

Dr. Andrew Newton

The Willows Dental Practice

Inspection Report

49 Westgate Road
Belton
Doncaster
DN9 1PY

Tel: 01427 872106

Website: www.thewillowsdentalpractice.co.uk

Date of inspection visit: 19 December 2019

Date of publication: 17/01/2020

Overall summary

We carried out this announced inspection on 19 December 2019 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

The Willows Dental Practice is in Belton, Doncaster and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available at the practice.

The dental team includes two dentists, five dental nurses and one dental hygienist. The practice has two treatment rooms.

Summary of findings

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 50 CQC comment cards filled in by patients. All comments reflected positively on the service provided.

During the inspection we spoke with both dentists and all the dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Thursday 9am to 5:15pm, Tuesday and Wednesday 9am to 5pm and Friday 9am to 12:15pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Systems to help them manage risk to patients and staff could be improved, in particular: significant event awareness, safer sharps handling, clinical waste and legionella management and fire safety procedures.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Oversight of continuous professional development training could be improved, in particular: infection prevention and control and safeguarding.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Awareness of responsibilities under the Mental Capacity Act 2005 and Power of Attorney could be improved.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Effective leadership and clinical oversight could be improved.
- The practice's culture of continuous improvement was not embedded.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider is not meeting are at the end of this report.

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

- Review the practice's protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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?	Requirements notice ✗

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)

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. The provider could not demonstrate that all staff had received safeguarding training at the appropriate level.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. The provider could not demonstrate that all staff had completed infection prevention and control training.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Upon review of these we found they were not being effectively managed and not fully understood to perform in line with current guidance. For example:

- A basic risk assessment was carried out in 2015, this provided limited details of how to operate Legionella management systems. The provider could not produce the water system and pipework schematic on the day of inspection which forms part of the risk assessment.
- No Legionella training was undertaken, staff displayed a limited awareness with some parts of the process.
- Monthly records showed the hot water temperature had not reached the required level in one area repeatedly and this had not been followed up for investigation.
- The provider could not demonstrate that a system was in place to flush the dental unit water lines in either treatment room.

Since the inspection, the provider sent supporting evidence to show that systems were now aligned with current guidance, this required time to embed.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted staff were instructed to squash clinical waste into small household waste bags, these were then deposited into separate clinical waste bags, this process was not in-line with current guidance. Since the inspection, the provider sent supporting evidence to show that systems were now aligned with current guidance, this required time to embed.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We noted an area identified on the action plan had not been addressed. Staff confirmed the action had been identified correctly and that no follow-up process had been implemented to rectify it.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal

Are services safe?

treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. A system to record visual fire equipment checks was in place but fire extinguishers were not being checked. In addition, fire evacuation drills were not carried out regularly. Since the inspection, the provider sent supporting evidence to show that systems were now aligned with fire regulation, this required time to embed.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. A safer sharps system and risk assessment was in use to dismantle used needles but the risks of using other sharps such as matrices, burs and scalpel blades had not been considered.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Discussion with staff confirmed their awareness of sepsis and we saw sepsis prompts for staff and patient information displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. Records to ensure emergency equipment and medicines were available and in date was of a basic tick sheet format, we discussed with the provider how this format could lead to vital information being missed, such as an out of date or missing medicine.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed

Are services safe?

and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff gave good examples of how they had monitored and reviewed incidents; we found limited evidence of these being recorded for learning and improvement. We discussed this with the provider and related the discussion to the incident identified in the infection control audit which had not been addressed, this concern had continued without being rectified.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with guidance from the National Institute for Clinical Excellence.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their 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.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. We found improvements could be made to enhance the clinician's

knowledge in respect to obtaining proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The provider assured us that refresher training would be undertaken.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. We found improvements could be made to enhance the clinician's knowledge in respect of their responsibilities under the Act when treating adults who might not be able to make informed decisions. The provider assured us that refresher training would be undertaken.

The consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 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.

The provider had quality assurance processes to encourage learning and continuous improvement, further improvements could be made to ensure action plans are completed and addressed. In addition, no peer review was undertaken for X-ray audits and the completion of record card audits was not consistent. These areas were discussed with the provider who assured us improvements would take place.

Effective staffing

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

Staff new to the practice had a structured induction programme. The system in place to ensure staff completed

Are services effective?

(for example, treatment is effective)

continuing professional development required for their registration with the General Dental Council could be improved. In particular: safeguarding and infection prevention and control.

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 treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were wonderful, professional and helpful. We saw staff treated patients use appropriate words respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment were required to support its use.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the

practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act.

Interpreter services were available for patients who did not speak or understand English. Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included, for example photographs, study models, videos, X-ray images and an intra-oral camera to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

50 cards were completed, giving a patient response rate of 100%

100% of views expressed by patients were positive.

Common themes within the positive feedback were cleanliness of the practice, caring and professional nature of staff, excellent communication and going the extra mile to help their patients.

We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, ground floor treatment rooms and an accessible toilet with hand rails and a call bell.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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.

The staff took part in an emergency on-call arrangement with other local practices and the 111 out of hours service and patients were directed to the appropriate out of hours service.

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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The provider was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider 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 provider had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 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

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The provider was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We identified areas during the inspection where improvements could be made to ensure effective leadership and oversight of clinical governance.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Most patients at the practice were long standing, some had been patients for many years and had encouraged their own children to become patients. This combined with long standing staff members supports the patient focus of the practice.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents. No recent complaints had

been received but the provider was able to demonstrate how these would be dealt with. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, most of which were reviewed on a regular basis. We identified areas within good governance where improvements could be made to ensure effective leadership and oversight of systems and processes.

The provider had overall responsibility for the management and clinical leadership of the practice. The provider was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We saw there were processes for managing areas of risks, issues and performance. During the inspection day we identified areas of risk management where improvements could be made. These areas were discussed with the provider during the inspection day. The provider responded positively and proactively to our finding and sent supporting evidence to us to demonstrate where action had been taken, these areas now required embedding within the team.

We identified the following areas where systems and processes were not effectively managed:

- Oversight of Legionella management systems were not in line with recommended guidance.
- Fire safety management was not fully effective or being managed in line with current regulations.
- The system used to ensure emergency medicines and equipment were in place was not effective.
- The system to ensure clinical waste was managed and disposed of in line with guidance was not effective.
- Safer sharps systems had not been effectively risk assessed to identify where risks could be mitigated in line with current regulations.
- Learning and continuous improvement from audits was not effective.

Are services well-led?

- Systems for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences were not effective.
- Systems to ensure staff employed continued to meet the professional standards were not effective.
- Awareness of legal guardianship, Power of Attorney and responsibilities under the Mental Capacity Act 2005 were not fully understood by staff.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The provider used patient surveys to obtain staff and patients' views about the service.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Not all of these were completed in line with guidance.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The provider supported and encouraged staff to complete continuing professional development. We identified this process required review to ensure staff completed appropriate training in a timely manner as per General Dental Council professional standards. The provider sent supporting evidence after the inspection to demonstrate that safeguarding and infection control training courses were being sought for all staff.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Oversight of Legionella management system were not in line with recommended guidance. • Fire safety management was not fully effective or being managed in line with current regulations. • Safer sharps systems were not effectively risk assessed and associated risks were not mitigated for all sharps items in use in line with current regulations. • The system used to ensure emergency medicines and equipment were in place was not effective. • Systems for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences were not effective. • The system to ensure clinical waste was managed and disposed of in line with guidance was not effective. The registered person had systems or processes in place that operating ineffectively in that they failed to enable

Requirement notices

the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- The systems to manage audit for quality assurance, learning and improvement were not effective.

There was additional evidence of poor governance. In particular:

- Systems to ensure staff employed continued to meet the professional standards was were not effective.
- Oversight of clinical governance and management systems were not effective.
- Awareness of legal guardianship and Power of Attorney and responsibilities under the Mental Capacity Act 2005 were not fully understood.

Regulation 17 (1)