

## Westdene Dental Practice Partnership

# Westdene Dental Practice Partnership

### Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 6 January 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**

Westdene Dental Practice is located in Brighton and provides NHS and private dental services. The demographics of the practice were mixed, serving patients from a range of social and ethnic backgrounds.

The practice is open Monday to Friday from 8.45am to 5.45pm. The practice facilities include two consultation rooms, reception and waiting area, decontamination room and staff room.

We received feedback from 20 patients. Patient feedback was very positive about the service. Patients told us that staff were professional and caring and treated them with respect. They described the service as very good and providing an excellent standard of care. Information was given to patients appropriately and that staff were helpful.

The principal dentist is 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'. 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.

# Summary of findings

## Our key findings were:

- The practice investigated significant and safety events and cascaded learning to staff.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance.
- There were systems in place to ensure that all equipment, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- Patients' care and treatment was planned and delivered in line with current legislation and evidence based guidelines such as that from the National Institute for Health and Care Excellence (NICE).
- The practice ensured staff were trained and that they maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients. The principal dentist told us that no complaints had been received about the service.
- The practice was well-led and staff felt valued, involved and worked as a team. Staff meetings were routinely held to help share information and learning.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice. Clinical and non-clinical audits were carried out to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided and acted on this to improve its 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 for identifying, investigating and learning from incidents relating to the safety of patients. The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

There were arrangements in place to deal with medical emergencies and staff had annual training

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment.

There were procedures in place for recruiting new staff and these were followed consistently. All of the appropriate checks including employment references, proof of identification and security checks were carried out when new staff were employed. The staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

### **Are services effective?**

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

Consultations were carried out in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. Dental care records were detailed and included details of risks of conditions such as oral cancer and advice about alcohol and tobacco consumption.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentists and information leaflets were available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

### **Are services caring?**

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

# Summary of findings

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

## **Are services responsive to people's needs?**

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

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours. They would see any patient in dental pain, extending their working day if necessary.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints. The dentists told us that there had been no complaints made.

## **Are services well-led?**

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

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with.

Patients' views were regularly sought by way of a patient survey and these were acted upon as required

# Westdene Dental Practice Partnership

## 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.

The inspection took place on the 6 January 2016 and was undertaken by a CQC inspector and two dental specialist advisors. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with the practice manager, dentists, dental nurses and reception staff on the day of the inspection, reviewing documents, completed patient feedback forms and observations.

We received 20 completed Care Quality Commission comment from patients and feedback was very positive about the service.

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

The practice had systems to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff reference. The registered manager told us that in some instances they shared them verbally with relevant staff to ensure they were aware.

The practice had an incidents and accident reporting procedure. All incidents and accidents were reported in the incident log and accident books. There had been three accidents in the past 12 months. We reviewed it and saw that appropriate action had been taken to make staff aware of what had happened and put procedures in place to reduce the risk of it occurring again. The registered manager explained how they had handled the incident. The example given showed that the person affected was updated, received an apology and informed of the action taken and lessons learnt by the practice. The explanation was in line with the duty of candour expectations. [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].

All staff we spoke with were aware of reporting procedures including who and how to report an incident to. There had not been any recent incidents

There had been no RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incident, within the past 12 months. The registered manager demonstrated a good understanding of RIDDOR regulations and had the appropriate paperwork in place to record if they had an incident.

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

The practice had policies and procedures in place for safeguarding adults and child protection. All staff including non-clinical staff had completed child protection and adult

safeguarding training. Details of the local authority safeguarding teams were readily available to staff in a central file in reception, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed on the staffroom notice board and the reception area. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

Dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [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].

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. These were stored securely and those requiring refrigeration were also stored appropriately. Staff also had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [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]. We saw records of the monthly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order..

All clinical staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

# Are services safe?

## Staff recruitment

There was a full complement of the staffing team. The team consisted of four dentists, two dental nurses, one receptionists (although the dental nurses also performed reception duties), three hygienists one and a Practice Manager. The principal dentist told us that the current staffing numbers were sufficient to meet the needs of their patients.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. All prospective staff completed an application form and were interviewed as part of the recruitment and selection process. All staff had a Disclosure and Barring Services check completed and where relevant had to provide proof of immunisation against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections).. We reviewed staff recruitment files and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC

## Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a fire risk assessment which had been completed in March 2015. One of the clinical staff was the appointed fire officer responsible for overseeing fire safety related matters. Fire drills were conducted every six months.

## Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. One of the dental nurses was the infection control lead.

There was a separate decontamination area. There were three sinks in the decontamination room; one for hand washing; one for washing and one for rinsing dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning instrument, inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We saw records of all the checks and tests that were carried out on the autoclave to ensure it was working effectively. The checks and tests were in line with guidance recommendations.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company, every two weeks.

The surgeries were visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels and hand gel was available.

We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff had been appointed for the domestic cleaning at the practice. Cleaning schedules were in place and we saw the logs to confirm they were being completed. There were appropriate colour coded cleaning equipment and it was stored correctly at the time of our inspection.



# Are services safe?

An up to date Legionella risk assessment had been carried out and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being carried out and logged and water lines were being cleaned. Water temperature checks were completed every month to water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice had carried out an infection control audit in November 2015 and undertook these audits every six months.

## Equipment and medicines

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the autoclave and compressor. The compressor had been inspected in September 2015 and the autoclave was serviced in October 2015. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in October 2015.

The only medicines stocked at the practice were those found in the medical emergency kit.

## Radiography (X-rays)

The practice had a well maintained radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. One of the dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in May 2015.

The critical examination test, risk assessment and quality assurance documentation were all present. X-ray audits were being conducted on an annual basis. We reviewed the records of the last audit conducted in December 2014.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists used current National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF) guidelines to assess each patient's individual risks as regards oral health and needs to determine how frequently to recall them.

During the course of our inspection we checked a sample of dental care records from all the dentists to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was not always recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

### Health promotion & prevention

Dentists told us that they gave health promotion and prevention advice to patients. Leaflets relating to diet, soft and hard tissues checks, cancer screening and smoking cessation advice where applicable were given to patients. Brushing techniques were demonstrated and diagrams used to help patients understand the benefits of maintaining good oral health.

The principal dentist told us that health promotion was a priority for the practice and they encouraged staff to actively promote good oral health to staff. For example, we reviewed meeting minutes and saw that there was a training and refresher session during the September 2015 practice meeting. These included reminding staff to record advice given and actively give out written information.

Printed information was available to patients in the waiting room and surgeries.

### Staffing

All clinical staff had current registration with their professional body - the General Dental Council, and were

all up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw evidence of the range of training and development opportunities available to staff to ensure they remained effective in their roles. The registered manager monitored the training and development of staff to ensure they had the right opportunities and capacity to attend training.

### Working with other services

The practice had processes in place for effective working with other services. All referrals were sent by post using a standard proforma. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral letter. Copies of all referrals made were kept in the patient's dental care records. Fast track referrals were seen within two weeks and details were faxed and followed up with a telephone call to ensure it was received. We reviewed a sample of referrals made by dentists and saw they were made appropriately.

### Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. All clinical staff whom we spoke with demonstrated understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. Staff gave us examples of when the MCA could be used and how the role related to them in their role. [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 them].

Dental care records we reviewed demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received feedback from 20 patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

During our inspection we observed staff being respectful to patients by ensuring that the door to treatment rooms was closed and conversations could not be overheard in the surgery.

Patients' information was held securely electronically. All computers were password protected with individual login requirements.

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

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentists explained how they involved patients in decisions about their care and treatment. This included using visual aids and models to help them understand the diagnoses and proposed treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments or seen over the practice lunch time break. If a patient had an emergency they were asked to come, and would be seen as soon as possible.

Information was available in other formats such as large print for patients who required it.

Practice staff visited nursery schools in the area every 3-6 months and attended school fairs to demonstrate and give advice.

### **Tackling inequity and promoting equality**

The registered manager told us that the local population was diverse with a mix of patients from various cultures and background. Staff also had access to a translation services if patients spoke another language that staff did not speak. There was a sign in the reception area making patients aware of the translation service.

### **Access to the service**

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to call the out of hours service (via information on their website and recorded message on the practice answer machine).

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

### **Concerns & complaints**

The registered manager explained their complaints policy and procedure. Any complaints received would be discussed and explanations of how they would be dealt with, were in line with their policy. At the time of our visit there had been no complaint over the past 12 months. Staff we spoke with also demonstrated knowledge of their complaints procedure, including knowing timescales for responding, and what to do in the event of a patient needing to make a complaint.

Information relating to complaints was readily available to patients. There was a complaints notice in the patient waiting area as well as detailed information on the provider's website. Patients we spoke with were aware of how to complain, although no one had ever had to complain.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were supported to meet their continuing professional development needs.

The practice had a comprehensive programme of audits in place. Various audits that had been completed over the past 12 months including audits on record cards, emergency treatment, oral cancer and consent. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified. The practice had a long term commitment to governance of the service and could demonstrate a high quality of service it delivered to patients.

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

Leadership was very clear in the practice and we saw clear examples where the registered manager lead by example and promoted an atmosphere of openness amongst staff. For example, we saw that team meetings were used to discuss issues related to staffing issues, incident and errors. Staff we spoke with told us that leaders were open and transparent and they felt confident going to them regardless of what the situation was (i.e. if they had to make them aware of a mistake they had made or discuss an issue).

We discussed the duty of candour requirement in place on providers and the registered manager demonstrated

understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour.

### **Learning and improvement**

The practice had processes in place to ensure staff were supported to develop and continuously improve. Appraisals were carried yearly for all staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Training such as on Mental Capacity Act, safeguarding, infection control and life support was arranged centrally for all staff. Other training opportunities were available on-line for staff and this was usually identified through the appraisal process but staff could request if they desired any additional training.

The practice held team meetings every month. We saw the minutes of the last four meetings and noted that issues relating to the practice were discussed. The practice manager told us that minutes were always shared with staff.

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

The practice carried out patient satisfaction surveys continuously. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive and also outlined areas of improvements for the practice to consider. Issues such as waiting times had been highlighted by patients.. We saw that the practice had put processes in place to act on patient feedback and make improvements.

Staff we spoke with confirmed their views were sought about practice developments through the staff meetings. They also said that the practice manager was approachable and they could go to them if they had suggestions for improvement to the service.