

# St Withburga Dental Limited

# Wansbeck Dental Practice

## Inspection Report

6 White Lion Street  
Holt  
Norfolk  
NR256BA  
Tel: 01263710757  
Website:

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### Overall summary

We carried out this announced inspection on 29 May 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 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**

Wansbeck Dental Practice is a small, well-established practice that provides private treatment to approximately 900 patients. The dental team consists of one dentist, one nurse and a practice manager/receptionist.

The practice opens on Mondays to Wednesdays from 8.30 am to 5 pm; on Thursdays from 8.30 am to 7 pm, and on Fridays from 8.30 am to 2 pm.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the practice manager.

On the day of inspection, we collected 50 CQC comment cards filled in by patients and spoke with two other patients. We spoke with the dentist, the practice manager, and the dental nurse.

We looked at practice policies and procedures and other records about how the service is managed.

## **Our key findings were:**

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice's infection control and cleaning procedures reflected published guidance.
- Patients' needs were assessed, and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.

- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice had effective leadership and a culture of continuous audit and improvement.

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

- Review the practice's protocols for the use of dental dams for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the use and auditing of antimicrobial prescribing.
- Review staff understanding of Gillick competency guidelines so that they are aware of their responsibilities in relation to this.

# 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.

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice had arrangements for dealing with medical and other emergencies.

The practice should review its use of dental dam and antibiotic prescribing to ensure national best practice guidelines are met.

No action



### Are services effective?

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The provider supported staff to complete training relevant to their roles and had systems to help them monitor this.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, although staff needed to refresh their knowledge in relation to the systems for referring patients with suspected oral cancer under the national two week wait arrangements

No action



### Are services caring?

We received feedback about the practice from 52 patients. Patients were positive about all aspects of the service and spoke highly of the staff who delivered it. They commented that staff were welcoming, caring and understanding of their needs. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



### Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment easily if in pain, and outside of everyday working hours. Staff popped into the practice every week-end to check if any patient messages had been received.

The practice had made reasonable adjustments for patients with disabilities including a specific parking space, a ground floor surgery and a hearing loop.

No action



# Summary of findings

## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided.

We found staff had an open approach to their work and shared a commitment to improving the service they provided. Staff 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.

No action



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Information about reporting agencies was easily accessible in the staff office and on the front door of the practice. All staff had undertaken level three safeguarding training and the practice manager was the named lead.

All clinical staff had Disclosure and Barring Service checks (DBS) in place to ensure they were suitable to work with vulnerable adults and children.

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

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

The dentist did not routinely use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment, although they used other safety precautions to protect patients' airways.

No new staff had been employed at the practice since the provider had taken it over, but there was a suitable recruitment policy and procedure to help employ suitable staff which reflected the relevant legislation.

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The provider had recently purchased a new dental chair and flooring for the treatment room.

Records showed that fire detection and firefighting equipment was regularly tested, and staff undertook six monthly fire drills and weekly checks of equipment. The dental nurse had received specific training in fire marshalling.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Regular radiograph audits were completed and clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation and thyroid covers were used on X-ray units to reduce exposure.

### **Risks to patients**

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A sharps risk assessment had been undertaken and the practice followed relevant safety laws when using needles and other sharp dental items. The sharps' bin was wall mounted, and their labels had been completed. Staff had been immunised against the risk of Hepatitis B.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year, although did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Emergency equipment and medicines were available as described in recognised guidance. Eye wash and bodily fluid spillage kits were also available. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. We noted that the nurse did not use an apron for cleaning dirty instruments, but they assured us they would following our inspection.

# Are services safe?

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits, although not as frequently as recommended. The latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. We noted that manual scrubbing of dirty instruments was completed in the treatment room, rather than the dirty instruments being transferred to the decontamination room. Staff told us this procedure would be reviewed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, and records of water temperature testing and dental unit water line management were in place.

There was a Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

The practice used an appropriate contractor to remove dental waste and external waste bins were stored securely.

## **Safe and appropriate use of medicines**

The dentist was aware of current guidance with regards to prescribing medicines, and of the yellow card reporting system to alert of any patient adverse reactions. Antibiotic audits were completed but these were limited in scope. We noted that antibiotic dosages described to us by the dentist did not generally conform with the latest guidance.

Private prescriptions included the name and address of the practice as required.

Medical consumables we checked in drawers and cupboards were in date for safe use.

## **Lessons learned and improvements**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff told us that in the previous 12 months there had been no safety incidents. Untoward events were a standing agenda item on the practice meetings, to ensure they were discussed and learnt from.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were sent directly to the practice manager who actioned them if necessary.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

We received 50 comments cards that had been completed by patients prior to our inspection and spoke with another two during our visit. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. One patient stated, 'I have been able to undergo lengthy treatments with confidence'. Another commented, 'I was quickly and correctly referred to an NHS hospital for the extraction of five teeth'.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed clearly detailed patients' assessments and treatments.

### Helping patients to live healthier lives

Staff were aware of the Delivering Better Oral Health toolkit and provided preventive care and support to patients to ensure their oral health in line with it. Dental care records we reviewed showed that patients had been given advice on smoking, alcohol and diet. The dentist also offered hygienist services and one patient told us, 'the dentist is excellent, and her dental hygiene/clean/polish is extremely thorough'.

The practice had a selection of dental products for sale including inter dental brushes, floss, toothbrushes and mouth wash. We noted information about oral cancer was easily available in the waiting room for patients to read.

### Consent to care and treatment

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Patients confirmed their dentists listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). However, staff we spoke with showed a limited understanding of the MCA and of Gillick competence guidelines and how they might impact on patients' treatment decisions.

### 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.

We saw the practice audited patients' dental care records to check that the dentist recorded the necessary information.

### Effective staffing

The dental team was very small, but staff told us there were enough of them for the smooth running of the practice and to allow for leave. The dental nurse told us they never felt rushed in their work. Arrangements were in place with a nearby practice to cover holidays or other times when the practice was closed.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

### Co-ordinating care and treatment

Clinicians confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

There were systems in place for referring patients with suspected oral cancer, although we noted that the dentist was not fully aware of the national two week wait arrangements. These were initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. Patients were offered a copy of their referral, but there was no system in place to ensure that non-NHS referrals had been received.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as empathetic, friendly and very caring. One patient told us that the practice provided, 'an excellent service with wonderfully cheerful and caring staff', Another described staff as, 'so friendly and courteous'.

We spent time in the reception area and observed many warm, positive and respectful interactions between staff and patients.

Staff gave us examples of where they had assisted patients such as assisting an older patient home after their treatment on a very hot day and coming in on their day off to provide emergency treatment.

### **Privacy and dignity**

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff did not leave patients' personal information where other patients might see it and the reception computer screen was not overlooked.

Patients' paper notes were stored in locked, fire proof filing cabinets. Staff password protected patients' electronic care records and backed these up to secure storage.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures. Vertical blinds were on the windows to prevent passers-by looking in. A radio was played in the waiting area to distract from any conversations that might be overheard from the treatment room.

### **Involving people in decisions about care and treatment**

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Many patients told us the dentist answered all their questions and took time to explain things in a way they understood. One commented, 'I always feel the dentist gives me an honest opinion of the treatment I need'.

Staff told us they used samples of different types of dentures and crowns to help patients better understand their treatment. The dental nurse stated that the dentist drew diagrams to explain procedures like root canal treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

In addition to general dentistry the dentist also provided a hygienist service.

The practice offered its own payment plan to help patients spread the cost of their dental treatment.

The practice had made reasonable adjustments for patients with disabilities. Although there was no accessible toilet facility, the practice had a parking space for people with limited mobility, level access, a ground floor treatment room, and a portable induction loop for patients with hearing aids. The dentist and practice manager spoke a range of languages between them.

### Timely access to services

At the time of our inspection the practice was taking on new patients and told us that a routine appointment could usually be found within a week. Time to treatment was about two weeks.

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. In response to patients request for later appointments, the practice opened until 7 p.m. on a Thursday evening.

The practice manager told us they rang patients the day before their appointment to remind them of it. Emergency appointments were available each day between 10 am and 11 am, and between 3 pm and 3.30 pm. One patient told us, 'When I had a broken front tooth I called and was seen very quickly'. Another that they, 'received prompt remedial attention when I have experienced tooth ache'.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting area, but needed to be updated to include details of the Dental Complaints Service for privately paying patients.

It was not possible for us to assess how the practice managed patient complaints as none had been received since the provider had taken over two years ago.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were supported by the practice manager who took on a number of administrative and managerial tasks. It was clear they worked closely together and were committed to delivering a high standard of patient care.

### **Culture**

The dental nurse told us they enjoyed their work and felt valued and supported. They described a family like environment in which they worked, helped by the fact the dentist and practice manager were a married couple. The nurse felt involved in the development of the practice and stated she had been actively consulted about the new dental chair and flooring that had recently been installed.

The practice had a Duty of Candour policy in place and we found staff were aware of their obligations under it.

### **Governance and management**

There were clear and effective processes for managing risks, issues and performance. 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. Staff took immediate action to address some of the minor issues we had identified during our inspection, demonstrating their commitment to providing a good service.

Communication across the practice was structured around regular practice meetings which the dental nurse described as useful. Standing agenda items at meetings included health and safety; significant events, patient feedback, and overall performance.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

### **Engagement with patients, the public, staff and external partners**

The practice used patient surveys and verbal comments to obtain patients' views about the service. Patients were actively encouraged to complete a feedback form at every visit, which sought feedback about the quality of their care, cleanliness and the explanation of their treatment amongst other things. We viewed about 20 completed forms which indicated respondents were very happy with all aspects of the service provided. Their suggestions for evening appointments and to advertise their own businesses in the practice had been implemented.

The practice actively monitored patient feedback on Google reviews and had scored five stars out of five, based on four responses at the time of our inspection.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. For example, their suggestions for new equipment and a maintenance and cleaning compliance log book had been implemented.

### **Continuous improvement and innovation**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, patients' referrals and prescription management. These were used to highlight shortfalls and drive improvement.

The practice paid for staff to receive on-line training to help them keep their continuing professional development up to date.