Walton House Dental Practice Limited

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Inspection Report

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Overall summary

We carried out this announced inspection on 6 September 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. A CQC inspector, who was supported by a specialist dental adviser, led the 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?

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 not providing well-led care in accordance with the relevant regulations.

Background

Walton House Dental Practice is a well-established practice in Felixstowe that provides mostly private treatment to patients of all ages. The dental team consists of three dentists, six dental nurses, two hygienists and two practice managers. The practice has three treatment rooms and is open Monday to Friday, from 8.30am to 5pm.

There is portable ramp access for people who use wheelchairs and pushchairs. Car parking is available on site.

Summary of findings

The practice is owned by a partnership 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 Walton House Dental Practice is one of the partners, Dr Jonathan Hamilton.

During the inspection we spoke with the principal dentist, two dental nurses and one of the practice managers. We looked at the practice's policies and procedures, and other records about how the service was managed.

We sent 50 comment cards to the practice prior to our inspection and requested that staff ask patients to complete feedback forms for us. Eight completed cards were returned. We spoke with another three patients during our inspection.

Our key findings were:

- We received good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- The appointment system met patients' needs and patients were able to sign up to text and email reminders.
- The practice asked patients for feedback about the services they provided.
- There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence.
- Systems to ensure the safe recruitment of staff were not robust, as essential pre-employment checks were not completed.
- The practice's sharps handling procedures and protocols did not comply with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The quality of some dental care records did not meet standards set by the Faculty of General Dental Practice (FGDP).

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff.

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

- Review the security of prescription pads in the practice and implement systems to monitor and track their use.
- Review the practice's protocols for the use of rubber dams for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- 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.

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?

No action

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

Most staff had received recent training in safeguarding vulnerable adults and children and knew how to report concerns. The practice followed national guidance for cleaning, sterilising and storing dental instruments and a system was in place to receive and action national patient safety alerts.

There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices were not robust.

Not all the dentists used a safer sharps system to prevent injury, or rubber dams for root canal treatment to protect patients' airways.

Are services effective?

No action

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

Staff had the skills, and experience to deliver effective care and treatment and the practice supported staff to complete training relevant to their roles.

We reviewed a small sample of dental care records for each dentist in the practice and noted their quality varied. It was not always possible to tell if patients had received periodontal or caries assessments. Not all patients received a plan outlining their proposed treatment and its cost.

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

Are services caring?

No action

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

Patients were positive about the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients. Patients told us they were involved in decisions about their treatment, and did not feel rushed in their appointments.

Are services responsive to people's needs?

No action

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

Summary of findings

Information about the service was available for patients both at the practice itself on its website. Appointments were easy to book and patients were able to sign up for email and text reminders for them. Patients could access treatment and urgent and emergency care when required.

The practice had made some adjustments to accommodate patients with a disability but there was no access to a portable hearing loop or information in other formats. Information about how patients could raise their complaints was not easily available.

Are services well-led?

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

Staff told us they enjoyed their work and felt supported by their peers and practice managers. However, we found a significant number of shortfalls in three of the five key questions we inspected, indicating that the practice was not well-led. This included the analyses of untoward events, the quality of dental care records, recruitment procedures, staff appraisal and the quality of audit systems.

Requirements notice 

Walton House Dental Practice Limited

Detailed findings

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incident policy in place, but this was narrow in scope and only covered serious events. There was no other guidance for staff on how to manage other incidents and we found staff had a limited understanding of what might constitute an untoward event. For example, we were told of several incidents of missing patient files. There was no evidence to show that these incidents had been investigated or of any measures put in place to prevent their recurrence.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice manager downloaded any relevant alerts and distributed them to clinicians. She was aware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

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 most staff received safeguarding training, although this was out of date for one dentist and none was available for the hygienist. Staff knew how to report concerns and there was information around the practice of relevant protection agencies to contact. The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns about any poor practice they witnessed.

Not all staff had received a DBS check to ensure they were suitable to work with vulnerable adults and children.

Staff spoke knowledgeably about action they would take following a sharps injury and sharps bins were sited to ensure their safety. A sharps risk assessment had not been completed for the practice and not all clinicians used a suitable method to control the risk of injury during the recapping of contaminated needles. Two dentists manually resheathed used needles and some nurses dismantled needles without a guard.

The dentists did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment, and did not complete recorded risk assessments for this.

The practice had a business continuity plan describing how it would deal with events that could disrupt the normal running of the practice, although this was not kept off site so it could be accessed easily in the event of an incident.

Medical emergencies

Staff completed training in emergency resuscitation and basic life support every year, although they did not regularly rehearse emergency medical simulations so that they had a chance to practice what to do in the event of an incident. We noted the practice did not have some essential medical emergency equipment including a full set of airways, a spacer device or single use syringes, although the missing items were ordered the day following our inspection. Oxygen masks were kept separately from the oxygen cylinder, making them hard to locate in the event of an emergency.

The practice held most emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice apart from adrenalin. Glucagon was not stored in the practice's fridge, and it was not clear if its expiry date had been reduced to accommodate this.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff, although this was not being followed. We reviewed recruitment files for the most recent member of staff and found that no recent DBS check or references had been obtained for them. The practice manager told us that none of the nurses in the practice had DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had current employer's liability insurance in place.

Monitoring health & safety and responding to risks

Are services safe?

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

Firefighting equipment was serviced regularly and staff practiced evacuating the building. The fire risk assessment was a little basic and did not cover all the fire hazards we viewed within the practice. We noted that some of its recommendations for example, the need to train staff in handling fire extinguishers, had not been implemented.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. We noted that some sterilising powder was kept in an unmarked and unlabelled container in the decontamination room.

A mercury spillage kit was available as was a bodily spillage kit to deal with any accidents, although not all staff were aware that the practice had these kits.

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 practice carried out regular infection prevention and control audits, although not as frequently as recommended and there was not always an accompanying action plan to address identified shortfalls. No action had been taken to address issues such as the carpeted decontamination room or uncovered keyboards in treatment rooms.

We observed that most areas of the practice were visibly clean and hygienic, including the waiting area and corridors. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted that the horizontal window blind in one surgery was dusty, and it was not clear when it had last been cleaned. There was a hole in one surgery floor for electrical leads, and zoning from dirty to clean areas was not clear. We found a number of loose and uncovered instruments in treatment room drawers that risked becoming contaminated over time. The practice's cleaning equipment did not meet with national guidance and was not stored correctly. There were no cleaning schedules or accountability sheets in place for the practice's cleaner.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that clinical staff had been immunised against Hepatitis B.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in 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 had a washer disinfector as recommended by national guidance, but staff were not using it, preferring to manually clean instead.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally, although we noted the bin was not secured to ensure its safety.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. We saw servicing documentation for other equipment used in the practice, although this was missing for one X-ray unit.

The practice had a fridge for materials that required cool storage. We found the fridge's temperature was not monitored to ensure it was operating effectively and food items were also stored in it.

There were no formal checks of stock and we found some out of date endodontic needles in the stock cupboard.

The practice did not store or keep records of prescriptions issued to patients as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file, although we noted the critical

Are services safe?

examination pack was missing for one X-ray unit. Clinical staff completed continuous professional development in respect of dental radiography, although one dentist had only undertaken three hours of radiography training in the previous 10 years.

Dental care records contained evidence that the dentists had justified, graded and reported on the X-rays they took.

Rectangular collimation was not used on X-ray units to reduce patients' dosage, as recommended by current good practice guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. In order to corroborate our findings, we viewed a small sample of records for each dentist. We noted that improvements could be made in several areas including the recording of basic periodontal examinations, and caries and periodontal risk assessments.

The practice did not audit patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

There was a selection of dental products for sale to patients including interdental brushes, mouthwash and toothpaste. We noted a poster in the waiting room displaying information about children's oral health, and leaflets were available on issues such as gum disease, tooth sensitivity and dry mouth. The practice manager told us plans were in place for the practice to participate in 'Stoptober', to encourage patients who smoked to attempt to quit during October.

Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. Two hygienists were employed at the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

Staffing

The practice had experienced a high rate of staff sickness in the previous year. Staff reported that although this had not affected patient care, it had put them under additional stress. The practice manager told us plans were in place to recruit an additional new dental nurse.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us that the partners paid for their on-line training to help with this. We found evidence that one member of staff had not received any induction or refresher training upon return from extended leave to ensure their skills and knowledge were up to date. We also noted that one dentist's safeguarding training was four years ago, and another had completed three hours of radiological training in the previous ten years. Dentists are required to achieve five hours verifiable training in a 5 year period

Working with other services

Dentists 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

The practice manager had recently introduced a book so that all patient referrals could be logged centrally and monitored; not all staff we spoke with were aware of this.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment. Most patients received a plan to sign that outlined their treatment and its costs, although treatment plans were missing in some records we checked.

The practice had policies in relation to patients consent and we noted posters on display around the practice about Mental Capacity Act to remind staff about its key principals when treating patients who might not be able to make decisions for themselves.

Staff understood the importance of obtaining and recording patients' consent to treatment and dental records we reviewed demonstrated that treatment options had been explained to patients

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment they received and of the staff who provided it. They described staff as caring, helpful and professional. Staff gave us specific examples of where they had supported patients such as providing them with a lift home in bad weather or when they had missed the bus; delivering denture repairs when they were needed urgently and providing magazines to read for residents in a local care home. The practice manager told us that nervous patients were encouraged to bring a friend or relative with them into the treatment room for support if needed.

All consultations were carried out in the privacy of the treatment rooms and doors were kept shut. Blinds were available in windows to prevent passers-by looking in. The reception area was separate from the waiting area, allowing for good privacy. Computer screens were password protected and could not be overlooked by patients standing at the reception desk. Patients' records were held in the staff office, although they were not stored in lockable, fireproof cabinets to ensure their security and patient confidentiality.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We noted that not all patients received a treatment plan to ensure they fully understood the nature of their treatment and its costs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had its own car park. The waiting area provided good facilities for patients including interesting magazines, a water fountain and children's play area. A website gave patients information about the practice's staff, available treatments, its opening hours and fees.

Although the practice did not offer any extended hour opening, patients told us they were satisfied with the appointments system and that getting through on the phone was easy. Two emergency slots per dentist were available each day for patients experiencing dental pain and information about out of hours services was available on the practice's answer phone. Patients had access to a text or email reminder service.

Promoting equality

The practice had portable ramp access for wheelchair users and downstairs treatment rooms. Corridors were wide, allowing for good access for patients with mobility scooters and pushchairs. Staff had access to language translation services if a patient did not speak English. There was no accessible toilet to accommodate those with mobility problems or a portable hearing loop to assist patients who wore hearing aids. Information about the practice or medical histories were not available in any other languages or formats such as large print.

Concerns & complaints

There was a small leaflet in the waiting area informing patients of how they could complain. This was not easily visible and it did not contain information about other agencies patients could contact such as the GDC, dental complaints service or NHS England if patients wanted to raise their concerns externally.

The practice manager told us there had only been one complaint in the last few years. We viewed the records of that complaint and found it had been dealt with appropriately. We were made aware of one patient's complaint regarding the length of time they had had to wait having arrived for their appointments. No record of this had been made, or of any action taken to prevent its recurrence.

Are services well-led?

Our findings

Governance

The principal dentist took responsibility for the overall leadership in the practice, supported by two practice managers who assisted him with the day-to-day running of the service. The practice manager told us that high levels of staff sickness, combined with the transition to computerised systems, had affected governance systems in the practice.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff, although some of these policies had not been reviewed regularly so it was not clear if they were up to date and still relevant for the practice. There was no evidence that staff had signed them to indicate that they had read, understood and had agreed to abide by them.

None of the staff had received an annual appraisal so it was not clear how their performance was assessed. None had a training or personal development plan in place. We found a lack of consistency of practice between the clinicians and it was not clear how their performance was monitored to ensure it met national guidelines and recommendations. Although some audits were completed, these were not undertaken as frequently as recommended and there was not always a record to show that shortfalls they had identified had been addressed

There had been one practice meeting in the last year so it was not clear how information was shared consistently with the staff team. For example, some staff knew about the patient referrals log book in reception, others did not. Some staff were aware that the practice had mercury and bodily spills kits, others did not.

Leadership, openness and transparency

Staff told us they enjoyed their work and received good support from the practice managers and their peers. They also told us that that staff sickness levels in the practice had not been managed well by the partners, putting them under additional stress.

The practice had recently implemented a policy in relation to its requirements under the Duty of Candour, although not all staff were aware of it. We noted one instance where there was no evidence to show that a patient had been informed of a retained root, following an extraction of their tooth.

Learning and improvement

The practice undertook some audits of its service, however the infection control audit had not been completed accurately and a radiograph audit had only just been undertaken prior to our inspection and was not yet complete. A dental care records audit had never been completed to ensure essential information about patients' treatment was recorded appropriately.

The practice had a specific Quality Assurance Policy in place; however staff were not implementing its procedures such as undertaking peer review, auditing the number of patients by specific groups and reviewing the quality of data collection.

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

Patients were able 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, although response rates were low. We viewed eight responses that had been collected so far in 2017. These showed that patients would recommend the practice. The practice also undertook its own survey for patients about how they experienced the service and results were analysed by the practice managers. In response to patients' feedback, the practice had introduced a wider range of reading material and a water fountain in the waiting room. A chair had been put in the lobby area for patients who did not like to wait with others.

It was not clear how the practice sought feedback from its staff given there were not regular staff meetings and none had been appraised. Despite this however, staff told us that their suggestions and ideas were mostly listened to by the practice managers and partners. For example their request for additional bins, additional instruments and to change autoclaving procedures had been implemented. Staff also told us that their request for additional uniforms to ensure they had enough for a clean one each day had not been addressed.

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 The registered person did not have effective systems in place to ensure that the regulated activities at Walton House Dental Clinic were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example: • There was no system in place to ensure that untoward events were analysed and used as a tool to prevent their reoccurrence. • The quality of some dental care records did not meet standards set by the FGDP • Patients' notes were not stored securely. • Not all staff were up to date with essential training in safeguarding people and radiography • Dentists did not use rubber dams or a safer sharps system • Staff did not receive regular appraisal of their performance • The complaints procedure was not easily accessible to patients.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not have robust recruitment systems in place to ensure that only fit and proper staff were employed by the practice. **Reg 19 (1)**