

Dr. Mark O'Connor

Westbourne Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 17 October 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 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

Westbourne Dental Practice is located in a residential suburb of Prenton and provides dental care and treatment to adults and children on an NHS and privately funded basis.

The provider has installed a ramp to facilitate access to the practice for wheelchair users. The practice has six treatment rooms. Car parking is available at the practice.

Summary of findings

The dental team includes a principal dentist, five associate dentists, a Foundation dentist, a dental hygienist, two dental hygiene therapists, eight dental nurses, two of whom are trainees, and two receptionists. The team is supported by a practice manager.

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.

We received feedback from 46 people during the inspection about the services provided. The feedback provided was positive about the practice.

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

The practice is open:

Monday to Thursday 9.00am to 6.00pm

Friday 9.15am 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. Appropriate medical emergency medicines and equipment were available.
- 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. We observed that some of these risks were not assessed and managed effectively, including fire and Legionella.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children. Training had not been carried out for two members of staff.
- The practice had staff recruitment procedures in place. The required information was not available for one of the staff.

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

- Review the practice's recruitment procedures for carrying out and recording recruitment checks and maintaining accurate, complete and detailed records relating to employment of staff.
- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from undertaking of the regulated activities, specifically in relation to fire, Legionella, staff vaccinations and domiciliary visits.
- Establish whether the practice is in compliance with its legal obligations under the Ionising Radiation Regulations 1999 and the Ionising Radiations (Medical Exposure) Regulations 2000.
- Review the protocols and procedures to ensure staff are up to date with their recommended training and their continuing professional development.
- Review the practice's protocols in relation to the use of closed circuit television to ensure staff and patients are fully informed as to its purpose and their right to access footage.
- Review the storage of paper dental care records to ensure they are stored securely.

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. They used learning from incidents to help them improve.

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.

Staff knew how to recognise the signs of abuse and how to report concerns. Two staff had not completed training in safeguarding. The practice submitted evidence to us to demonstrate that this training had been completed after the inspection.

Staff were qualified for their roles, where relevant.

The practice had procedures in place to guide them when recruiting staff. We found they had not followed these procedures for a recently recruited member of staff. The practice sent some of this information to us after the inspection.

The practice had procedures in place for the safe use of X-rays. We saw that 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 excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

Some of the dental nurses had additional skills in oral health education and provided clinics to help patients achieve better oral health.

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 monitor staff training to ensure staff were undertaking essential training.

The practice used closed circuit television for monitoring the practice externally but improvements could be made to the information provided about this. The practice assured us this had been addressed after the inspection.

No action



Are services caring?

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

No action



Summary of findings

Patients were positive about all aspects of the service. They told us staff were helpful, friendly and reassuring. They said that they were given careful and detailed explanations about dental treatment, and said their dentist 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.

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.

We saw that the practice had systems in place to identify and manage some risks but risk management could be improved, for example, in relation to fire, Legionella and dental domiciliary visits.

There was a clearly defined management structure and staff felt supported and appreciated.

Staff were aware of the importance of confidentiality and protecting patients' personal information

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.

The practice team kept accurate patient dental care records. We observed that not all paper records were stored securely.

On the day of the inspection the practice were open to feedback and took action during and after the inspection to address the concerns raised. The practice sent us evidence to confirm that some of the actions had been addressed.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We saw that the practice followed these procedures to support future learning.

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. 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. Most of the staff had received safeguarding training and knew the signs and symptoms of abuse and neglect and how to report concerns. We observed that the receptionists had not received safeguarding training in accordance with current guidance. The practice manager assured us this would be carried out and forwarded the training certificates as evidence of this training after the inspection.

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

We looked at the practice's arrangements for safe dental care and treatment. 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 completed training in medical emergencies and life support every year.

The practice had emergency equipment and medicines available as recommended in recognised guidance. 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 staff recruitment procedures in place to help them employ suitable staff. These reflected the relevant legislation. We looked at several staff recruitment records. We saw that the required information was available for all these staff, except in relation to a recently recruited member of staff, for whom, none of the required information was available. The provider assured us this would be addressed and forwarded details of a Disclosure and Barring Service check and details of qualifications for this staff member after the inspection.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

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. We saw that the practice had put in place some measures to reduce the risks identified in the assessments.

The practice had carried out a fire risk assessment and this was reviewed annually. We saw the practice had put in place measures to reduce the risks associated with fire, for example, fire detection and fire-fighting equipment was available. We observed that not all reasonably practicable measures had been put in place to reduce the risks associated with fire, for example, no smoke alarm was in place on the top floor of the premises. The provider assured us that staff carried out fire drills on a regular basis. Staff we spoke to were unsure whether these had taken place. The practice carried out a fire risk assessment after the inspection and forwarded us a copy of this. We saw that actions were identified in the risk assessment and several had been marked as completed. We were not provided with evidence to confirm this.

The practice management had carried out a Legionella risk assessment which had not been kept under review. We observed this had only been partly completed by the

Are services safe?

practice and not all risks were identified. The provider assured us this would be addressed and notified us after the inspection that arrangements had been made to carry out a new Legionella risk assessment.

We saw that the practice had some measures in place, in accordance with current guidance, to reduce the possibility of Legionella or other bacteria developing in the water systems.

The provider required that 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. Systems were in place to check staff immunity. We observed that the practice had no evidence available to demonstrate that two of the clinical staff had received the vaccination. The provider assured us this would be addressed and forwarded us some evidence of immunity status after the inspection but it was unclear whether this related to Hepatitis B status.

Dental nurses worked with all the clinicians when they treated patients. We saw that the clinical staff had professional indemnity cover.

Infection control

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

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.

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 in accordance with current guidance.

Radiography (X-rays)

The practice had arrangements in place for X-ray procedures.

We saw that recommendations had been made in some of the acceptance testing reports for the X-ray equipment, for example, recommendations had been made in relation to the location of the isolation switches for the X-ray equipment and the use of rectangular collimators to reduce the patient radiation dose. The practice could not demonstrate that these actions had been addressed. The provider assured us that their Radiation Protection Adviser had been contacted after the inspection for advice. We were not provided with supporting evidence to confirm this.

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 dentists assessed patients' treatment needs in line with recognised guidance. The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical history.

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

The practice carried out occasional visits to patients' homes and residential care homes to carry out dental treatment. We observed that procedures for these visits were not operated in accordance with current guidelines, for example, no policy and no risk assessment were in place. The provider assured us this would be addressed.

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/clinicians 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. Three of the dental nurses had enhanced skills in oral health education and provided clinics to educate children on improving their oral hygiene.

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, and with their professional development. The practice did not have a system in place to monitor staff training to ensure essential training was completed each year.

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

Working with other services

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. This included referring patients with suspected oral cancer in accordance with the current guidelines. The practice monitored all 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.

The provider had installed a closed circuit television system, (CCTV), to monitor the practice externally. We saw that notices were displayed to inform people that CCTV was in use to protect the premises but the provider had not displayed any information to make patients aware of their right of access to footage which may contain their images. The provider assured us this would be addressed.

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 caring, polite 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 waiting areas provided limited privacy when reception staff were dealing with patients but

staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. 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 people 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 to us the conversations they had with patients to help them understand their treatment options.

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

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 was well maintained. Staff aimed to provide a comfortable, relaxing environment.

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.

Staff told us that they currently have patients for whom they need to make adjustments to enable them to receive treatment.

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 practice was accessible to wheelchair users and a bell was available at the entrance to call for assistance.

The patient toilet facilities were located on the ground floor and were accessible to wheelchair users. Three of the treatment rooms were located on the ground floor.

The practice had made a range of seating of different types and heights available in the waiting rooms.

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 in the practice's information leaflet 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. They participated in an emergency on-call arrangement with other local practices. The practice's website, information leaflet 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 and were rarely kept waiting for their appointment.

Concerns and 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 practice manager was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure the patient received a quick response.

We observed that 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 in 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 practice had systems in place to support the management and delivery of the service. Systems included policies, procedures and risk assessments to support good governance and to guide staff.

The practice was a member of a practice accreditation scheme which promoted good standards in dental care.

We observed that arrangements in place to assess, monitor and mitigate risks at the practice were not all operating effectively, for example, in relation to fire and Legionella.

We saw staff had access to suitable supervision and support for their roles and responsibilities.

We saw the practice had 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. We observed that paper dental care records were stored on top of unlocked cabinets in a locked room which was not in accordance with current guidelines.

Leadership, openness and transparency

The principal dentist 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 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 there was an open, transparent culture in the practice. They said 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. We saw that all staff were involved in providing refresher training for the team as part of the meeting. 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, which were carried out on a monthly rolling programme. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw the auditing process was working well and resulted in improvements.

The practice was committed to improving and valued staff contributions. We saw evidence of learning from complaints, incidents, audits and feedback.

We observed that the whole team 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 and the NHS Friends and Family Test.

We saw that the provider acted on patient feedback, for example, patients had requested a dedicated parking bay for people with disabilities and the practice had provided this 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.