

Wright Dental Care Limited

Wright Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 19 April 2017 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 area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

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

Wright Dental Practice is located in premises situated in the north Nottinghamshire town of Worksop. The practice provides both NHS and private treatment to patients of all ages.

Summary of findings

There is ramped access for patients to the front door which makes access easy for people who use wheelchairs and pushchairs. There is short stay car parking close to the practice including parking for patients with a recognised disability.

The dental team includes seven dentists including one foundation dentist (a newly qualified dentist working to gain experience); one hygiene therapist; nine qualified dental nurses; two trainee dental nurses; three receptionists; one scrub nurse and one practice manager. The practice has eight treatment rooms, four of which are on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Wright Dental Practice was the principal dentist.

On the day of inspection we collected ten CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, one therapist, five dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday: 8:30 am to 5:30 pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes and staff had been trained and knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took steps to protect their privacy and personal information.
- The appointment system met patients' needs. Patients said they could get an appointment that suited them.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified for their roles on the dental team and the practice completed essential recruitment checks.

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 and equipment for dealing with medical and other emergencies.

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 friendly, caring, helpful and professional. 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.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 14 people. Patients were positive about all aspects of the service the practice provided. They told us that staff put them at ease, were caring, treated them with respect and said their dentist listened to them. Patients commented that this was especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements 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.

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 to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written and 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 policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Every accident (we noted eight recorded within the past twelve months) had been investigated and the action taken as a result was recorded. The practice manager reviewed the accident book on a monthly basis.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been four significant events in the past twelve months. Significant events were discussed in either staff meetings or in clinical meetings as appropriate.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Records showed the practice received regular alerts and they were analysed by the practice manager. Information was shared with staff as appropriate.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Two dentists were the identified leads for safeguarding in the practice. They had received training in child protection and safeguarding vulnerable adults to level three in April 2017. We saw evidence that all other staff had completed safeguarding training to level two with the latest training being undertaken in April 2017.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand. The practice manager said the practice had not made any safeguarding referrals.

The practice protected staff and patients by providing a guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The head nurse reviewed COSHH information on an annual basis.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. This included single use matrix bands and safety systems for using injection needles. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dams available for dentists.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. The plan had been reviewed in October 2016 and a back-up copy was held off site.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed in August 2016.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Equipment included an automated external defibrillator (AED), portable oxygen and resuscitation equipment. Staff said they had undertaken role play medical emergency scenarios as part of on-going training and awareness.

The practice had a first aid box and two members of staff had completed first aid at work training during 2016. Posters around the practice identified the first aid arrangements for the practice.

Staff recruitment

Are services safe?

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had a system to monitor that relevant staff were up to date with their registration and where appropriate their indemnity insurance cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The principal dentist was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 1 January 2018. The practice manager checked each year that the clinicians' professional indemnity insurance was up to date.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. The practice had a fire risk assessment which had been reviewed in December 2016.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients. The foundation dentist routinely had two dental nurses with them when they were treating patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training regularly and we saw training certificates to evidence this.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits four times a year. The latest audit which was completed in April 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed on 11 April 2017 by an external contractor.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

We saw cleaning schedules for the premises which demonstrated a well organised cleaning regime. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. This included PAT testing of the electrical equipment (March 2017), servicing of the fire extinguishers (October 2016) and servicing of the compressor which produced the compressed air for the dental drills (March 2017). This was in accordance with the Pressure Systems Safety Regulations (2000).

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

The practice stored and kept records of NHS prescriptions as described in current guidance. Systems were secure and there was a clear audit trail to track prescriptions.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The practice had eight intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth). Records showed the X-ray equipment had last been

Are services safe?

inspected in August 2016. We also saw evidence that the practice had notified the Health and Safety Executive that X-rays were being taken on the premises in line with the regulations.

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

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The practice used computerised dental care records to complete clinical notes. The dentists assessed patients' treatment needs in line with recognised guidance.

The dentists assessed patients' treatment needs in line with recognised guidance. Using the basic periodontal examination (BPE) screening tool.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. This was completed on an annual basis with the latest audit completed in April 2017.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' We saw evidence that dentists were using this document in their work at the practice.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. We noted that National Institute for Health and Care Excellence (NICE) guidelines on smoking were displayed on the waiting room notice board.

We were informed that the practice interacted with the local community, in that a number of local schools had been visited and interactive sessions with the children about good oral health had been completed.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available.

Staffing

The practice had seven dentists including one foundation dentist (a newly qualified dentist working to gain experience); one hygiene therapist; nine qualified dental nurses; two trainee dental nurses; three receptionists; one scrub nurse and one practice manager.

Staff new to the practice had a period of induction based on a structured induction programme this included a period shadowing experienced staff. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. We saw the practice manager had systems to monitor this regularly.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to one of the local hospitals who provided this service. Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice made referrals for complex NHS orthodontic treatment.

Patients were referred to an NHS smoking cessation service which followed the NICE guidelines: Oral health promotion: general dental practice (NG30).

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. On the day of the inspection we noted the consent policy did not mention the Mental Capacity Act 2005 (MCA) or Gillick competencies. Following the inspection an updated

Are services effective?

(for example, treatment is effective)

consent policy was sent to CQC following the inspection which covered these areas in detail. 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. We saw some examples where dentists had recorded this information in dental care records.

The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Dentists and dental nurses were aware of the need to consider Gillick competencies 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with reception staff who were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, caring and treated people with dignity and respect. We saw that staff treated patients with respect, were polite, professional and caring at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist, or request a ground floor treatment room by using an in-house patient request form.

We observed two members taking the time to assist a patient who required additional support. This was done in a particularly dignified and caring manner.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored older paper records securely.

There were magazines available in the waiting rooms. The practice provided drinking water on request.

Information posters and leaflets, patient and survey results were available for patients to read.

Involvement in decisions about care and treatment

The practice offered a mostly NHS treatments (95%). The costs for both NHS and private dental treatment were displayed in the practice.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. We saw an example of this during the inspection and noted a positive staff response.

There was information in leaflet form about the range of treatments available at the practice. These included general dentistry and treatments including dental implants, cosmetic dentistry and dentures provided by this practice.

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 had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making ground floor treatment rooms available.

Staff told us that they e mailed patients a week and two weeks before their appointments were due. Patients who had signed up for text message alerts received a text the day before their appointment was due.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing ground floor treatment rooms and a hearing loop. The building in which the practice was located was able to accommodate the needs of patients with restricted mobility with ramped access and a toilet which was compliant with the Equality Act 2010. We spoke with some patients who had additional needs, they said the level access, toilet facilities and ground floor treatment rooms made visiting the dentist much easier.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to a specialist company who provided interpreter and translation services which included British Sign Language and braille. The details of the company were available behind reception. In addition some dentists were able to speak languages other than English which helped with communication with patients who spoke those languages.

Access to the service

The practice displayed its opening hours in the premises and in their information leaflet. We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. They took part in an emergency on-call arrangement with some other local practices at weekends. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & 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. A detailed procedure was on display in the waiting rooms which identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. The practice policy was to make an initial response to complainants within three working days.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received eight complaints. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

The practice manager also identified whether the complaint fell under the duty of candour policy and detailed any follow up actions where necessary. The documentation identified that apologies had been given and the practice had handled the complaints in an open

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

and honest manner. The practice manager gave an example of where the duty of candour policy had been used and the practice had been open, honest and given an apology.

Are services well-led?

Our findings

Governance arrangements

The principal dentist was the registered manager and had overall responsibility for the management and leadership of the practice. The practice manager was responsible for the day to day running of the service.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We saw that policies and risk assessments had been reviewed at various times in the previous year.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice had clear lines of management responsibility. We saw that governance procedures included checks that tasks had been completed and staff were clear about their roles and responsibilities.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice manager gave an example of where this had been put in to practice.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were minuted and those minutes were available to all staff. Immediate discussions were arranged to share urgent information. The practice had a whistleblowing policy which supported staff to raise concerns about a colleagues performance.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. Training certificates in staff files provided evidence of staff development and training.

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

The practice used a range of means including patient surveys, and verbal comments to obtain staff and patients' views about the service. The latest survey had been completed in March and April 2017 with the results having been analysed and an action plan produced. We saw examples of suggestions from patients the practice had acted on, for example changing the glass in the front door to improve visibility and safety and improved signage within the building.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The latest information was on display in the reception area together with feedback received from patients. The feedback from patients from the FFT was positive; with most saying they were extremely likely to recommend the practice.

There were 28 patient reviews recorded on the NHS Choices website, four within the 12 months prior to our inspection. Reviews were mixed and the practice had responded to the patient comments.