

Miss Penelope Mary Wiles

Penny Wiles Dental Practice

Inspection report

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Overall summary

We conducted this announced comprehensive inspection on 29 August 2023 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 practice 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 (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had staff recruitment procedures which reflected current legislation.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- There was effective leadership and a culture of continuous improvement.
- Auditing was used effectively by staff to drive improvement.
- Staff felt involved, supported and worked as a team.
- Patient feedback systems were limited, and a full survey had not been undertaken since 2019.

Background

The practice is in Norwich city and provides private dental care and treatment for adults and children. The premises are not suitable for wheelchair users as there are no ground floor surgeries or an accessible toilet.

The dental team includes 2 dentists, 3 dental nurses, 2 dental hygienists, and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, 2 nurses and reception staff. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open on Mondays, Tuesdays and Wednesdays from 8am to 5pm; on Thursdays from 1pm to 7pm, and on Fridays from 8am to 2pm.

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

- Re-introduce systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had undertaken appropriate training and there was useful information about safeguarding procedures around the practice, making it easily accessible to both patients and staff.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule and audit system in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. Files we reviewed showed that appropriate pre-employment checks had been completed for staff.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions, although not all recommended tests were completed for the ultrasonic bath. We were assured the missing tests would be started immediately.

Staff had received appropriate fire training and fire safety equipment was checked and maintained. A fire risk assessment had been completed and its recommendations to install emergency lighting, display fire signage and install new plug points had been implemented.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance. The Glucagon, medicine used to treat hypoglycaemia (low blood sugar levels), was kept out of the fridge, and we noted that its expiry date had not been calculated correctly.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment.

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate storage and safe handling of medicines.

Antimicrobial prescribing audits were carried out to ensure clinicians were prescribing according to national recommendations.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents, and records we viewed were detailed.

The practice had a system for receiving and acting on national safety alerts.

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. Information about alcohol usage and units was on display in the waiting area. Two dental hygienists worked at the practice to support patients with gum disease and oral health. We spoke with one patient who told us their oral health had improved as a result of regularly using disclosing tablets that had been recommended by the hygienist.

The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, floss and toothbrushes.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We found that staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick Competency guidelines.

Effective staffing

We found staff had the skills, knowledge and experience to carry out their roles. They told us they had time for their job and did not feel rushed. The dentists had sufficient appointment time to undertake patient treatments, and both hygienists worked with chairside support.

Newly appointed staff had a structured induction and clinical staff completed 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff provided us with specific examples of where they had been particularly caring which included checking on vulnerable patients during the Covid-19 pandemic.

We noted that the principal dentist always came downstairs to collect her patients personally, giving her the opportunity to chat with them and assist them on the stairs if needed.

Many of the staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and all patient notes were held digitally. Archived patient records were kept in a locked room. Staff password protected patients' electronic care records and backed these up to secure storage. The reception computer screen was not overlooked.

The waiting area was separate from the reception desk, allowing greater privacy when staff were on the phone to patients. Windows had frosted glass to prevent passers-by looking in.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included the use of visual aids, dental models and X-rays.

Are services responsive to people's needs?

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 was not accessible to wheelchair users. A portable hearing loop was available to assist patients who wore hearing aids and glasses were available to help patients read any paperwork.

The practice offered patients a telephone appointment reminder service and was looking to expand this service to offer text reminders.

Timely access to services

At the time of our inspection the practice was able to take on new patients and waiting times for a routine appointment were about 2 to 3 weeks. Daily emergency slots for patients in dental pain were available. The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open, and the principal dentist provided out of hours support.

The practice opened until 7pm one evening a week.

Listening and learning from concerns and complaints

Information about how patients could raise their concerns was available in the waiting area, making it easily accessible to patients. We reviewed 2 recent complaints and saw they had been dealt with in a timely and professional way.

Are services well-led?

Our findings

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

Leadership capacity and capability

The principal dentist had overall responsibility for the running of the practice but was supported by a compliance consultant who visited every 10 weeks or so to assist in its management.

We found that systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any serious issues or omissions.

The information and evidence presented during the inspection process was clear and well documented. Records required by regulation for the protection of staff and patients and for the effective running of the service were maintained, up to date and accurate.

Culture

The practice demonstrated a transparent and open culture in relation to people's safety.

Staff stated they felt respected, supported and valued. Staff received annual appraisals, which they told us they found useful.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Staff told us they greatly appreciated the time given by the principal dentist during surgery hours to keep their training up to date.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Engagement with patients, the public, staff and external partners

There was a suggestion box in the waiting room where patients could leave feedback about the service. However, a full patient survey had not been undertaken since 2019 and should be re-introduced.

Feedback from staff was obtained through meetings, appraisals and informal discussions.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, radiographs, hand hygiene, and infection prevention and control, which were undertaken by the governance consultant. Staff kept records of the results of these audits and the resulting action plans and improvements.