

## Walton Park Dental Practice Limited

# Walton Park Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 27 March 2017 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.

Walton Park Dental Practice is a predominantly private practice (close to Hersham train station) in Walton-on-Thames, Surrey which offers a range of general dental treatment to adults and children. The practice also

has a small NHS contract. The premises are located on the ground and first floor of a converted residential property and consist of four dental treatment rooms, a reception and waiting area and a separate decontamination room.

The staff at the practice consist of a principal dentist, two associate dentists, four part-time dental hygienists, three dental nurses and four receptionists.

The principal dentist 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.

Our key findings were:

- There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.

# Summary of findings

- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and the dentist took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- The practice placed an emphasis on the promotion of oral and general health and the prevention of dental disease. Appropriate information and advice was available according to patients' individual needs.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received assessments of their oral health needs. They were given clear explanations about their proposed treatment, and its 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 and the practice was open and transparent with patients if a mistake had been made.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- At our visit we observed staff were kind, caring, very welcoming and worked well as a team.
- There was an effective system in place to act on feedback received from patients and staff.
- We reviewed eight CQC comment cards that had been completed by patients prior to our inspection. Patients felt they received excellent care in a calm and hygienic environment from staff who were thorough, kind and patient.

## **There were areas where the provider could make improvements and should:**

- Review the practice's recruitment policy and procedures to ensure character references for new staff are requested and recorded suitably.
- Review the practice's X-ray audit protocols to ensure bite-wing X-ray images (used to detect dental caries and bone loss in and around posterior teeth) are included.

# 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 in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were suitable for the provision of care and treatment.

The practice carried out occasional conscious sedation for anxious patients. Patients were appropriately assessed and monitored prior to and during sedation. Improvements were needed including the development of a written protocol for the safe provision of conscious sedation and ensuring staff are up to date with their training.

No action



### **Are services effective?**

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working.

The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. The exception to this was in relation to the provision of conscious sedation. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

No action



### **Are services caring?**

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

Patients commented they had very positive experiences of dental care provided at the practice. Patients felt they received excellent care in a calm and hygienic environment from staff who were caring, reassuring and informative. On the day of our inspection we observed staff to be caring, friendly and very welcoming. Staff spoke with enthusiasm about their work and were proud of what they did. Some staff had worked at the practice for several years and demonstrated they cared about their patients and understood their individual needs well.

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 provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain.

There was an effective system in place to acknowledge, investigate and respond to complaints made by patients.

## **Are services well-led?**

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

The dental practice had effective risk management structures in place. Staff told us the practice management team were always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos, philosophy and values and told us they felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and felt part of a team.

**No action** 

# Walton Park Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 27 March 2017 by a CQC inspector and a dental specialist advisor.

Before the inspection we reviewed information that we held about the provider and information that we asked them to send us in advance of the inspection. This included their statement of purpose and information about staff working at the practice. On the day of our inspection we looked at practice's policies and protocols, clinical patient records and other records relating to the management of the service.

We spoke with the principal dentist, an associate dentist, two dental nurses and two receptionists. We reviewed eight CQC comment cards that had been completed by patients prior to our inspection.

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?

This informed our view of the care provided and the management of the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Staff told us they were aware of the need to be open and honest with patients if anything was to go wrong; this is in accordance with the Duty of Candour principle [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the CQC. Staff demonstrated to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Only the dentists and dental hygienists were permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for

both adults and children. Medical oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. Records showed staff regularly completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff demonstrated they knew how to respond if a person suddenly became unwell.

### Staff recruitment

There were some effective recruitment and selection procedures in place. We reviewed the employment files for five staff members. Each file contained some evidence that satisfied the requirements of relevant legislation. This included employment history and evidence of qualifications. The qualification, skills and experience of each employee had been considered as part of the recruitment process. We found there was a lack of written references. We discussed this with the principal dentist who told us in some cases verbal references had been sought but not always recorded. They assured us appropriate recruitment procedures (in line with their practice policy) would be followed in future.

Appropriate checks had been made before staff commenced employment including evidence of their professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable.

### Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire in March 2017. The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There was a business continuity plan in place.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH)

# Are services safe?

regulations. We looked at the COSHH file and found that risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a designated decontamination room in accordance with HTM 01-05 guidance. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were manually decontaminated and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation. They were not dated to indicate when they should be reprocessed if left unused. We discussed this with the principal dentist who told us it was the practice's policy to reprocess all unused dental instruments in April each year which meant they did not need to be date-stamped. We viewed the practice policy and infection control audit which also reflected this. We found daily and weekly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a

clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment were visibly clean. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out in March 2011. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

## **Equipment and medicines**

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclave, fire extinguishers, oxygen and the X-ray equipment. We were shown the servicing certificates. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out in March 2016 by an appropriately qualified person to ensure the equipment was safe to use.

An effective system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics and those used in the provision of conscious sedation. These medicines were stored safely for the protection of patients.

## **Radiography (X-rays)**

## Are services safe?

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) 2000, the GDC recommends that dentists undertake a minimum of five hours continuing professional development training every five years. We saw evidence that the dentists were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for people using best practice**

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentists to show us some dental care records which reflected this. Records showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentists carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including risks, benefits and costs.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

The practice carried out occasional intra-venous sedation for adults who were very nervous of dental treatment. One of the dentists in the practice was appropriately qualified and experienced and provided intra venous sedation to fit and well adult patients. They were supported by a dental nurse.

We found that patients were appropriately assessed for sedation. We saw clinical records that showed that all patients undergoing sedation had important checks made prior to sedation. This included a detailed medical history, blood pressure and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The measures in place ensured that patients were being treated safely and in line with current standards of clinical practise.

We found that there were some systems in place to underpin the safe provision of conscious sedation. This included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, patients' checks including consent, and discharge and post-operative instructions. Staff told us that patients were appropriately monitored during treatment. We saw this was recorded in the patient notes. There was no written protocol for the safe provision of conscious sedation. In addition, although the dental nurse who supported the dentist during conscious sedation demonstrated some knowledge of the process they had not received appropriate external training.

We discussed these findings with the practice principal who told us they had decided to cease providing conscious sedation in future. Evidence of a formal notification was later sent to the inspector to show the sedation services had stopped.

### **Health promotion & prevention**

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. The practice provided an information pack for new patients entitled 'Welcome to our Practice.' This included an introduction to the dentists and advice on how to maintain healthy teeth and gums.

We were told patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

### **Staffing**

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the GDC. This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs.

### **Working with other services**

# Are services effective?

(for example, treatment is effective)

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics and oral surgery. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. There was a system in place to record and monitor referrals made to ensure patients received the care and treatment they required in a timely manner.

## **Consent to care and treatment**

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a treatment plan and estimate of costs. We asked the dentists to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Staff explained how they ensured information about patients using the service was kept confidential. Patients' electronic dental care records were password protected and paper records were stored securely. Staff members demonstrated their knowledge of data protection and how to maintain patient confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms if it was required.

Patients felt they received excellent care in a calm and hygienic environment from staff who were thorough, kind and patient. On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

Several staff had worked at the practice for many years and demonstrated they knew their patients well and understood their care and support needs. This was reflected in the CQC comment cards we reviewed.

### **Involvement in decisions about care and treatment**

The dentists told us they used a number of different methods including tooth models, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patient feedback also confirmed that the dentists took time to explain dental treatment and options in a way the patient understood.

A range of treatment information was available to patients including the symptoms and treatment of cracked teeth, wisdom teeth, gum disease and root canal treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. Patients told us through feedback that they always felt the dentists had enough time to listen to their concerns and answer questions.

There were systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody according to their individual needs and welcomed patients from different backgrounds, cultures and religions. Staff told us if they were unable to communicate fully with a patient due to a language barrier they could encourage a relative or friend to attend who could translate or they would contact a translator.

### Access to the service

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Staff told us patients requiring emergency care during practice opening hours were seen the same day wherever possible. This was reflected in patients' feedback we reviewed.

### Concerns & complaints

There was a complaints' policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

# Are services well-led?

## Our findings

### **Governance arrangements**

The governance arrangements of the practice were developed through a process of continual learning. The principal dentist liaised with the staff team in order to identify where any improvements were needed. They shared responsibility for the day to day running of the practice and worked well together as a team. There were clear lines of responsibility and accountability with individual staff members identified as leads in certain areas such as infection control, fire safety and safeguarding. Staff knew who to report to if they had any issues or concerns.

Every staff member had been provided with a USB memory stick which contained the practice policies. Each time the principal dentist reviewed and updated a policy, staff members' USB sticks were updated and staff signed to indicate they had read the update.

### **Leadership, openness and transparency**

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. Staff felt confident they could raise issues or concerns at any time with the principal dentist without fear of recriminations.

### **Management lead through learning and improvement**

The practice carried out regular audits of infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken March 2017 indicated the facilities and management of decontamination and infection control were managed well.

X-ray audits were carried out periodically although these only assessed the quality of periapical X-ray images (individual teeth including their roots). The most recent in May 2015 confirmed the dentists were consistently taking peri-apical X-ray images which were above the required standards. This reduced the risk of patients being subjected to further unnecessary X-rays. We noted that the practice had not audited the quality of their bite-wing X-ray images (used to detect dental caries and bone loss in and around posterior teeth). We discussed this with the principal dentist who told us this would be undertaken in the near future.

Additional audits were undertaken to assess and monitor the quality of services provided. These included a record keeping audit in January 2017 which indicated an appropriate standard was being maintained.

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

The practice regularly sought and acted upon feedback from patients where appropriate. For example, we viewed patient comments which reflected they found the bicycle rack and text reminder of appointments very useful.

The practice held regular staff meetings where they discussed a range of topics in order to learn and improve the quality of service provided. Staff members told us they found the meetings were a useful opportunity to share ideas.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The FFT results we reviewed reflected a high level of patient satisfaction.