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White House Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 29 January 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 CQC 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 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

White House Dental Practice is in Bramhall, Cheshire and provides mainly NHS treatment to adults and children.

The practice is not accessible for people who use wheelchairs and for those with pushchairs, due to the practice being accessed by stairs from the front door. Car parking is available in a pay and display car park a short distance from the practice.

Summary of findings

The dental team includes two dentists, two dental nurses, and one dental hygienist. The practice team is led by the practice manager, who is supported by two reception staff. The practice has three treatment rooms and a dedicated decontamination room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

In advance of the inspection, the practice was sent a comment cards box to enable patients to express their views on the service. On the day of inspection, no CQC comment cards had been filled in by patients. We spoke with two patients who told us they were happy with the service.

During the inspection we spoke with two dentists, one dental nurse, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Friday, from 8.30am to 1pm and from 2pm to 5.30pm.

Our key findings were:

- The practice appeared clean. There were a number of maintenance issues that required attention.
- The provider had infection control procedures in place. These did not fully reflect 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 risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures in place.
- 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 were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Some audit was in place to aid improvement at the practice.
- Staff felt involved and supported and worked well as a team.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular the bagging of instruments including scaler tips and matrix bands and use of a cotton wool dispenser in the surgery.
- Review the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01. In particular the security and storage of waste.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice protocol for use of a rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols to ensure audits of radiography and prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits 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.

Are services safe?

No action

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.

Some clinicians did not use a dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments, with the exception of scaler tips and matrix bands. We found these were not bagged following the decontamination process.

Clinical waste was segregated appropriately and made ready for collection. The practice did not have a lockable store cupboard available to hold the waste in whilst awaiting collection. We were told by the practice that this would be actioned immediately.

The roof of part of the practice had required work to ensure its safety and integrity, due to leaks, in the days before our inspection. This work had started but had not been completed. The principal dentist provided assurances that the work was being completed as a priority.

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

Are services effective?

No action

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 good. The dentists discussed treatment with patients, so they could give informed consent and recorded this in their records.

We noted that dental record keeping could be improved by making patient records more detailed and reflecting matters discussed at each consultation.

We noted that records did not include instances where a rubber dam is not used during treatment, the reasons for not using, evidence of risk assessment and consideration of other safety devices.

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

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

Summary of findings

Are services caring?

No action

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

We received feedback about the practice from two people. Patients were positive about all aspects of the service the practice provided. They told us staff were good at their job and were kind.

They said that they were given helpful advice about their treatment and said their dentist listened to them. Patients commented that they made them feel at ease, 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.

Are services responsive to people's needs?

No action

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. The practice was not accessible to those with limited mobility, or those with prams and pushchairs, due to the entrance to the practice being via a flight of stairs. The practice had access to telephone interpreter services and had arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action

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

Prescription pads were stored securely. There was no log in place that would allow the tracking and tracing of prescriptions back to the prescriber. The provider put this in place in the days following our inspection.

Systems to monitor the ongoing training of staff and for performance review required improvement.

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 typed and stored securely. We found that some patient records could be more detailed.

The provider 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. The provider had not carried out a radiograph audit. We were told this would be addressed as a priority.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice 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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff 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 practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

Some clinicians did not use dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, other safety devices considered were not documented and there was no evidence of risk assessment in respect treatment of the patient. We discussed this with the principal dentist who agreed the patient care records could be more detailed and that they would act on this point for improvement.

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

The practice 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. We looked at two staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe. In the days before our inspection, part of the practice roof had given way and had been leaking. The leak has been repaired and damage to the plasterwork in the entrance hall had been addressed. The section of the roof concerned was covered in plastic sheeting. The principal dentist told us that work to re-enforce the roof was on-going and would be completed in the days following our inspection.

Equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice had not carried out radiography audits every year, in line with current guidance and legislation. This was raised as an action point for the provider during our inspection.

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the

vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We were able to review the immunity of all staff at the practice.

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

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

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed most of the 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. We noted that scaler tips and matrix bands were not being bagged following decontamination processes. Also, cotton wool used in surgery was not held in a dispenser but loose in cabinet drawers. We brought this to the attention of the practice staff who said they would ensure correct guidance on the storage of sterilised items was followed in future.

For all other items, the practice had suitable 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, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated appropriately in line with guidance. The sealed waste sacks were stored in the decontamination room. We explained to the practice staff that these should be stored in a lockable cabinet. We were told that a cabinet would be sourced after the inspection to store this waste, until it is collected by the appointed waste contractor.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards, with some small areas for improvement, which were being addressed.

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 a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable 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.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Are services safe?

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

The practice had not carried out any antimicrobial prescribing audits. We discussed this with the principal dentist in line with expectations on antibiotic stewardship, going forward.

Track record on safety and Lessons learned and improvements

There were risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months the practice had not recorded any safety incidents. Any incidents that did occur were discussed at regular monthly practice meetings. We discussed what can be considered as an incident, for example, the leaking of the roof, practice reaction and response to this, and how any lessons could be learned from the incident.

There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that 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 was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists and hygienist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The principal dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The 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 patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Effective staffing

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

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

Staff discussed their training needs at practice meetings. There was no system of performance review or appraisal in place for staff. We discussed this with the dentist who confirmed that arrangements in place had lapsed and that these needed to be re-instated. We were given assurances that this was something that would be actioned as a point for improvement, by the principal dentist.

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 if they needed treatment the practice did not provide.

Are services effective?

(for example, treatment is effective)

The practice had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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 kind and helpful. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

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

Patients told us staff were kind when they were in pain, distress or discomfort.

Information leaflets and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided enough privacy when reception staff were dealing with patients. 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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

- Interpreter services were available for patients who did not use English as a first language.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials could be produced when required.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff were kind, did not rush them and discussed options for treatment with them. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice information leaflet provided patients with information about the range of treatments available at the practice.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

For example, patients with dental phobia, adults and children with a learning difficulty, and people living with dementia and autism and other long-term conditions which could impact on oral health.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. These patients were known to staff at the practice and were aware that their carers would be present. Staff had recorded on patient records that details of treatment could be discussed in front of carers.

The access to the practice was via a front door at ground floor level, with stairs leading to the first floor. There was no parking near the practice and no lift. The practice had not completed any disability access audit to establish if there were any other adjustments that could be made to increase access to the treatment rooms.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

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.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen 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 practice's 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.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager 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 had not received any complaints in the past 12 months. We looked at comments compliments the practice received and saw that these were shared with staff at practice meetings.

Are services well-led?

Our findings

Leadership capacity and capability

We found the practice manager, supported by the principal dentist, had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

The principal dentist and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice was a small, village practice, with a sister practice located approximately two miles away. Staff stated they felt respected, supported and valued.

The practice focused on the needs of patients. 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 that these would be addressed.

Governance and management

There some gaps in governance and management. When we discussed these the practice manager and principal dentist showed a commitment to addressing these as points identified for improvement.

There were clear responsibilities, roles and systems of accountability to support governance and management. The principal dentist and practice manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

There were processes for managing risks, issues and operational matters and the practice manager demonstrated a good knowledge of these, as well as demonstrating that they had the autonomy to act to address any issues raised quickly and effectively.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to guide performance. Performance information, for example, in the instance of dental treatment targets, was regularly discussed with all staff at practice meetings.

The practice 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

The practice involved staff and external partners to support sustainable services.

The practice used staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on.

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. Very few patients responded to this and results, month on month had not been collated as feedback had been so limited. There was no indication that patients were unhappy with the service. We noted that feedback on the NHS Choices website was largely positive in the last 12 months.

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

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

The practice had quality assurance processes to encourage learning and improvement. These included audits of infection prevention and control. They had clear records of the results of these audits and the resulting action plans

Are services well-led?

and improvements. No audits had been carried out on radiographs. We brought this to the attention of the principal dentist and practice manager who told us they would act to re-establish these audits.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The system of annual appraisals for all staff had not been adhered to in recent years, although this had been in place previously. The practice manager told us they had developed a calendar to ensure that all staff received annual appraisals. In the meantime, they could show evidence that they had discussed learning needs, general wellbeing and aims for future professional development, within practice meetings and informally.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.