Rhodri Davies Limited

R.H.Davies Dental Care

Inspection Report

Westleigh Dental Practice
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Overall summary

We carried out an announced comprehensive inspection over the 24 and 25 November 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 providing well-led care in accordance with the relevant regulations

Background

Westleigh Dental Practice is a converted detached house which is situated in the centre of Fareham, Hampshire.

The practice offers private dental care services for adults and children between 8am and 5pm Monday to Friday with extended hours on Wednesdays and Thursdays until 6.00pm and Saturday. Services provided include preventative advice and treatment together with routine, restorative and cosmetic dental care.

R. H. Davies is a registered organisation and is legally responsible for making sure that the practice met the requirements relating to safety and quality of care, as specified in the regulations associated with the Health and Social Care Act 2008.

The provider, Mr Rhodri Davies shares the practice facilities with two other dentists who are each separately registered with CQC. Facilities are shared and patients can register with either of the dentists.

We reviewed 31 completed Care Quality Commission comment cards, gathered views of 14 patients on the day of our inspection. We also reviewed patient feedback gathered by the practice over the last 12 months. All of the 45 patients who provided feedback for our inspection were positive about the care they received from the practice. They commented that staff were very attentive and polite and that dentists listened were thorough and patient took time to explain every step of treatment.

Summary of findings

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- The practice assessed and managed risks to patients. These included infection prevention and control, health and safety and the management of medical emergencies.
- Staff ensured patients gave their consent before treatment began. Dental care records we looked at were detailed and showed on-going monitoring of patients' oral health.
- Staff had received training appropriate to their roles.
- Patients we asked said their experience of using R H Davies was very good and would definitely recommend the practice to someone new to the area.
- Staff were knowledgeable about patient confidentiality and we observed good interaction between staff and patients during the inspection.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were clearly defined leadership roles in place and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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 care which was safe in accordance with the relevant regulations.

The practice had arrangements for essential topics such as infection control, clinical waste control, management of medical emergencies and dental radiography (X-rays). All the equipment used in the practice was well maintained. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.v

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance and best practice including that from the National Institute for Health and Care Excellence and the Faculty of General Dental Practitioners to ensure the treatment they provided for their patients was fit for purpose. The staff received professional training and development appropriate to their roles and learning needs. Staff who were required to be registered with the General Dental Council were meeting these requirements.

Are services caring?

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

Patients told us they found the practice caring and supportive. They said they were listened to, treated with respect and were involved in discussions about their treatment options, which included risks, benefits and costs. We observed that staff were helpful, kind and considerate to the needs of individual patients.

Are services responsive to people's needs?

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

The facilities and premises were appropriate for the services that were planned and delivered. Appointment times were scheduled to ensure patient's needs and preferences were met. The practice took account of the needs of different patients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity. Appointment times met the needs of patients, who were able to access treatment and urgent emergency care when they required it. The practice had systems inviting feedback and comments from patients and the complaints procedure was readily available.

Are services well-led?

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

Staff were supported and managed at all times and were clear about their lines of accountability. They felt the provider valued their involvement, were engaged and their views were reflected in the planning and delivery of the service. Care and treatment records were complete, legible, accurate, and kept secure. Staff were supported to meet their professional standards and follow their professional code of conduct.

Audit processes were effective and had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. There were systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments.

R.H.Davies Dental Care

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection over the 24 and 25 November 2015. The inspection took place over two days and was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff records. We spoke with all members of staff both clinical and non-clinical., We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and computer system that supported the patient treatment records and patient dental health education programme. We reviewed the feedback we received both before and during our inspection and spoke with five patients.

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

Reliable safety systems and processes (including safeguarding)

The European Council Directive 2010/32/EU (the Sharps Directive) was introduced to prevent injuries and blood-borne infections to hospital and healthcare workers from sharp instruments such as needles. We spoke to the practice manager who explained how the practice had implemented the Health and safety sharps regulations 2013 thus protecting staff against blood borne viruses. The practice used a safe sharps system whereby needles were not resheathed thus eliminating the possibility of a needle stick injury following administration of a local anaesthetic to a patient. .

We asked how the practice treated the use of instruments which were used during root canal treatment. The dentist on duty explained that these instruments were single use only. They explained that root canal treatment was carried out where practically possible using a rubber dam (a rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).We observed that the rubber dam material was latex free thus ensuring that patients with a latex allergy were protected from the effects of an anaphylactic reaction. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam when the treatment involved root canal therapy.

Safeguarding policies were available for staff to refer to in relation to children and adults who may be the victim of abuse. Training records demonstrated that appropriate training had been completed by all staff. The practice computer software incorporated relevant contact Information such as telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice told us there had been no safeguarding incidents that required further investigation by appropriate authorities.

Reporting, learning and improvement from incidents

We reviewed safety records, incident reports and alerts received by the practice. All staff interviewed were aware of relevant policies and procedures. We observed policies and procedures to guide staff with the Control of substances hazardous to Health and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. Staff we interviewed demonstrated their awareness of these policies and the procedures to follow should an incident occur.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) and an emergency kit. The kit included oxygen as recommended by the UK Resuscitation Council Guidance for dental practices. All emergency medicines and oxygen were in date. A contract was in place for the maintenance of the oxygen cylinder and expiry dates of medicines and equipment were monitored which enabled the practice to ensure these were available and in date. Annual basic life support training was held for all staff which equipped them to deal with any medical emergency promptly and efficiently.

Staff recruitment

The dentist and dental nurses who worked at the practice had current registrations with the General Dental Council. Staff recruitment records were stored securely.

The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications/professional registration and employment checks including references. We looked at four staff recruitment files for staff employed and the records examined showed that staff had all the required checks required to comply with schedule 3 of the Health and Social Care Act 2008 (amended 2014).

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, health and safety and radiology risk assessments. The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Are services safe?

Infection control

All of the patients we asked said they felt the practice was clean and hygienic. There were effective systems in place to reduce the risk and spread of infection within the practice. The decontamination lead was appropriately trained or this role. Direct observation on the day of our visit demonstrated that the provider was complying with national guidance for infection prevention controls in dental practices. It was also observed that a recent infection prevention society audit of decontamination processes confirmed compliance with best practice.

Dental treatment rooms, the waiting area, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment rooms. Hand washing facilities were available in each of the treatment rooms and toilets which included wall mounted liquid soap, gels and paper towels. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed together with appropriate personal protective equipment (PPE) being worn by clinical staff.

The practice had a dedicated decontamination room for decontaminating dental instruments. This room was organised clean, tidy and clutter free. Displayed on the wall were protocols to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in this room. The decontamination lead described the processes they followed for infection control at the practice which included the treatment of the dental water lines. The practice used a system of ultrasonic cleaning instruments followed by the use of an automated washer disinfector for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilised they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The decontamination lead also demonstrated that systems were in place to ensure that the autoclaves and ultrasonic cleaning baths used in the decontamination process were working effectively. These included regular foil ablation testing of the ultrasonic machine and an SD card reader to validate the autoclave was working correctly. We were shown the records which demonstrated the decontamination equipment was maintained according to the manufacturers recommendations. We observed that the instrument washing sinks had an overflow which was not compliant with national infection control guidelines. We spoke to the provider about this who as a result contacted his plumber during our visit to rectify this issue.

The drawers of a treatment room were inspected in the presence of the decontamination lead. Drawers were well stocked, clean, and free from clutter. Instruments were pouched and it was obvious which items were single use and these items were clearly new. The treatment room had the appropriate routine PPE available for staff and patient use. We observed the decontamination lead using appropriate PPE during the decontamination process.

The risks of Legionella bacteria developing in water systems within the premises had been identified and steps taken to reduce the risk of patients and staff developing Legionnaires' disease (legionella is a term for particular bacteria which can contaminate water systems in buildings). Records showed the Legionella risk assessment had been updated in July 2015. The recommended actions contained in the report were being carried out and logged appropriately. This included regular testing of the water temperatures. These measures ensured that patients' and staff were protected from the risk of infection due to the Legionella bacteria.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and this was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and this was stored in a separate locked location within the practice prior to collection. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. . Portable appliance testing (PAT) for all electrical appliances had been carried out.

A sample of dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients.

Are services safe?

The practice stored prescription pads in a secure cupboard and prescriptions were only signed by the clinicians when required and the prescription stamp stored in a separate locked cabinet for extra security.

Radiography (X-rays)

We were shown a radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the practice Radiation Protection Supervisor. We saw a history of comprehensive annual assessments made of the practices' radiation arrangements. Included with assessments was a copy of the local rules and Health and Safety Executive notification that X-ray equipment had been installed in the dental premises.

The IRMER file seen confirmed that all dentists had received appropriate training which permitted them to take X-rays. Dental care records seen confirmed that where X-rays had been taken, these were justified, reported on and quality assured. We observed in the IRMER file an X-ray audit was completed annually to quality assure the radiographs. This meant patients could be assured X-rays were only taken by qualified competent clinicians when necessary and the whole process quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. A dentist described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. A system was in place for urgent referral for any oral lesions which were of concern.

Dental care records we saw showed that findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums had been recorded 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 needs. These were carried out where appropriate during a dental health assessment following current British Society of Periodontology guidance. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Health promotion & prevention

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was also given to them. This was in line with the Department of Health guidelines on prevention known as Delivering Better Oral Health which is an evidence based toolkit to support dental teams in improving their patient's oral and general health and the practice team were aware of the latest guidance published June 2014. Where relevant, preventative dental information was given in order to improve the outcome for the patient. Information included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. This was facilitated through the use of models of mouths and demonstration brushes. It was apparent that the dental hygienist played an integral part of maintaining the gum health of the patients at this practice.

Staffing

The provider was the lead dentist. The practice employed two associate dentists, a dental therapist, two dental hygienists, six dental nurses, two receptionists and a practice manager. We saw there was a structured induction programme in place for new members of staff and records confirmed this was used. All of the patients we asked said they had confidence and trust in the dentist.

Staff we spoke with told us that the staffing levels were suitable for the size of the service. All the staff we spoke with told us they felt supported by the practice manager and the provider. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress. We observed all staff were working within their areas of competency as required by the General Dental Council.

Working with other services

Staff worked within their scope of competency and referred patients to other services appropriately. The provider explained how they worked with other services and told us they were always referred patients to other practices or specialists if the treatment required was not provided by the practice or the patients had dental conditions that required specialist advice and care such as wisdom teeth removal.

They explained that where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of referral pathways if available.

Consent to care and treatment

We spoke to the provider and an associate dentist and hygienist on the day of our visit all of which had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a

Are services effective?

(for example, treatment is effective)

written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dentist also explained how he would obtain consent from a patient who suffered with any mental health impairment which may mean that they might be unable to fully understand the implications of their treatment. They explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff understood and were aware of 'Gillick competency' in children. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists and the hygienist. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy.

Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable filing cabinets. Practice computer screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

Patient feedback, through discussion and comment cards indicated that the practice staff were caring and supportive. They said they were listened to, treated with respect and were involved in discussions about their treatment options, which included risks, benefits and costs. All of the patients we asked said they were treated with care and concern. We observed that staff were helpful, kind and considerate to the needs of individual patients.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. Private treatment costs were displayed in the waiting area and these were also displayed on the practice website. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Patients were provided with written treatment options and costs. All of the patients we asked said the dentist was very good at involving them in decisions about their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including opening hours, emergency 'out of hours' contact details and how to make a complaint.

We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments for varying complexity of treatment. The appointment booking system had provision for emergency patients which meant emergencies could be seen in timely fashion and routine appointments kept to time.

Tackling inequity and promoting equality

The practice was based over two floors with the reception desk being on the ground floor and treatment rooms on the first floor accessed by stairs. The building was spacious and the ground floor was fully accessible to wheelchair users, prams and people with limited mobility. The reception desk had a lower counter at one end which accommodated wheelchair users without them needing to move to a separate area. Translation services were available to non-English speaking patients and a hearing loop was available. A wheelchair accessible toilet was available and the surgery on the ground floor was large and accessible to patients who could transfer from wheelchairs should they wish to. A Disability Discrimination Act audit had been carried out in October 2015 and recommendations implemented. One included the addition of a lower mirror in the wheelchair accessible toilet.

Access to the service

The practice offered private dental care services for adults and children between 8am and 5pm Monday to Friday with extended hours on Wednesdays and Thursdays until 6.00pm and Saturday by arrangement. Appointments could be made in person, via the practice website or by telephone.

Patients told us on the day that they were able to get appointments when they needed them. All of the patients we asked said they were satisfied with the practices' opening hours.

There were arrangements in place to ensure patients received urgent dental assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. For example, a complaint would be acknowledged within three days and a full response would be provided to the patient within 20 days. This was seen to be followed. We saw a complaints log which listed any complaints received by the practice and complaints had been resolved to a satisfactory outcome.

Information for patients about how to make a complaint was seen in the waiting area of the practice, the practice leaflet and website. Lessons learnt and any changes were shared with staff at regular practice meetings. All of the patients we asked said they knew how to make a complaint if they had an issue.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures in place to govern the practice and we saw that these covered a wide range of topics. For example, control of infection and health and safety.

We noted that management policies were kept under review and had been updated in the last year. Staff were aware of where policies and procedures were held and we saw that these were easily accessible.

Leadership, openness and transparency

It was apparent through our discussions with the dentists and nurses that the patient was at the heart of the practice with the dentists adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did. We observed the provider had created an atmosphere where the practice manager was able to lead a dedicated team to ensure this philosophy was followed. Regular discussions took place between the clinicians and regular team meetings took place where an atmosphere of openness and transparency prevailed.

Learning and improvement

We found that there were examples of clinical and non-clinical audits taking place at the practice. These included important areas such as infection prevention control, clinical record keeping and X-ray quality. We looked at a sample of these and they showed that the practice was maintaining a consistent standard in relation to standards of patient assessment, infection control and dental radiography.

There was evidence of repeat audits at appropriate intervals and these reflected that standards and improvements were being maintained. For example Infection Prevention Society audits were undertaken in accordance with current guidelines. The practice had a system in place to monitor medicines in use at the practice. We found that there was a sufficient stock of medicines and they were all in date, records were available for inspection of the checking process.

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

The practice gathered feedback from patients through feedback cards surveys, friends and family test, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. We reviewed complaints made to the practice over the past year and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

Staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the practice manager listened to their opinions and respected their knowledge and input at meetings. Staff told us they felt valued and were proud to be part of the team.