Welling Corner Dental Practice Limited

Welling Corner Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 03 May 2016

to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Welling Corner Dental Surgery is located in Welling Kent. The practice has two treatment rooms, waiting and reception area and a patient toilet; all the facilities are situated on the 1st floor.

The practice provides private dental treatment and some NHS dental treatment to children and adults. The practice offers a range of specialist dental treatments as well as routine examinations, treatments, veneers, crowns and bridges, implants, orthodontics and oral hygiene treatments. The practice is open Monday 10am - 7pm, Tuesday 9am - 8pm, Wednesday 9am - 6pm, Thursday 8am - 8pm and Friday 9am - 5pm. The practice closes daily between 1-2pm.

The staff structure consists of a principal dentist, one associate dentist, three dental nurses, one hygienists, one practice administrators and a practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) as the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received 35 CQC comment cards completed by patients and spoke with five patients during our inspection visit. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented procedures for managing comments, concerns or complaints.
- The principal dentist had a vision for the practice and maintaining care standards; staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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 in place to minimise the risks associated with providing dental services. There were two nominated safeguarding leads and staff understood their responsibilities in terms of identifying and reporting any potential abuse.

There was a system in place managed by the practice manager for the updating of policies, protocols, audit and arrange staff training. This included the management of infection control, medical emergencies and dental radiography.

We found the equipment used in the practice was well maintained and checked for effectiveness.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members should anu arise. There were regular staff meetings to provide staff with feedback.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence, (NICE) and the General Dental Council (GDC).

The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment.

The practice worked well with other providers and followed up on the outcomes of referrals made to other providers as well as supporting patients at hospital appointments.

Staff were undertaking continuous professional development (CPD) and were meeting the training requirements of the GDC.

Are services caring?

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

We reviewed 35 completed CQC comments cards and spoke with five patients on the day of the inspection. Patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, were made comfortable and felt, their concerns, if any would be listened to.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone.

Patients were invited to provide feedback via a satisfaction survey and the feedback was positive.

Are services responsive to people's needs?

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

The needs of people with disabilities had been considered and staff were available to provide assistance to patients where required.

Summary of findings

Patients were invited to provide feedback via a satisfaction survey. There was a policy in place which was used to handle complaints as they arose. The practice had not received any complaints in the past year.

Patients had good access to appointments, including emergency appointments, which were available on the same day or within twenty four hours. The dental practice covered out of hours emergency treatment for existing patients'.

Are services well-led?

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

The practice had suitable clinical governance and risk management structures in place. There were processes in place for dissemination of information and feedback to all staff. There were appropriate audits used to monitor and improve care.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the management team to address any issues highlighted.

Welling Corner Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 03 May 2016. The inspection took place over one day and was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit we spoke with six members of staff including the principal dentist. We also reviewed policies and procedures. We carried out a tour of the practice and looked at the maintenance of equipment and storage arrangements for emergency medicines. We asked one of the dental nurses to demonstrate how they carried out decontamination procedures of dental instruments.

Forty people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system and a policy in place for staff to follow to report and learn from incidents if required. There had been no reported incidents from Jaunary 2015 to date.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a book for the recording of any accidents. We saw there had been a recent needlestick injury reported on 28 November 2015 which had been recorded appropriately and the actions taken recorded.

Reliable safety systems and processes (including safeguarding)

There were two named practice leads for child protection and adult safeguarding. The safeguarding leads were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable adult patients who may present with dementia. Staff described how they would assess patients and seek assistance if required from their General Practitioner or the local authority safeguarding team.

The practice had a children and adults safeguarding policy which referred to national guidance and local authority contact details were displayed within the practice in several locations for staff to escalate concerns that might need to be investigated.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance supplied by the British Endodontic Society. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, there was a risk assessment in relation to fire safety. Staff received training in fire safety. Although fire drills were not routinely carried out there was an action plan in place for staff to follow. The emergency exit route was identified and an appropriate assembly point designated outside the practice.

Medical emergencies

The practice had suitable arrangements in place to deal with medical emergencies. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Oxygen and other related items, such as manual breathing aids and portable suction, and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. Staff received annual training in using the emergency equipment and medical emrgencies. The staff we spoke with were all aware of the locations of the emergency equipment within the premises.

Staff recruitment

The practice staffing consisted of a principal dentist (who was also the Registered Manager and owner), one associate dentist, two dental nurses, one hygienist, one practice administrator and a practice manager.

There was a recruitment policy in place and we reviewed the recruitment records for three staff members. We saw that relevant checks to ensure that the person being recruited was suitable and competent for the role had been carried out. This included the use of an application form, evidence of relevant qualifications, references and a check of registration with the General Dental Council if applicable. We noted that it was the practice's policy to carry out Disclosure and Barring Service (DBS) checks for all new members of staff and records confirmed DBS checks had been carried out for all the current staff employed.

Monitoring health & safety and responding to risks

Are services safe?

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire in January 2016 and there were documents showing that fire extinguishers had been recently serviced.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients and staff associated with hazardous substances were identified. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products. Information relating to COSHH and Health and Safety were available for all staff to access.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were reviewed by the principal dentist and disseminated by them to the staff, where appropriate.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One of the dental nurses was the infection control lead. Staff files showed that staff regularly attended training courses in infection control.

Staff and patients were able to easily access supplies of protective equipment which included gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet. Posters displaying hand washing techniques were in all treatment rooms, decontamination area and toilet.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'.

We checked the cleaning and decontaminating of dental instruments which was carried out in each surgery. The surgeries were well organised with a clear flow from 'dirty' to 'clean'. One of the dental nurses demonstrated the decontamination process and showed a good understanding of the correct processes.. Following inspection of cleaned items, they were placed in an autoclave (steriliser) and were applicable pouched, dated and stored appropriately.

The dental nurse showed us systems were in place to ensure all decontamination equipment such as the autoclaves were working effectively. These included the automatic control test for the autoclave. There was an electronic record used to record the essential daily validation and this up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. For example, we observed that sharps containers, clinical waste bags and domestic waste were properly separated and stored. Waste consignment notices were available for inspection.

The practice had carried out a recent practice-wide infection control audit; the most recent audit conducted in April 2016 had not been fully analysed to provide a compliance score due to problems with inputting the data to the Infection Prevention Society (IPS) website. However, the audit was discussed with the practice manager and the principal dentist and no issues were noted. The audit was due to be repeated in six months.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. A Legionella risk assessment had also been carried out by an appropriate contractor on 29 September 2015 and no issues were noted.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced in 2015. (Portable appliance testing (PAT), is the name of a process during which electrical appliances are routinely checked for safety); had been completed in November 2015.

Are services safe?

Staff told us that if necessary a private prescription was written manually and scanned into the computer. The practice held NHS FP10 prescription pads and some medication such as simple pain relief and antibiotics; all of these were kept in a locked cupboard. There was a log of all oral medicines given to patients'.

The expiry dates of medicines, oxygen and equipment were monitored using a monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly. There was a system in place to ensure that all medication such as antibiotics held by the practice were accounted for and recorded in the patients' notes.

Radiography (X-rays)

The practice had a Radiation Protection Adviser in place and a nominated Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). A radiation protection file and local rules were displayed within the surgeries. Included in the file were the critical examination pack for the X-ray set, which included dose assessment reports, the maintenance log and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended interval of three years and was last carried out February 2016. We saw evidence that staff had completed radiation protection training.

A copy of the most recent radiological audit was available for inspection. Staff told us that quality assurance checks were carried out and all the dentists' X-rays were audited every six months to ensure the quality was maintained and reasons for any retakes were documented. We checked a sample of dental care records to confirm the findings which showed dental X-rays were justified and required as part of the patient care plan.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised professional and General Dental Council (GDC) guidelines. One of the dentists we spoke with described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient which was supported and prompted by the use of computer software. The assessment began with a review of the patient's medical history. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues of the mouth. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

Following the clinical assessment, the diagnosis was discussed with the patient and treatment options were fully explained. The dental care record was updated with the new treatment plan after discussing the options with the patient. The care given to patients was monitored at their follow-up appointments in line with their individual requirements.

During the course of our inspection we checked dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately.

We saw notes containing details about the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) These were carried out at each dental health assessment. Details of the treatments carried out were also documented; local anaesthetic details such as type of anaesthetic, site of administration, batch number and expiry date were also recorded.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health such as tooth brushing and dietary advice and where applicable smoking cessation and alcohol consumption with their patients. The dentist also carried out examinations to check for the early signs of oral cancer and this was documented in the patients' electronic treatment plan.

The waiting area had health promotion material available as well as samples of toothpaste and interdental brushes to support patients with their oral hygiene. Health promotion material included information on how to prevent gum disease and how to maintain healthy teeth and gums.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff training records and saw that this included responding to emergencies, safeguarding and X-ray training.

There was an induction programme for new staff to ensure that they understood the protocols and systems in place at the practice. We reviewed evidence from a newly appointed member of staff which showed the induction plan had been fully completed for their induction. Staff we spoke with told us the practice was supportive with helping them achieve their training goals.

The practice carried out annual appraisals for each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's file and were made available at the time of our inspection.

Working with other services

The principal dentist, associate dentist and the practice manager explained how they worked with other services, when required. Dentists referred patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. A referral letter was prepared and sent, for example to the hospital with full details of the dentist's findings and a copy was scanned into the patient's electronic dental care record. The associate dentist told us the practice attended hospital appointments to provide additional support for patients to enable the specialist findings and treatment plan was fully understood.

The dentists did internal verbal referrals to the hygienists which were noted in the patients' dental care records and we were shown examples which confirmed this practice.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Consent was obtained for all care and treatment patients' received. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the dental care records. Patients were asked to sign to indicate they had understood their treatment plans and formal written consent forms were completed.

Staff were aware of the Mental Capacity Act (2005). They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected comment cards from 35 patients and spoke with five patients. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Some patients' told us the care was excellent and they were very happy with the care. During the inspection we observed staff in the reception area. They were polite, courteous welcoming and friendly towards patients at all times.

All the staff we spoke with were mindful about treating patients in a respectful and caring way. They were aware of the importance of protecting patients' privacy and dignity.

There were systems in place to ensure that patients' confidential information was protected. Dental care records were stored electronically. Any paper correspondence was scanned and added to the patient records. Electronic records were password protected and staff files were stored securely. Staff understood the importance of data protection and confidentiality and had received training in information governance. Staff told us that people could request to have confidential discussions in one of the offices or treatment room, if necessary although space was limited within the practice.

The practice obtained regular feedback from patients via a satisfaction survey which had been recently carried out by an external provider and the practice was awaiting the results. The feedback on the day of our inspection patients' stated they would recommend the practice to other people.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area regarding the dental charges and fees. There were a range of information leaflets in the waiting area which described the different types of dental treatments available. Patients were routinely given copies of their treatment plans which included information about their proposed treatments, and associated costs for private dental treatment. We checked dental care records to confirm the findings and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

We spoke with the principal dentist, associate dentists, lead for infection control, leads for safeguarding, the dental nurses, reception staff and practice manager on the day of our visit. All of the staff told us they worked towards providing clear explanations about treatment plans. They emphasised that patients were given time to think about the treatment options presented to them and that it was up to the patient to decide whether they wanted to go ahead with the treatment.

The patients we spoke with and comments cards confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us they scheduled additional time for patients receiving complex treatments, including scheduling additional time for patients who were known to be anxious or nervous. The practice offered dental treatment under sedation for nervous patients'. There were policies and procedures in place to ensure health checks were carried out prior to people receiving dental treatment under sedation. The dentist carried out the administration of all the required medication for sedation and patient were monitoring during the procedure. We saw evidence within patient treatment plans the full records were kept.

Staff told us they did not feel under pressure to complete procedures and were able to have enough time in between each patient to document care and prepare equipment for each patient.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The practice did not have access to a telephone or website translation service, however staff within the practice spoke a variety of languages such as French, Dutch and German.

The surgeries were on the ground floor and there was adequate parking and level access to the practice. The provider had assessed disability access at the practice in 2015. Due to space limitations the toilet facilities were small and unable to accommodate a wheelchair.

Access to the service

The practice displayed its opening hours and fees at their premises. There was a practice information folder available in the waiting area.

The principal dentist told us that all of the dentists planned some gaps in their schedule on any given day to ensure that patients, who needed to be seen urgently, for example, if they were experiencing dental pain, could be accommodated. We reviewed the electronic appointments system and saw that this was the case and confirmed this with the associate dentist.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist of their choice. Staff told us there were generally appointments available within a reasonable time frame. The feedback we received from patients confirmed that they could usually get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

The practice covered out of hours emergencies for their patient wherever possible and we were given examples of the dentists attending to see and treat people at the week-end. Contact details were available via the practice answerphone message.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area.

There had not been any complaints within the last five years. The practice manager told us complaints would be investigated and learning points would be discussed with all staff at the practice meetings.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure.

The principal dentist had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them. Records, including those related to patient care and treatments, as well as staff employment, were accessible for all staff.

The principal dentist organised staff meetings on a monthly basis, to discuss key governance issues and staff training. For example, we saw minutes from a meeting in March 2016 where discussions relating to emergency training had taken place.

Leadership, openness and transparency

The staff we spoke with described an open and transparent culture which encouraged honesty. Staff said that they felt comfortable about raising concerns with the principal dentist or practice manager. They felt they were listened to and responded to when they did so. Staff were aware of their responsibilities relating to the Duty of Candour. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.

The principal dentist and staff told us the main aim of all the staff was to maintain high standards of treatment for their existing patients.

We found staff to be hard working, caring and a cohesive team committed to providing a high standard of care. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard.

Learning and improvement

The practice had a rolling programme of clinical audit in place. These included audits for infection control, clinical record keeping and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made. The dental care record keeping audit and the patient satisfaction audit recently undertaken by an external company to ensured that dentists were recording essential clinical data were awaiting completion. The practice had a programme of risk assessments in place that were being successfully used to minimise the identified risks such as COSHH.

Staff were supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of a yearly patient satisfaction survey. The survey covered topics such as the quality of staff explanations, cleanliness of the premises, and general satisfaction with care. Staff commented that the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums to give their feedback.