

Whitecross Dental Care Limited Westbury Park Dental Practice

Inspection Report

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Date of inspection visit: 9 January 2020
Date of publication: 06/02/2020

Overall summary

We carried out this announced inspection on 9 January 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Westbury Park Dental Practice is in Newcastle-under-Lyme and provides NHS and private dental care and treatment for adults and children.

Summary of findings

There are concrete ramps to both front doors which can then be accessed by using a portable ramp over the one step for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the free shoppers' car park surrounding the practice.

The dental team includes six dentists, seven dental nurses (two of whom are trainees), one dental hygienist, one dental hygiene therapist, four receptionists and the practice manager. The practice has five treatment rooms.

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

On the day of inspection, we collected 31 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, one dental hygiene therapist, one receptionist, two area development managers 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 Thursday from 9am to 6pm.

Friday from 9am to 5pm.

Saturday by appointment only.

Our key findings were:

- The practice was part of a large corporate group which had a support centre in Manchester where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.
- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. The practice had access to support from a dedicated human resources and recruitment team based within the company's support centre.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team. There was an effective staffing structure which extended to senior management who were visible and supported the practice manager on the day of our visit by basing themselves at the practice.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

No action ✓

Are services effective?

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

No action ✓

Are services caring?

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

No action ✓

Are services responsive to people's needs?

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

No action ✓

Are services well-led?

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

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. The practice team had completed a safeguarding simulation in October 2019 where a scenario was discussed and reflected upon within the group to raise awareness and share learning. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation. A domestic violence poster with contact details for local agencies was discreetly displayed in the patient toilet.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in December 2019 showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists mostly used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. We saw evidence that the dentists had received recent training in the use of Rubber Dam and reviewed records of a staff meeting where the correct procedure had been reinforced to all staff. We were informed that root canal treatment would not be administered at this practice without the use of dental dam.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. The practice had access to support from a dedicated human resources and recruitment team based within the company's support centre. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

Are services safe?

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire drills were completed every six months, the latest drill had been undertaken in December 2019.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. An online compliance desktop management tool was utilised to ensure all risk-based tasks and processes were completed within correct timeframes. This was overseen by the lead regulatory officer and the area development manager to ensure all risks were appropriately mitigated.

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

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

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff triaged appointments effectively to manage patients who presented with dental infection and where necessary patients were referred for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. The team completed medical emergency scenario training regularly to ensure staff were comfortable dealing with medical emergencies, should they arise. The most recent scenario training completed in June 2019 was in relation to suspected epileptic fits.

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

A dental nurse worked with the dentists, the dental hygienist and the dental hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

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

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

There was a dedicated incident line that the practice manager or staff members could use to log any incidents directly with the health safety team based within the support centre. An online management tool was in place to log all incidents so that they could be tracked and monitored. This helped the team to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been one incident, two accidents and two significant events recorded. We saw these had been investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. Quarterly incident learning updates were uploaded by staff at the support centre for the practice manager to share with practice staff at team meetings.

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

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.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

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

The dentists, hygienist and hygiene therapist gave oral hygiene education which included tooth brushing techniques and dietary advice using models, visual displays and following the 'show, tell, do' technique to enhance patient understanding.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. There were television screens in the waiting rooms which displayed various oral health education advice and tips.

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. As part of this the practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed 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.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, one dental nurse had been scheduled to complete an implant nursing qualification and two trainee dental nurses were being supported to complete dental nursing qualifications. The company funded online training for all employed staff and had a learning management system in place to facilitate core training. External training such as basic life support was provided in house for all staff.

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

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Many patients commented that they trusted their dentist and felt they had their best interests at heart.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were very accommodating, welcoming and always friendly. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. One patient told us that staff were very understanding when they had to rearrange their appointment on various occasions.

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- Large print documents and braille could be made available upon patient request.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. They told us they asked patients to repeat back what they had told them to ensure they understood the information given.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Several staff members had worked at the practice for over 10 years and had built strong relationships with their patients. This enabled them to understand their patients' needs and make specific adjustments as required.

Several staff members had attended dementia awareness training and victim support training so that they could better understand and support patients who had been affected.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

31 cards were completed, giving a patient response rate of 62%.

100% of views expressed by patients were positive. Common themes within the positive feedback were that staff were very supportive, thorough explanations of treatments were always given and the service was first class.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The receptionist described how they called a patient with a short-term memory condition prior to their appointments to ensure they were reminded.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a low-level doorbell for wheelchair users, a hearing loop, reading glasses and accessible toilet with hand rails.

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

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. All patients that had opted to receive appointment reminders by text message were sent these two days before their appointment. In addition to this, all patients scheduled for treatment appointments were called the day before their appointment to check that they were still able to attend.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed.

The practice signposted patients to the NHS 111 out of hours service if they required emergency dental treatment when the practice was closed. The practice's website, 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

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to

Are services responsive to people's needs?

(for example, to feedback?)

improve the quality of care. The practice had management tools to log all complaints so that they could be tracked and monitored by the patient support team based within their support centre.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. 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 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 manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

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 practice was part of a large corporate group which had a support centre located in Manchester where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Recent refurbishment improvements included new dental chairs and units in the treatment rooms and the purchase of new X-ray units and digital X-rays for the practice.

Leaders at all levels were visible and approachable. Staff told us the practice manager worked closely with them to make sure they prioritised compassionate and inclusive leadership. There was an effective staffing structure which extended to senior management who were visible and supported the practice manager on the day of our visit by basing themselves at the practice.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care. There was a clear vision and set of values. The values focussed on the organisations strengths which included: putting patients first, community matters, being a place to grow, working together as a team and being surprisingly brilliant.

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

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

The staff focused on the needs of patients. Many patients commented on how the staff had accommodated their needs to support them to receive care and treatment.

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

We discussed and reviewed documentation relating to a significant event at the practice. This demonstrated that the practice responded with openness, honest and transparency. 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, and they had confidence that these would be addressed.

The practice held monthly staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. In addition to this, the practice manager had been piloting dedicated dental nurse and reception team meetings to discuss role specific updates. Quarterly meetings were held for clinicians with the clinical support manager.

Governance and management

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

The practice manager had overall responsibility for the management and clinical leadership of the practice. This was further supported by a clinical support manager. The practice manager was responsible for the day to day running of the service and was supported by an area development manager. Staff knew the management arrangements and their roles and responsibilities.

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

Are services well-led?

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The provider used patient surveys, online feedback and verbal comments to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. Results from December 2019 showed 100% of the 32 respondents would recommend this practice to friends and family.

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

Continuous improvement and innovation

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, one dental nurse was booked on a dental nurse implant course and one member of staff was being supported to undertake more managerial tasks.

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