through meetings, surveys and informal discussions. Staff were encouraged to offer suggestions for improvements to the service. Staff told us they felt supported by the leadership team and found them approachable. They said any feedback was listened to and acted on where appropriate.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. We identified scope for improvement in the completion of audits of radiographs and infection prevention and control within recommended timescales along with the completion of antimicrobial prescribing. Audits of patient care records and disability access were carried out. We found that records of the results of these audits was not always kept and action plans were not always developed to help the provider ensure continuous improvement. Following our inspection, the provider submitted evidence of how the audit process and schedule would be adapted to meet guidance.