

# Woodstock Dental Practice Partnership

# Woodstock Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 2 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 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**

Woodstock Dental Practice is in Woodstock and provides NHS and private dental care and treatment for adults and children.

The practice reception is accessed by a step down into the waiting area. Staff assist patients into the practice when required. Public car parking spaces, including dedicated parking spaces for disabled people, are available outside the practice.

A wheelchair accessible public toilet is available across the road from the practice. Staff told us they provided the funds for patients to use this facility when needed.

# Summary of findings

The dental team includes two dentists, four dental nurses, of which two also undertake reception duties, three dental hygienists and one receptionist.

The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have 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 Woodstock Dental Practice is the principal dentist.

On the day of inspection, we collected 71 CQC comment cards filled in by patients and spoke with three other patients.

During the inspection we spoke with one dentist, two dental nurses, one dental hygienist and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

## **The practice is open:**

- Monday, Tuesday and Thursday 8.30am to 5.00pm
- Wednesday 8.30am to 7.00pm
- Friday 9.00am to 1.00pm

## **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 generally available.
- The provider had systems to help them manage risk to patients and staff but improvements were needed.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.

- The clinical 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- 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 had systems in place to deal with complaints positively and efficiently.
- The provider had information governance arrangements.

## **We identified a regulation 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. Specifically,, management of fire safety, infection control, legionella safety and electrical safety.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement a system to ensure patients referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Take action to ensure audits of radiography, infection prevention and control and patient dental care records ensuring that, where appropriate, have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b> We found this practice was providing safe care in accordance with the relevant regulations.	<b>No action</b> ✓
<b>Are services effective?</b> We found this practice was providing effective care in accordance with the relevant regulations.	<b>No action</b> ✓
<b>Are services caring?</b> We found this practice was providing caring services in accordance with the relevant regulations.	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b> We found this practice was providing responsive care in accordance with the relevant regulations.	<b>No action</b> ✓
<b>Are services well-led?</b> We found this practice was not providing well-led care in accordance with the relevant regulations.	<b>Requirements notice</b> ✗

# 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 had clear systems to keep patients safe.

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. We saw evidence staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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 had an infection prevention policy and procedure. They generally 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. Staff completed infection prevention and control training and received updates as required.

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 before use. Improvements were needed to ensure the equipment used to sterilise instruments was serviced at appropriate intervals in line with the manufacturers' guidance. We were advised that an engineer had been booked to carry out a service of both machines.

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, in line with a risk assessment but improvements were needed. Dental unit water line management was maintained, however water testing was not carried out.

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 the door to the area that contained the clinical waste was not locked at the time of our visit. We were assured this would be addressed as soon as practicably possible.

The lead dental nurse carried out infection prevention and control audits twice a year. The latest audit was not scored to indicate whether the practice was meeting the required standards.

An annual infection control statement was not available.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, 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.

The practice occasionally used agency staff. We were told these staff had received an induction to ensure that they were familiar with the practice's procedures, but records of inductions were not kept.

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

Staff generally ensured that facilities and equipment were safe, and that equipment was maintained according to

# Are services safe?

manufacturers' instructions. The five yearly electrical wiring installation check certificate indicated a fail of the check. We were told the practice had employed an electrician to remedy this shortfall. Evidence to confirm this was unavailable.

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. Improvements were needed to the fire safety management at Woodstock Dental Practice. Specifically, emergency lighting was not checked and fire drills were not carried out by all staff.

Since our inspection we have been provided evidence to show a fire drill has been carried out by all staff.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available but improvements were needed. One treatment room contained a decommissioned X-ray machine. The machine was neither labelled to this effect or isolated from the mains electricity supply. We were told the provider would address this as soon as practicably possible.

We were shown 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, but improvements were needed to the analysis of these to identify if improvements were necessary.

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

## Risks to patients

The practice 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 arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment was available but was not dated to indicate when it was carried out.

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.

Staff had completed sepsis awareness training.

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 generally 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.

Improvements were needed to ensure the required sizes of airways were available.

Glucagon (a medicine used to treat low blood sugar) and dental materials were stored in the staff food fridge. Food must not be stored in a refrigerator with dental materials, or medical products because of the risks of cross-contamination.

A dental nurse worked with the dentists and hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There were no arrangements in place to access the relevant safety data sheets for these substances.

## 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 corroborate our findings and observed that individual records were written or typed and managed in a way which kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

## Are services safe?

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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were not carried out.

### **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incident would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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. Records of dental specific safety alerts were not kept for future reference.

# 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 the Delivering Better Oral Health toolkit.

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

The dentists 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.

The dentist 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 completing 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 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. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. 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 consent policy was available alongside information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also 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 dental care records containing information about the patient's current dental needs, past treatment and medical history. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits but improvements were needed to ensure action plans were carried out in a timely way to evidence improvements.

### **Effective staffing**

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

Staff new to the practice including agency staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

### **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.

Staff did not monitor referrals to make sure they were dealt with promptly.

# 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 respectful and courteous and always listened to patients. We saw staff treated patients politely calmly and respectfully 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 was available for patients to read.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. 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.

### **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 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 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 and X-ray images.



# 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 patient's needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of support which may be needed by more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

Two weeks before our inspection, CQC sent the practice 100 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

71 cards were completed, giving a patient response rate of 71%.

99% of views expressed by patients were positive.

Common themes within the positive feedback were, kindness of staff, patient involvement when receiving treatment, and the caring manner of the dentists.

We shared this with the provider in our feedback.

We were able to talk to three patients on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

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

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

The practice had made reasonable adjustments for disabled patients. This included a hearing loop, to support patients that wore hearing aids, and magnifying glasses.

The layout of the practice did not allow space for a wheelchair accessible toilet.

### 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 patient's 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 practices locally and the NHS 111 out of hour's service. Patients were directed there when the practice was closed.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day.

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 complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients could receive a quick response.

The provider told us they would aim to settle complaints in-house would invite 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.

# Are services responsive to people's needs? (for example, to feedback?)

The practice had not received any complaints in the previous 12 months but had systems in place to respond to concerns appropriately and discuss outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

We found the provider had the values and skills to deliver high-quality, sustainable care but improvements were needed. Specifically, management of fire safety, legionella, electrical safety, emergency medicines and equipment and COSHH.

### Culture

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

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

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

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

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. They had confidence these would be addressed.

### Governance and management

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care but improvements were needed to ensure the governance procedures that supported the delivery of care was effective. Specifically, management of fire safety, legionella, electrical safety, emergency medicines and equipment and COSHH.

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

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

Performance information was combined with the views of patients.

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

Staff involved patients, the public and staff to support the service.

The provider used patient surveys, comment cards and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients. Feedback from patients had prompted the practice to provide a ground floor patient toilet.

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 upon. Feedback from staff had prompted the provider to sound proof a door to one of the treatment rooms.

### Continuous improvement and innovation

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

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 but improvements were needed to ensure that clinical audits were analysed effectively.

The principal dentist valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as stated in the General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

This section is primarily information for the provider

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17</b></p> <p><b>Good governance</b></p> <p>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</p> <p><b>How the regulation was not being met</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Water quality temperature monitoring</li><li>• Emergency medicines and equipment provision</li></ul> <p><b>Regulation 17(1)</b></p>
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 15</b></p> <p><b>Premises and equipment</b></p> <p>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</p>

This section is primarily information for the provider

## Requirement notices

### **How the regulation was not being met**

The registered person had failed to ensure that all premises used by the service were properly maintained. In particular, management of:

- Emergency lighting
- Electrical fixed wiring

Regulation 15(1)