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Woodingdean Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 June 2015 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 not providing well-led care in accordance with the relevant regulations.

Woodingdean Dental Practice is a general dental practice in Woodingdean, East Sussex offering NHS and private dental treatment to adults and children. The practice also offers domiciliary care to patients in their own homes and to residents at a local nursing home.

The premises consists of a waiting area adjacent to the reception desk and two treatment rooms (one of which is currently decommissioned). There is also a separate decontamination room.

The staff at the practice consist of the provider (a dentist), a trainee dental nurse, two part time receptionists and a part time administrator who is a practice manager at another practice.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found the treatment room, decontamination room and equipment appeared very clean.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

Summary of findings

- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- At our visit we observed staff were kind, caring and put patients at their ease.
- We reviewed 38 comment cards that had been completed by patients. Common themes were patients felt they received very good service from a helpful and friendly practice team in a clean environment.
- There was an effective system in place to act on feedback received from patients and staff.
- Patients' dental care records we reviewed did not provide a full and accurate account of the care and treatment they had received.

We identified regulations that were not being met and the provider must:

- Maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the patient and of decisions taken in relation to the care and treatment provided.

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

- Review the guidance issued by the Faculty of General Practice (FGDP) namely 'Selection Criteria for dental Radiography' in considering when to take dental X-rays.

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 for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment including domiciliary dental care.

Are services effective?

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment including domiciliary dental care.

Are services caring?

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

Patients told us (through comment cards) they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be caring, compassionate and reassuring. Staff spoke with enthusiasm about their work and were proud of what they did.

Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

The dental practice had largely effective clinical governance and risk management structures in place. Staff told us the provider was always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider. Staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

However, dental care records we reviewed did not contain a full and accurate account of patients' care and support.

Woodingdean Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was carried out on 30 June by two CQC inspectors (one of whom is also a dental specialist advisor). We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the provider, the trainee dental nurse, a receptionist and the administrator. We also spoke with the registered manager of the local nursing home where the practice provides domiciliary dental care services. We reviewed 38 comments cards completed by patients and spoke to three patients on the day of our inspection.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place to learn from and make improvements following any accidents, incidents or significant event. For example, an inspection visit by NHS England in November 2014 had highlighted some deficiencies in the monitoring of infection control. This had been discussed as a practice in order to learn from this incident and improve their processes. A subsequent visit two weeks later found the monitoring process to be much improved and fully compliant with guidance.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) in order to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed all staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). 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. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

The provider told us they took emergency equipment and medicines when visiting patients in their own home or at the local care home. We spoke with the dental nurse and the registered manager of the care home who confirmed this.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for two staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found there were clear procedures in place to monitor and review when staff were not well enough to work.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for

Are services safe?

risk of fire. A fire marshal had been appointed, fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

The practice had a risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

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)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' A dental nurse with responsibilities for the decontamination of instruments explained to us how instruments were decontaminated and placed into an automatic washer-disinfector. This is an automatic instrument washing machine which is considered ‘best practice’ in accordance with HTM 01-05 standards. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. This was in accordance with the procedure for decontamination of instruments which was displayed.

We saw instruments were placed in pouches after sterilisation and dated to indicated when they should be reprocessed if left unused. A vacuum type autoclave was used for sterilising implant and surgical equipment in line with guidance. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of infection spread was greatly minimised.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment room where patients were examined and treated. The room and equipment appeared visibly clean.

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had recently been carried out in September 2014. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule

Are services safe?

in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. The records showed the practice had an efficient system in place to ensure all equipment in use was safe, and in good working order.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. The systems we viewed were complete, provided an account of medicines used and prescribed, and demonstrated patients were given medicines appropriately. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentist to show us some dental care records which reflected this. The dentist showed us two records that did not include this information so we asked to review a random sample of five other dental care records. We found these records to be incomplete. The records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out. However, none of the records contained details of any treatment options offered to or discussed with patients; nor did they contain the justification, findings and quality assurance of X-ray images taken. We found that X-rays were not always taken in accordance with guidance issued by the Faculty of General Dental Practice (FGDP). One of the seven records contained details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

The provider told us he would take steps to immediately address this and would review the guidance issued by the FGDP.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Information displayed in the waiting area promoted good oral and general health. This included information on oral hygiene, risk factors for tooth decay in children including advice on healthy snacks and smoking cessation information and advice.

The care home manager told us the provider always gave good advice and instruction to care home staff to ensure they could support residents' ongoing oral health needs effectively.

The dentist and dental nurse told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. However, patients' dental care records we reviewed did not include this information.

Staffing

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies and infection control and prevention.

The trainee dental nurse was undertaking a course leading to an examination which would enable them to qualify as a dental nurse and register with the GDC. They told us the provider was very supportive in helping them to learn and develop.

There was an effective appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process.

Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. Staff regularly reviewed the log to ensure patients received care and treatment needed in a timely manner.

Consent to care and treatment

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a

Are services effective?

(for example, treatment is effective)

treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. However, we found this information was not documented in the dental care records we reviewed.

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. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The provider and staff explained to us how they ensured information about people using the service was kept confidential. Patients' dental care records were stored electronically; password protected and regularly backed up to secure storage. Archived paper records were kept securely in a locked cabinet. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in the surgeries or in another room if they preferred.

Patients told us through comment cards they were always treated with respect by friendly and caring staff. The local care home manager also told us the provider and dental nurse always treated the residents with dignity and respect.

On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

Involvement in decisions about care and treatment

The dentist told us they used a number of different methods including tooth models, display charts and pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood.

Leaflets available gave information on a wide range of treatments such as root canal treatment, crowns and bridges. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and was always happy to answer any questions. Patients confirmed this through comment cards and on the day of our inspection. They told us they felt listened to by staff who were attentive to their care and support needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

The care home manager told us the provider was very understanding of residents' needs and found the practice to be very responsive and accommodating. A patient told us they did not like having dental cotton wool rolls in their mouth during treatment. They said the dentist had been very understanding of this and took time to complete the treatment in a way that respected the patients' wishes.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator. We observed that smoking cessation information was available in large print, braille and in Bengali.

The practice was not accessible to people using wheelchairs. However, the provider offered domiciliary visits to people living in their own home and in the local residential care home. This supported patients with a disability or limited mobility to access care and treatment when needed.

Access to the service

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We saw the website also included this information. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day.

Several patients told us the practice was very accommodating when scheduling appointments. Three people said the practice had opened early or stayed late so they could offer patients appointments around their work commitments

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice team discussed any complaints received in order to learn and improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. The provider had responsibility for the day to day running of the practice and was fully supported by the practice team.

Dental care records we reviewed did not provide a complete and full account of patients' care and treatment undertaken. We discussed this with the dentist who told us he had realised he needed to greatly improve his standard of record keeping and had been on a course within the last year to try and address this. He showed us a proforma which he had developed to use but said he had not yet put this into practice. He told us he would take steps to immediately address this.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider without fear of discrimination. All staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt very well supported by the provider.

Management lead through learning and improvement

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit indicated the facilities and management of decontamination and infection control were managed well.

X-ray audits were carried out every six months. The results of the audits confirmed the dentist was meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

The practice discussed as a team information the trainee dental nurse had learnt at college in order that they may improve the service provided.

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

There was a system in place to act upon suggestions received from people using the service. The provider told us he welcomed feedback and suggestions in order that the practice may learn and improve. For example, the practice had installed a handrail by the steps leading to the practice after a patient had suggested this. The provider had also reviewed their process for taking dental impressions after a patient commented they did not like lying back during the process. Patients were now asked whether they would prefer to sit up or lie back during the procedure. The practice conducted regular scheduled staff meetings as well as daily unscheduled discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon.

We reviewed a random sample of recently completed patient feedback forms which demonstrated patients were very satisfied with the level of service they had received. Comments included that practice staff were always friendly and accommodating.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The practice did not have effective systems in place to; ·maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the patient and of decisions taken in relation to the care and treatment provided. Regulation 17 (1)(2)(c)