

Johnson Whitehouse Latif & Shaikh

Johnson & Whitehouse

Inspection Report

80 Western Avenue
Blacon
Chester
CH1 5PP

Tel: 01244 390175

Website: www.nhsdentistchester.co.uk

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Overall summary

We carried out this announced inspection on 1 February 2018 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.

We told the NHS England Cheshire and Merseyside area team that we were inspecting the practice. We did not receive any information of concern from them.

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

Johnson & Whitehouse is situated in a residential suburb of Chester and provides dental care and treatment to adults and children on an NHS and privately funded basis.

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. The practice has six treatment rooms. Car parking is available near the practice.

Summary of findings

The dental team includes seven dentists, seven dental nurses, of whom four are trainees, and two receptionists. The team is supported by a practice manager.

The practice is owned by a partnership and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Johnson & Whitehouse is one of the partners.

We received feedback from 15 people during the inspection about the services provided. The feedback was positive about the practice.

During the inspection we spoke to three dentists, dental nurses, receptionists and the practice manager. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9.00am to 6.00pm

Friday 9.00am to 3.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' differing needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk. We observed that not all reasonably practicable measures had been put in place to reduce risks in relation to fire safety, staff immunity to vaccinations, Legionella and used sharps.
- The practice had a procedure in place for dealing with complaints.

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

- Review the practice's system for the recording, investigating and reviewing of accidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's system for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities, specifically in relation to the completion of recommended actions arising in the legionella risk assessment, the provision of emergency lighting in the event of fire, protocols for used sharps, and staff immunity to vaccinations.
- Review the practice's protocols in relation to the use of closed circuit television to ensure staff and patients are informed as to its purpose and their right to access footage.
- Review the practice's complaint handling procedures to ensure contact details for alternative organisations are available to patients who do not wish to complain to the practice directly.

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.

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

Staff were qualified for their roles, where relevant. The practice completed essential recruitment checks before employing staff.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had procedures in place to manage and reduce risks. We saw that the practice had put in place some measures to reduce the risks identified in the assessments, but other reasonably practicable measures had not been considered.

Staff had protocols in place for recording accidents. We observed that action taken in response to these was not fully recorded.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as effective and delivered efficiently. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

Staff were supported to complete training relevant to their roles and had systems in place to monitor this.

The practice used closed circuit television for monitoring the waiting and reception areas in the practice but were not displaying sufficient information for staff and patients about this.

No action



Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were polite, reassuring and friendly. They said that they were given helpful explanations about dental treatment, and said their dentist always listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities. The practice had access to interpreter services and had arrangements in place to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Information about alternative organisations patients could complain to was not available for patients.

No action



Are services well-led?

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

The practice had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to review the quality and safety of the care and treatment provided.

The practice was a member of a dental practice certification scheme which promoted good standards in dental care.

There was a clearly defined management structure and staff felt supported and appreciated.

Staff were aware of the importance of confidentiality and protecting patients' personal information. The practice team kept accurate patient dental care records which were stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

We observed that staff had recorded insufficient detail where an injury from a used sharp instrument had occurred to one of the staff. The provider assured us this would be addressed. We were not sent evidence of this.

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff. We observed that staff stored copies of the alerts for future reference. Staff did not always record action taken in response to alerts.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in medical emergencies and life support every year.

The practice had emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

We saw that the practice had put in place a number of measures to reduce the risks identified in the assessments. We observed that not all reasonably practicable measures had been put in place, for example, no emergency lighting was available for use in the event of a fire on the premises, the responsibility for dismantling used sharps was not identified, and actions recommended in the Legionella risk assessment had not been completed. The provider assured us this would be addressed. We were not sent evidence of this.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, but did not routinely request evidence of the effectiveness of the vaccination. The practice did not have a risk assessment in place in relation to staff working in a clinical environment when the effectiveness of the vaccination was unknown. The provider assured us this would be addressed. We were not sent evidence of this.

Are services safe?

A dental nurse worked with each of the the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

Infection control

The practice had an infection prevention and control policy and associated procedures in place. 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. Staff completed infection prevention and control training regularly.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year.

The practice had procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems. We saw that these procedures included the monitoring of water temperatures. We observed that action was not taken where the temperatures were outside the recommended range.

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

Equipment and medicines

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

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

The practice stored and kept records of NHS prescriptions in accordance with current guidance.

Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely. We observed that some of the radiation protection documentation had not been updated to reflect the specific circumstances at the practice, for example, some documents still referred to the previous owners.

The practice had appointed a radiation protection supervisor, (RPS). We observed that the RPS was only present on the premises for part of the week. The provider assured us this would be reviewed.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly following current guidance.

Where appropriate, staff completed continuing professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

Health promotion and prevention

Staff supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments.

Staffing

Staff new to the practice completed a period of induction based on a structured induction programme. We observed that the induction programme was not extended to the dentists.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration, and with their professional development. The practice monitored training to ensure essential training was completed.

Staff told us they had annual appraisals. These were used to discuss learning needs, general wellbeing and future professional development.

Two of the dental nurses had enhanced skills in impression taking, the application of fluoride and taking X-rays.

Working with other services

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. 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. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. The dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The provider had installed a closed circuit television system, (CCTV), in the reception and waiting room. We saw that notices were displayed to inform people that CCTV was in use to protect the premises but the provider had not displayed any information to make patients aware of their right of access to footage which may contain their images. The provider assured us this would be addressed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were helpful, pleasant and professional. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. The dentists described to us the conversations they had with patients to help them understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice was well maintained and the provider had an on-going refurbishment plan in place.

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, power assisted doors, touch screen check in, a dedicated parking space for people with disabilities, and seating at different heights.

The practice was accessible to wheelchair users, including the patient toilet facilities. Two of the treatment rooms were located on the ground floor.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing or sight impairment, for example, the practice had a hearing induction loop available, a text relay system was in use, and appointments could be arranged by email or text.

Larger print forms were available on request, for example, patient medical history forms.

Access to the service

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

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's website, information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure the patient received a quick response.

We observed that information was not available for patients about organisations they could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff.

The practice was a member of a dental practice certification scheme which promoted good standards in dental care.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required.

The practice had arrangements in place to ensure risks were identified and managed, and had put some measures in place to mitigate risks. We observed that not all reasonably practicable measures had been put in place.

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

Leadership, openness and transparency

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control. We saw staff had access to suitable supervision and support for their roles and responsibilities.

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

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays, hand hygiene and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys and the NHS Friends and Family Test. A summary of survey results was available for patients to read in the waiting room.

We saw that the provider acted on patient feedback.

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