

White Pearl Dental Practice Limited

# White Pearl Dental Practice Exmouth

## Inspection Report

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### Overall summary

We carried out this announced inspection on 29 November 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 Healthwatch that we were inspecting the practice. They did not provide any information.

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**

White Pearl Dental Practice Exmouth is in Exmouth and provides private treatment to mainly adult patients.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the practice.

# Summary of findings

The dental team consists of the company owners (the dentist and the practice manager). They employ no other staff. The practice has one treatment room.

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

On the day of inspection we collected 18 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice operates a flexible opening hours system, based on patient demand. Evening and Saturday appointments are available on request.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice owners knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice owners had systems to help them manage risk.

- The practice owners had suitable safeguarding processes and knew their responsibilities for safeguarding adults and children.
- The practice owners did not employ additional staff.
- The dentist provided patients' care and treatment broadly in line with current guidelines.
- The practice owners treated patients with dignity and respect.
- The appointment system met patients' needs.
- The practice asked patients for feedback about the services they provided.
- The practice had not received any complaints.

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

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the current staffing arrangements to ensure the dentist is adequately supported by a trained member of the dental team when treating patients in a dental setting, taking into account the guidance issued by the General Dental Council.
- Review the storage of electronic dental care records to ensure they are stored securely.
- Review the practice's current audit protocols to ensure audits of key aspects of service delivery are undertaken at regular intervals and where applicable learning points are documented.

# 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 owners had systems and processes to provide safe care and treatment. The owners reported no adverse events or incidents had taken place at the practice.

The practice owners had received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The dentist was qualified for their role. Steps could be taken to reduce risks to patient safety associated with lone working in the dental treatment room.

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 dentist assessed patients' needs and provided care and treatment broadly in line with recognised guidance. Patients described the treatment they received as excellent and first class. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

Improvements could be made with regard to the completion of patient clinical records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The dentist maintained their clinical competencies through completion of relevant continuous professional development training.

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 18 people. Patients were positive about all aspects of the service the practice provided. They told us the dentist and practice manager were polite, courteous and reassuring. They said that they were given helpful, honest explanations about dental treatment, 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 the practice owners protected patients' privacy and were aware of the importance of confidentiality. Improvements could be made to ensure secure storage of electronic records.

Patients said they were treated 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.

The practice owners considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight loss.

The practice owners took patients views seriously. They valued compliments from patients and responded to concerns 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 owners had arrangements to ensure the smooth running of the service. These included systems for the practice owners to discuss the quality and safety of the care and treatment provided. There was a defined management structure.

Improvements could be made to review the practice's current audit protocols to ensure audits of key aspects of service delivery are undertaken at regular intervals and where applicable learning points are documented.

The practice owners asked for and listened to the views of patients.

No action



# 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. The owners told us that they had experienced no adverse events or incidents.

The practice owners were not signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). During the inspection the owners subscribed to this service, to receive alerts electronically. They told us that would review and if necessary, act on future and past alerts.

### Reliable safety systems and processes (including safeguarding)

The practice owners knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. They had safeguarding policies and procedures with information about identifying, reporting and dealing with suspected abuse. We saw evidence that they received safeguarding training and knew about the signs and symptoms of abuse and neglect and how to report concerns.

We looked at the practice's arrangements for safe dental care and treatment. This included a risk assessment for the safe use of sharp and sharp instruments. We discussed the use of sharps with the dentist. Following the inspection they wrote to us to inform us that they were moving to an ultra-safe sharps system. The dentist told us that they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice manager described business continuity arrangements, describing how the practice would deal events which could disrupt the normal running of the practice. They said this was not formalised into a written plan. We discussed this and they told us that they would ensure that the arrangements were recorded.

The practice had a written fire risk assessment. This was reviewed on an annual basis. The practice had suitable systems to detect and equipment to use in the event of a fire. These were regularly serviced and maintained.

### Medical emergencies

The dentist and practice manager 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. Some masks and airways were missing. We raised this with the owners, who said they would order the items.

We found a number of out of date dental materials. We brought this to the attention of the owners, who said they would arrange to dispose of the items and introduce a system of stock control.

### Staffing

The practice owners did not employ any additional staff.

The dentist was qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice had health and safety policies and risk assessments to help manage potential risk. These covered general workplace and specific dental topics. We noticed that some policies had not been adapted to the practice from a general template. We raised this with the practice owners, who said they would review the policies.

The dentist's professional indemnity insurance was up to date.

Improvements could be made to responding to risks as the dentist told us they worked without chairside support when they treated patients. The General Dental Council recommend that dentists work with chairside support from a trained dental nurse. The dentist justified their decision to lone work in this respect by a written risk assessment.

### 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. The dentist 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 an infection prevention and control audit 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.

## **Equipment and medicines**

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

The practice had suitable systems for prescribing medicines.

## **Radiography (X-rays)**

The practice had arrangements to ensure the safety of the X-ray equipment. However, we noted that the radiation information was not collated in a central radiation protection file. We saw evidence that the X-ray equipment was regularly serviced.

The dentist was not always justifying, grading and reported on the X-rays they took and was not carrying out X-ray audits every year following current guidance and legislation. We discussed this with the dentist for improvement.

The dentist 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 owners kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. However, improvements could be made to the completeness of dental records in line with guidance issued by the Faculty of General Dental Practice.

### Health promotion & prevention

The dentist was aware of the guidance regarding preventative care and supporting patients to ensure better oral health within the Delivering Better Oral Health toolkit. However, the dentist told us that they did not keep stocks of fluoride varnish as they did not see many children and that the varnish stock may go out of date. We discussed this with the dentist and the appropriateness of considering stocks to use for both children and adults patients who may need this prescribed as part of preventative treatment for those deemed at risk of tooth decay. The dentist told us they would consider this.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments.

### 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. This 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice owners 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 dentist 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 dentist said they did not treat many children. The dentist 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**

The practice owners were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that they were polite, courteous and reassuring. We saw that the practice owners treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

The practice owners were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy as patients tended to attend the practice on an individual basis. They told us that if a patient asked for more privacy they would take them into another room.

The patients' electronic care records were password protected. However, improvements could be made to ensure electronic records were maintained securely. The practice owners told us that electronic records (patient

radiographs) were not routinely backed up or secured at the practice. We discussed this with the practice owners, who told us they would take immediate measures to implement systems to ensure that the electronic records they kept were maintained securely.

There were magazines in the waiting rooms. The practice provided refreshments on request.

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

### **Involvement in decisions about care and treatment**

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

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

The practice's website provided patients with information about the range of treatments available at the practice under their price list. These included general dentistry and treatments for gum disease.



# 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 a flexible appointment system in response to patients' needs. We were told 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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice owners told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment. They also said that they 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, information in large print and an accessible toilet with hand rails and a call bell.

The owners said they had access to interpreter/translation services which included British Sign Language and braille. The dentist was also multi-lingual; speaking Polish, Russian, German and English languages.

The owners had completed training updates in equality and diversity in 2016.

### Access to the service

The practice displayed its opening hours in the premises.

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 and kept appointments free for same day appointments. They had arrangements with a nearby practice to cover appointment, including emergencies, if the dentist was away or unable to work. The 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 practice manager was responsible for dealing with these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. The practice had not received any complaints.

# Are services well-led?

## Our findings

### **Governance arrangements**

The dentist had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. No other staff were employed.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### **Leadership, openness and transparency**

The practice owners demonstrated an approach that was open and honest. They knew of requirements to offer an apology to patients if anything went wrong.

The owners discussed governance issues about the business informally. We discussed this with the owners,

who told us that they would introduce systems for formally recording the discussions, to demonstrate that they had systems in place to monitor the effectiveness of their business.

### **Learning and improvement**

The practice had a system to audit infection control processes via the Infection Control Society twice yearly audit tool. However, improvements could be made to introduce monitoring systems for other areas of clinical practice, for example, radiography, anti-microbial prescribing and patient care records. Such quality assurance processes would encourage learning and continuous improvement.

The practice owners showed a commitment to learning and improvement. 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 dentist fulfilled their learning requirements.

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

The practice used patient surveys and verbal comments to obtain patients' views about the service. We were told that patient feedback had indicated high levels of satisfaction.