

Dr Amirreza Farahani

Woodbridge Hill Dental Practice

Inspection Report

49A Woodbridge Hill
Guildford
Surrey
GU2 9ZD

Tel: 01483 568584

Website: www.woodbridgedental.co.uk

Date of inspection visit: 15 November 2018

Date of publication: 14/01/2019

Overall summary

We carried out this unannounced inspection on 15 November 2018 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.

Background

Woodbridge Hill Dental Practice is in Guildford, Surrey and provides NHS and private treatment to patients of all ages.

The practice is located on a first floor premises. Car parking spaces, including those for blue badge holders are on site.

Summary of findings

The dental team includes the principal dentist, five associate dentists, two dental hygienists, one dental nurse, three trainee dental nurses and two receptionists. The practice has four treatment rooms.

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.

During the inspection we spoke with two dentists, one dental nurse, two trainee dental nurses and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Saturday from 8am to 6pm

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The principal dentist was responsible for clinical and managerial leadership.
- The provider asked patients for feedback about the services they provided.
- The provider had a system of dealing with complaints.
- The provider had suitable information governance arrangements.

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

- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Review the practice's protocol and staff awareness of their responsibilities in relation to the Duty of Candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.

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 recorded incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks, although the process was inconsistently followed in all cases. .

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. The dentists 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.

The provider monitored staff training relevant to their roles.

No action



Are services caring?

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

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

The practice had systems in place to identify patients with specific needs such as those patients who were anxious about visiting the dentist.

No action



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.

Staff considered patients' different needs. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

No action



Summary of findings

The practice asked for patients' views about the practice. They valued compliments from patients.

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. There were systems to identify risks to the quality and safety of the care and treatment provided.

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

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for the views of patients. However, feedback from staff demonstrated a lack of support from and approachability of the provider.

No action



Are services safe?

Our findings

Safety systems and processes including staff recruitment, Equipment & premises and Radiography (X-rays)

The practice had systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The 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, including notification to the CQC.

There was a system to highlight on the dental care records vulnerable patients, such as those who required support with mobility.

The practice had a whistleblowing policy although collectively staff reported that they did not always feel confident to raise concerns.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care records.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at all staff recruitment records. These showed the practice followed their recruitment procedure although there were occasions where this was inconsistent. For example, qualification certificates and references were not always requested. Not all staff had a contract.

We noted that clinical staff were registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

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

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

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

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. However, the practice was not using safer sharps at the time of the inspection. We were told that this would be reviewed by the provider.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines except for oral glucose were available as described in recognised guidance. We were told that this item had been ordered on the day of the inspection. Improvements were required to the organisation of the equipment and medicines and the systems in place to make sure that all equipment and medicines were available, within their expiry date, and in working order and that this was logged. We found logs of the checks of the medical oxygen and AED were absent.

A dental nurse worked with the dentists when they treated patients, in line with GDC Standards for the Dental Team.

Are services safe?

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

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

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

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected.

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

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

Information to deliver safe care and treatment

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

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

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

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

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

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

Track record on safety and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. The practice monitored and documented incidents although we were not shown evidence that these had been discussed with the rest of the dental practice team to prevent such occurrences happening again.

There was a system for receiving and acting on safety alerts. The provider told us that relevant alerts would be shared with staff as appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice utilised technology such as an intra-oral camera to enhance the delivery of care.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

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

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

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

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, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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

Staff discussed their training needs at annual appraisals. We saw evidence of some completed appraisals although they were out of date.

Co-ordinating care and treatment

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

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

The practice also had systems and processes for 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 all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

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

The practice displayed various information, for example, information on fees, complaints and oral health.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the patient waiting area provided limited 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 patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Staff had considered the needs of their patient population. Patients were told about multilingual staff that might be able to support them. Interpretation services were available for patients who did not use English as a first language.

The dentists helped patients to be involved in decisions about their care. They used models, clinical photographs and radiograph images to help patients understand treatment options discussed. They also used an intra-oral camera. This enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website 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 people's needs

The practice took account of patient needs and preferences in organising and delivering services.

A Disability Access audit had been completed. The practice was located on a first floor premises accessed via an internal staircase. We were informed that due to building regulations the installation of a stair-lift was not possible.

Staff recognised when nervous patients needed additional emotional support such as time and reassurance.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

Patients who requested an urgent appointment were seen the same day.

The practice displayed its opening hours in the premises, and included this information on its website.

Patients needing emergency dental treatment when the practice was not open were referred to the NHS 111 service. The practice answerphone provided telephone numbers for patients to contact.

Listening and learning from concerns and complaints

The principal dentist was responsible for dealing with complaints and would aim to settle complaints in-house and invite patients to speak with them in person to discuss these.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice displayed its complaints policy in the waiting room. This explained how patients could make a complaint and contained information 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 over the previous 12 months. These showed the practice responded to complaints in a timely manner.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the service.

Vision, strategy and culture

There was no evidence of a common set of values shared by staff.

The practice had a policy to address the Duty of Candour; however, the provider lacked knowledge and awareness of the requirements of this as well the need to be open and transparent with staff.

Collectively staff told us that they didn't feel fully supported or empowered to make suggestions for the improvement of the practice or if they had to discuss any issues.

Governance and management

Staff knew the management arrangements and their roles and responsibilities although not all staff had up to date job descriptions.

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

There were processes for managing risks, issues and performance although staff reported that they did not always feel involved in the updating and implementation of such processes.

Appropriate and accurate information

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

Systems and processes supported the confidentiality of people using the service.

Engagement with patients, the public, staff and external partners

The practice used automated text patient satisfaction surveys, a 'positive review' book and a suggestions box to obtain patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Staff confirmed that their views were not sought about practice developments or staffing issues.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes. These included audits of radiographs and infection prevention and control. They had records of the results of these audits and the resulting action plans.

The whole staff team were due to have annual appraisals although staff told us that they were not involved in the discussions about their learning needs, general wellbeing and aims for future professional development. We saw evidence of some completed appraisals in the staff folders and noted that they were out of date.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider monitored staff to complete CPD.