

Wentworth Practice Limited

Wentworth Dental Practice

Inspection Report

64 Alderley Road
Wilmslow
SK9 1PA
Tel: 01625 523134
Website: www.senanco.co.uk

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Overall summary

We carried out this announced inspection on 15 June 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 Cheshire and Merseyside area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

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

Wentworth Dental Practice is close to the centre of Wilmslow and provides treatment to patients of all ages on an NHS or privately funded basis.

There are steps at the front entrance to the practice with a handrail positioned alongside to assist patients with limited mobility. The provider has also installed a ramp to facilitate access to the practice for wheelchair users and for pushchairs. Car parking is available outside the practice.

Summary of findings

The dental team includes five dentists, one dental hygienist / therapist, three dental nurses and one receptionist. The practice has three treatment rooms. The team is supported by an operations manager.

The practice is owned by a company and as a condition of registration must have in place a person registered with the Care Quality Commission as the registered manager. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of the inspection the practice did not have a registered manager in post.

We received feedback from 28 people during the inspection about the services provided. The feedback provided was positive about the practice.

During the inspection we spoke to two dentists, two dental nurses and the operations manager. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.45am to 5.00pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- Staff knew how to deal with emergencies. Medical emergency medicines and equipment were available.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- Staff provided patients' care and treatment in line with current guidelines.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.
- The practice had systems in place to help them manage risk. Improvements could be made to measures for mitigating risk.
- The practice had staff recruitment procedures in place. Minor improvements could be made to these.

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

- Review the practice's system for the recording, investigating and reviewing of incidents and significant events with a view to preventing further occurrences.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from undertaking of the regulated activities, specifically in relation to Legionella, and to staff immunity to the Hepatitis B virus.
- Review the protocol for completing accurate, complete and detailed records relating to the employment of staff. This includes making appropriate notes of verbal references taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Review the practice's systems to ensure staff are up to date with their training and continuing professional development.
- Review the practice's audit protocols to ensure they include documented learning points where appropriate, 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?

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

The practice had systems and processes in place to provide safe care and treatment.

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

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 for dealing with medical and other emergencies.

No procedures were in place to record and learn from incidents and complaints.

The practice completed most essential recruitment checks before employing staff. We found that inor improvements could be made to recruitment procedures.

The practice had systems in place to assess, monitor and mitigate risks but these could be improved.

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 first class. 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. The practice did not have a system in place to monitor training.

No action



Are services caring?

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

Patients were positive about all aspects of the service. They told us staff were caring, friendly and welcoming. They said that they were given helpful, honest explanations about dental treatment and options and that the dentists listened to them. Patients commented that staff 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.

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 took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

The practice had access to interpreter services.

Staff considered patients' individual needs and made reasonable adjustments to meet these. This included providing facilities for patients with disabilities.

Staff responded to concerns and complaints quickly.

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 in place to ensure the smooth running of the service. These included systems for the practice team to review 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 accurate patient dental care records which were 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. Improvements could be made to the auditing process to help improve the quality of the service.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

We reviewed the practice's procedures for reporting and learning from significant events, accidents and incidents. We observed that information was not always recorded.

We discussed examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The practice received national patient safety and medicines alerts, for example, from the NHS Local Area Team. Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are vulnerable due to their circumstances. Staff received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place. Staff told us they were confident to raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

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

Medical emergencies

Staff knew what to do in a medical emergency and training in medical emergencies and life support was arranged for the staff every year.

Emergency equipment and medicines were available as recommended in recognised guidance, with the exception of the oxygen which was a smaller size than the recommended one. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order.

Staff recruitment

The practice had a staff recruitment policy to help them employ suitable staff. This did not reflect the relevant legislation. We looked at several staff recruitment records. Most of the prescribed information was available however the provider did not always consistently obtain or record all the prescribed information for every member of staff, for example, details of verbal references.

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

Monitoring health and safety and responding to risks

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace and specific dental practice risks.

Dental nurses worked with all the clinicians when they treated patients.

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 identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections. Systems were not in place to check staff immunity.

The practice did not have risk assessments in place in relation to individual staff working in a clinical environment when the effectiveness of the vaccination was unknown.

We observed not all warning signs were displayed, for example, in relation to compressed gases, such as medical oxygen.

Infection control

The practice had an infection prevention and control policy and associated procedures in place to keep patients safe.

Are services 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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had some procedures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems. Not all the recommended actions from the Legionella risk assessment carried out in 2014 had been implemented, for example, water temperature testing. The provider had arranged for a new risk assessment to be carried out shortly after the inspection.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

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

The practice stored and kept records of NHS prescriptions securely.

Radiography (X-rays)

The practice had arrangements in place to ensure X-ray procedures were carried out safely. They complied with current radiation regulations and had the required information available.

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

Where appropriate, staff completed continuing professional development in respect of dental radiography.

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 patients' current dental needs, past treatment and medical history. The dentists assessed patients' treatment needs in line with recognised guidance.

Health promotion and prevention

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided support and training opportunities to assist them in meeting the requirements of their registration. The practice did not routinely monitor training to ensure essential training was completed, for example, no evidence was available as to the most recent medical emergencies

and life support training for dentists who were not able to attend the training arranged for the team by the practice. The provider assured us a system would be put in place to monitor training.

Staff told us they had annual appraisals. These were used to discuss learning needs and professional development.

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. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. 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.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff 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. The dentists were aware of the need to consider this 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, caring and professional. We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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

The layout of reception and the waiting area did not provide privacy when reception staff were dealing with

patients but staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where other patients might see it.

Involvement in decisions about care and treatment

The dentists provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them, and gave them time to think. Dentists described the conversations they had with patients to help them understand their treatment options.

Information about the range of treatments provided was available on the practice's website and in leaflet format in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentists tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. Patients told us they had enough time during their appointment and did not feel rushed.

Tackling inequity and promoting equality

The practice had taken into consideration the needs of different groups of people, for example, people with disabilities, and put in place reasonable adjustments, for example, handrails to assist with mobility.

The whole practice was located at ground floor level.

The practice was accessible to wheelchair users.

Staff had access to interpreter and translation services for people who required them. The practice had a hearing induction loop available.

Access to the service

The practice displayed its opening hours on the premises and on their website.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day and had appointments available for this. The practice's information display and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily.

Concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information display explained how to make a complaint. The operations manager was aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the operations manager to ensure the patient received a quick response.

Information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months. We saw that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The operations manager was responsible for the day to day running of the service. We saw staff had access to suitable supervision and support for their roles and responsibilities.

The practice had policies, procedures and risk assessments in place to support the management of the service and to guide staff. The provider told us that policies, procedures and risk assessments were currently under review following a change in management, to ensure they were up to date with regulations and guidance.

We saw the practice had some arrangements in place to monitor the quality of the service and make improvements where required.

The practice had information security arrangements in place and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us they were encouraged to raise issues and they felt confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, cleaning, X-rays and infection prevention and control. We observed that not all audits included action plans for improvement where appropriate.

Staff had annual appraisals, which helped identify individual learning needs. Staff told us the practice provided support and training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of patient surveys.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients an opportunity to provide feedback on NHS services they have used.

We saw that the provider acted on patient feedback, for example, patients had requested books and toys for children and these had been provided in response.

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