Woodhall Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 April 2016 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.

Woodhall Dental Practice is a general dental practice in Welwyn Garden City, Hertfordshire offering NHS and private dental treatment to adults and children.

The premises are located all on the ground floor in commercial premises within a parade of shops. The practice consists of three treatment rooms, a reception area and a waiting area. There is also a designated decontamination area in between and access through two of the treatment rooms. There is ample free parking.

The staff at the practice consist of a practice manager, a principal dentist, two associate dentists, a dental nurse and two trainee dental nurses. The practice manager 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:

Summary of findings

- 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.
- 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.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, 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.
- 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 caring and professional.
- We received feedback from 33 patients who reported they received a high standard of care from friendly staff in a clean and relaxing environment.
- There was an effective system in place to act on feedback received from patients and staff.
- There were systems in place to assess, monitor and improve the quality of service provided.

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

- Review the process for maintaining dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review audit protocols to ensure learning points are shared with all relevant staff and that the resulting improvements can be demonstrated as part of the audit process. For example, with regard to their radiography and record keeping audits.
- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the protocol for maintaining accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including references, are suitably obtained and recorded.

Summary of findings

- Review the availability of hand towel dispensers next to each hand wash sink and ensure the 'clean' and 'dirty' zones are clearly demarcated in each treatment room.

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 adequate for the provision of care and treatment.

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. 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.

Are services caring?

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

Patients told us they had positive experiences of dental care provided at the practice. Patients felt they were listened to and were involved with the discussion of their treatment options which included its risks, benefits and costs. We observed the staff to be friendly and professional. Staff spoke with enthusiasm about their work and displayed a genuine empathy for patients.

Are services responsive to people's needs?

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

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.

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 clinical governance and risk management structures in place. However, the audit process could be improved. 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 and philosophy. They told us they felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Woodhall Dental Practice Limited

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 21 April 2016 by a CQC inspector and two dental specialist advisors. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the practice manager (who is also the registered manager), the principal dentist, an associate dentist, a dental nurse and a trainee dental nurse.

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 Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

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 Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included an identified practice 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 dentists were permitted to dispose of or 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 an automatic external defibrillator (AED) and face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed checks were done to ensure the equipment and emergency medicines were safe to use. However, when we examined the AED we found that the battery was not working. Although the practice management team told us this had been checked in the week preceding our inspection, they agreed to ensure it was checked daily in future to ensure it was in full working order.

Records showed staff regularly completed training in emergency resuscitation and basic life support including the use of the AED (this 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 we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for two dentists and three dental nurses. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications (where relevant), photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required. The qualifications, skills and experience of each employee had been considered as part of the interview process.

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 in all cases. 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. However, there were no documented references for any of the dental nurses who had all been employed within the last six months which was not in line with guidance or the provider's recruitment policy. We discussed this with the practice manager who told us although they had sought written references they had not been received and they hadn't followed them up. The practice manager told us they had received verbal references on two occasions but these had not been documented.

The practice manager told us they would seek to ensure references were obtained for all staff and would document if references were obtained verbally.

Are services safe?

Monitoring health & safety and responding to risks

There were some arrangements in place to deal with foreseeable emergencies. Fire extinguishers had been recently serviced and staff demonstrated to us they knew how to respond in the event of a fire. However, we found the practice had not undertaken a fire risk assessment in order to identify and fully mitigate risks associated with fire safety. We discussed this with the practice manager who told us they would arrange for this to be undertaken as soon as possible.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor some risks to patients, staff and visitors to the practice. There was a business continuity plan in place.

There were some arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found it contained a number of safety data sheets in relation to chemicals and materials used at the practice; however, risks (to patients, staff and visitors) associated with substances hazardous to health had not been clearly identified. We discussed this with the management team who resolved to ensure risks were clearly identified so that actions could be taken to mitigate any risks.

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 and 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. 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 decontaminated and rinsed prior to being placed in an autoclave (a device for sterilising dental and medical instruments).

We saw instruments were placed in pouches after sterilisation and dated to indicated when they should be reprocessed if left unused. We found daily, weekly and monthly 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 differing 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 appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective hand washing; however, we noted that the paper hand towel was dispensed over the sink used for manual scrubbing of dental instruments and there was no clear demarcation of 'dirty' and 'clean' areas which could have posed a risk of infection spreading. We discussed this with the management team who resolved to rectify this as soon as possible by displaying signage to clearly demarcate 'clean' from 'dirty' zones and by installing wall mounted hand towel dispensers next to the hand wash sinks.

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 recently been carried out in April 2016 on the day before our inspection. This process ensures the risks of Legionella bacteria developing in water systems within the premises has 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). Although we were shown a certificate issued by the external company who had undertaken the risk assessment which confirmed the water supply at the practice was safe, the practice manager told us the assessor had identified some actions which the practice

had not been completing such as monitoring the temperature of the hot water. The practice manager was awaiting the full report (so we were unable to view it); however they had taken steps to mitigate the risks by purchasing a thermometer and initiating regular water temperature checks.

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 spread.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the servicing certificates.

An effective system was in place for the prescribing, use and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients. Prescription pads were stored securely.

Regular Portable Appliance Testing (PAT) is required to confirm that portable electric items used at the practice are safe to use. Documents we reviewed revealed the practice had not undertaken these safety checks since 2010. We discussed this oversight with the practice manager who immediately arranged for this to be undertaken following our inspection.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable 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 recently assessed by an independent expert. However, we noted the radiation protection adviser (RPA) had been appointed in the preceding week to our inspection which had meant the practice had been without an RPA for a period of time. This was not in accordance with Ionising Radiations Regulations 1999 (IRR99).

The practice had undertaken an X-ray audit in February 2016 for each dentist to assess the quality of images taken. The images had been graded according to the National Radiological Protection Board guidance which describes three grades of X-ray quality based on the clinical value of the image. Grade one is assigned to images that are of 'excellent' diagnostic quality with no errors of exposure, positioning or processing. Although the target is not less than 70 per cent, the audit showed that two dentists had fallen below this with 55 and 65 per cent respectively. The majority of remaining images were graded as grade 2 which, although still diagnostically acceptable, had some errors of exposure, positioning and processing.

Although the deficiencies had been highlighted there were no actions identified to improve the quality of images taken. We saw that the practice had planned to re-audit the X-rays in October 2016 which meant there was no way to monitor whether or not the quality of images had improved. A report from the radiation protection advisor who had recently assessed the X-ray equipment a few days prior to our inspection had found the dosage of two of the X-ray sets had been set too low. In addition, one of the X-ray sets had required the rectification of its counter balance, which helps to prevent the X-ray head from moving once it had been positioned.

We discussed this with the practice management team who agreed their audit protocol would be reviewed so that deficiencies highlighted could be promptly rectified.

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. However, we reviewed a record keeping audit undertaken by each dentist in November 2015 which had found that there were several inconsistencies with record keeping. For example, dentists did not always record 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 did not always record details of treatment options offered to or discussed with patients nor the justification, findings and quality assurance of X-ray images taken.

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 held regular meetings to discuss ways in which they could improve the care and treatment offered to patients.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

A comprehensive range of oral health promotion leaflets were available in the waiting room for patients to take away with them. This included information on causes of tooth erosion, diet, smoking and oral health, oral health for children and care of a dry mouth.

The dentists and dental nurses we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was confirmed in feedback we received from patients who made specific mention of how well staff educated children to look after their teeth.

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 General Dental Council. 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. Staff told us they had found this to be a useful and worthwhile process; they felt well supported by the practice management team and they were given opportunities to learn and develop.

Working with other services

Referrals when required were made to dental specialists. The practice had a system in place for referring patients for dental treatment and specialist procedures such as endodontics, orthodontics, oral surgery and sedation.

The dentists we spoke with referred patients to other providers if the treatment required was not provided by the practice. Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the treatment provider with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients were given time to consider and make informed decisions about which option they wanted.

Are services effective?

(for example, treatment is effective)

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 some understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests. The principal dentist told us they planned to ensure all staff were up to date with their requirements of the MCA relative to their role by undertaking formal training.

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 in locked cabinets. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

Patients told us they felt they received a high standard of care from friendly staff in a clean and relaxing environment. On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

Involvement in decisions about care and treatment

The dentists told us they used a number of different methods including tooth models, display charts, 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. The practice also provided information on a range of available treatments and services on their website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Patient feedback we reviewed confirmed this. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. The practice had recently undertaken an audit of how long patients were required to wait to see each dentist once they had arrived for their appointment. This had found that in some cases, patients were kept waiting over 20 minutes. The results had been analysed and actions had been identified to ensure delays were kept to a minimum. This included increasing appointment times and rescheduling non-urgent treatment for patients who had attended for a consultation if the time available did not allow for the treatment to be completed on the same day.

There were effective 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 responded to people's individual needs and welcomed patients from different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator. The practice was accessible to people using wheelchairs.

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. We saw the website also included this information. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us the patients requiring emergency care during practice opening hours were always seen the same day.

Several patients commented how the dentists had put them at their ease.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in the practice 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 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. The practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. The practice management team included the practice manager (registered manager) and the principal dentist. The practice had engaged an external practice management company to help them implement good governance systems and processes.

The practice manager and principal dentist had responsibility for the day to day running of the practice and were fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

We reviewed a comprehensive yet concise set of practice policies and procedures which were regularly updated and reviewed by staff at practice meetings. Recent staff meetings had included discussion on infection control and medical emergency scenarios.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the practice manager or the principal dentist without fear of recrimination.

The practice displayed their quality assurance statement in in the waiting room to demonstrate to patients how they planned to improve the quality of service provided.

Management lead through learning and improvement

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken in March 2016 indicated the facilities and management of decontamination and infection control were managed well.

The practice had undertaken a recent audit of each dentist's record keeping which had found some shortfalls that were not in line with good practice guidance. Although some learning points had been identified, this had not been communicated to all staff so that improvements could be made. We discussed this with the practice management team who agreed to address this and then carry out a further audit to ensure the improvement actions were embedded.

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

There was a system in place to act upon suggestions received from patients using the service. For example, this included increasing the number of emergency appointments and making it easier for patients to join the practice via their website.

The practice conducted regular staff meetings. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon.