

Ward and Hockley

Ward and Hockley (Colchester)

Inspection Report

Creffield Road Dental Practice
20 Creffield Road,
Colchester,
Essex
CO3 3JA
Tel:01206572093
Website:

Date of inspection visit: 15 June 2017
Date of publication: 17/07/2017

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.

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.

Our key findings were:

- The practice was clean and well maintained.

Summary of findings

- The practice had infection control procedures which reflected 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.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- There was an ethos of open discussion between the dentist and nurse and feedback was encouraged from patients about the services they provided.

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

- Review the practice's audit protocols to ensure X-ray audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.
- Review the practice process for monitoring urgent referrals to ensure they are dealt with promptly.
- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure all staff are aware of the practice's consent policy including information about the Mental Capacity Act 2005 policy and Gillick competence.
- Review the practice process for appraisals and ensure all future staff appraisals are documented in staff records.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

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

Staff were qualified for their roles.

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 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 excellent, caring and faultless. The dentist 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. However there was scope to improve the auditing of these referrals to ensure patients were not overlooked.

The practice supported staff to complete training relevant to their roles. We saw the dental nurses Continuous Professional Development (CPD) file where all their training and professional development had been recorded along with training certificates and notes of meetings and other training events.

No action



Are services caring?

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

We received feedback about the practice from 31 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, friendly and accessible. They said everything was explained to them clearly, staff were attentive and said the 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.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. We were told the dentist never turned anyone away and though the patient may have to sit and wait they would be seen that day if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The reception had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss. However we were told there had been no demand for these services.

The practice took patients views seriously. We were told there had been no complaints, however they valued compliments from patients and had a protocol to respond to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Ward and Hockley (Colchester)

Detailed findings

Background to this inspection

Ward and Hockley also known as Creffield Road Dental Practice is in Colchester and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are limited.

The provider, Creffield Road Dental Surgery is one of two separate dental practices, that operate out of the same building under a separate registration with the Care Quality Commission (CQC). The dental team includes one dentist and one dental nurse. The practice has an arrangement with the other dental surgery for the use of one treatment room. In addition the practice had a agreement to share other facilities within the building. For example; receptionists, telephone facilities, reception area, toilets, staff room and the waiting area are used by both dental practices under an expense sharing agreement. Both practices share computer software, decontamination

facilities, and a number of running costs, including utility bills. We saw from minutes of meetings that Creffield Road Dental Surgery monitored the services provided within this agreement to ensure they were meeting requirements.

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.

On the day of inspection we collected 31 CQC comment cards filled in by patients, there were no patients available to speak with on the day. The information we received gave us a positive view of the practice.

During the inspection we spoke with one dentist and one dental nurse, we also spoke with members of the reception and dental nursing staff from the principal dental practice in the building. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday from 8.30 to 12.45 and Friday from 8.45 to 3.15 for a hygienist service.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the BNF and was in the process of receiving alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The dentist used a process of re-sheathing used dental needles. We were told they would be moving to a system of 'Safe Sharps' to ensure the safe management and disposal of sharps waste and to ensure the risks associated with handling sharps were eliminated. Currently the practice were not following relevant safety laws regarding the safe handling of sharps.

There was a business continuity plan which covered all the practices within the building. This describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. A whistle was used as an alarm in case of a medical emergency or fire. Whistles were available in each room in the building. Guidance on the action to take in case of fire or medical emergency were also available. All staff we spoke with were able to give clear examples of how the 'alarm system' would be used.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The practice had not recruited any new staff in over twenty years.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist when they treated patients.

Infection control

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

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

Are services safe?

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

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

Equipment and medicines

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

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

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

Radiography (X-rays)

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

We saw evidence that the dentists justified, graded and reported on the X-rays they took. However the practice had not undertaken an annual audit of X-rays as recommended in current guidance and legislation. We discussed this with the dentist who confirmed this would be undertaken immediately following the inspection.

Clinical staff completed continuous 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 the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the dentist audited patients' dental care records to check that the necessary information was recorded.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they 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.

Staffing

The practice had not recruited any new staff in over twenty years. However we were told any new staff to the practice would have a period of induction based on a structured induction programme and we saw that any new staff or visitors to the building were given an introductory induction which included fire evacuation procedure and infection control. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

The practice nurse told us they did not have formal appraisals. We were told the dentist had an ethos of open daily discussions where training needs were often discussed and any training requirements within the scope of the nurse's role were approved. However there was

scope to improve the recording of these discussions. We discussed this with the dentist who confirmed that a formal appraisal would be put in place in the future with the outcome of the discussions recorded.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. Improvements were suggested to the practice process for monitoring 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 dentist 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. 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 and the dentist and reception staff were aware of the need to consider this when treating young people under 16. However the dental nurse was not aware. Gillick competence training was discussed with the nurse and the need for this to be undertaken was confirmed. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were kind, friendly and accessible. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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

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

There were magazines in the waiting room and the practice provided drinking water.

There were some information leaflets available in the main reception area. However the dentist told us he preferred to speak to patients directly to explain any health matters or needs to them.

Involvement in decisions about care and treatment

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

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

The dentist told us they would show patients photographs and X-ray images when they discussed treatment options. The dentist also had a number of dental models on display in the treatment room which they used to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described an example of a patient with reduced hearing. The dentist described how they kept this in mind when they were explaining and providing treatment to ensure the patient was fully informed of the procedure throughout their treatment.

Reception staff told us that they often telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access. There was a stair lift to the first floor treatment rooms. Due to the layout of the building there were no disabled toilet or baby changing facilities.

The reception staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services which included British Sign Language and braille. However we were told there had been no demand for this service.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. The dentist and nurse told us they had an ethos to never turn any patient in pain away and though the patient may have to sit and wait if there were no immediately available appointments, they would be seen that day. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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

The dentist told us they aimed to settle complaints in-house and would invite 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.

We were told the practice had not received any complaints in the last three years; comments on the CQC comment cards reflected patients did not have any complaints. We were told the practice received thank you cards and compliments. However these were not displayed for patients and staff to review. We discussed this with the dentist who agreed to display these in future and to use them as part of the quality assurance. We were assured that should there be a concern the practice team understood how to respond appropriately and would discuss 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 and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. However there was scope to improve some of the arrangements to monitor the quality of the service and make improvements. For example ensure X-ray audits were undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

The practice had information governance arrangements 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 if anything went wrong.

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

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Meetings were held across both practices every six to eight weeks. There was a list in reception which encouraged all members of staff from both practices to add any item they wished to be discussed at the next meeting. We looked at minutes of meetings were all staff attended and where concerns and learning needs were discussed. The practice held a fire drill at the end of each team meeting.

Learning and improvement

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made by individual members of staff. We were told the dentist had an ethos of open daily discussions where training needs were often discussed and any training requirements within the scope of their role were approved. However there was scope to improve the recording of these discussions. We reviewed this with the dentist during our inspection and they confirmed that a formal appraisal would be put in place in the future. Outcomes from discussions around learning needs, general wellbeing and aims for future professional development would be recorded in staff folders. We saw the dental nurses CPD file where all their training and professional development had been recorded along with training certificates, notes of staff meetings and other training events.

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

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

The practice used verbal comments to obtain staff and patients' views about the service. We discussed examples of suggestions from patients/staff the practice had acted on. The dentist described how he would spend time speaking to patients prior to their treatment and how some patients requested not to have a full account of their treatment, where others asked to have a full blow by blow account. The dentist told us he would ask a patient beforehand which they preferred to ensure they were comfortable and not anxious about the treatment.