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Wednesbury Dental Practice

Inspection report

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Overall summary

We carried out a comprehensive inspection of Wednesbury Dental Practice on 23 January 2015.

Wednesbury Dental Practice provides general dentistry under an NHS contract for both adults and children. Private options are available for patients.

The practice is located in one of the main shopping streets in the centre of the town of Wednesbury. The surgery occupies the first floor of the premises and has two treatment rooms.

Wednesbury Dental Practice has two part time dentists and a full time principal dentist. There is also one reception staff and four dental nurses. One of the dental nurses is currently covering the role of practice manager in addition to their clinical duties.

We spoke with three patients who used the service on the day of our inspection and reviewed 42 completed CQC comment cards. Patients we spoke with and those who completed comments cards were positive about the care they received from the practice. They commented that staff were caring, helpful and respectful.

Our key findings were:

- The practice had systems to monitor patient safety through reporting and learning from incidents and significant events. The practice was aware from patients feedback that the premises needed modernising.
- The practice carried out assessments and planned treatment in line with current best practice guidance. Staff received training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients told us they were treated with kindness and respect by staff. 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.
- Staff had some lead roles in areas such as induction of new staff and complaints handling and staff were aware who carried out the lead roles. Staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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

- Ensure recommended actions from the Legionella risk assessment are being carried out and logged appropriately.
- Ensure clinical staff are aware of guidance and advice within the 'delivering better oral health toolkit'.

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?

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

Are services effective?

Patients were given appropriate information to support them to make decisions about the treatment they received. Patients were provided with advice to help them maintain healthy teeth and literature was available for them to read. Where referrals were required these were completed in a timely manner. The practice kept detailed clinical records of assessments and treatments carried out and monitored any changes in the patient's oral health. Staff received training appropriate to their roles and told us they felt well supported to carry out their work.

Are services caring?

We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff recognised the importance of explaining the assessment and options for treatment to patients. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Anxious patients or patients with learning disabilities were offered longer appointments to ensure they were offered service that met their needs.

Are services responsive to people's needs?

Patients we spoke with told us that they were able to get an appointment when they needed and were seen for emergency appointments during the same day. There were instructions for patients requiring urgent care when the practice was closed. The practice was located on the first floor of a building and referred patients who had difficulty or used wheelchairs to another service nearby. We saw plans to open a surgery on the ground floor which would be accessible for patients who used a wheelchair. There was a procedure in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.

Are services well-led?

Staff had some lead roles in areas such as induction of new staff and complaints handling and staff were aware who carried out the lead roles. Staff told us they felt well supported and comfortable to raise concerns or make suggestions. The practice manager worked part time and other staff deputised in their absence. The principal dentist took on many lead roles including for infection control and informed us that they had delegated some of their responsibilities to other staff after the inspection to enable them to focus more on clinical work. We saw there were policies and procedures in place to support the safe running of the service.

Wednesbury Dental Practice

Detailed findings

Background to this inspection

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

We carried out an announced inspection on the 23 January 2015 by an inspector from the Care Quality Commission (CQC) and a Specialist Dental Adviser to the CQC.

Prior to the inspection we reviewed information that we held about the provider and by other organisations.

During the inspection we toured the premises and spoke with two dentists including the principal dentist as well as two dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We spoke with three patients who were using the service on the day of the inspection and obtained the views of 42 patients who had filled in CQC comment cards.

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

Learning and improvement from incidents

The practice had an incident reporting procedure which encouraged staff to report any significant events. We saw that staff had recorded incidents in the accident book. We saw there were two incidents recorded; one was dated October 2012 and another November 2010. They both related to needle stick injuries and we saw appropriate action had been taken.

Staff we spoke with told us that there were no other incidents that had occurred for them to report. However, during the inspection we were told that the practice had been broken into the previous year. We read minutes of meetings which discussed that money was not to be kept in the practice overnight as that may have been the reason for the break in. Staff had not recorded this as an incident even though they had responded to it and shared the learning.

Reliable safety systems and processes (including safeguarding)

The practice had up to date Child Protection and Vulnerable Adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for the local authority's child protection and adult safeguarding teams. We saw records that all staff had received training on safeguarding via eLearning. The practice manager was the lead for safeguarding and we saw that they had received additional training delivered by an external provider to enable them to carry out this role.

We saw the computer records were password protected to protect personal data.

Infection control

There was an infection control policy and systems were in place to reduce the risk and spread of infection. We observed those areas used by patients such as the waiting room, reception and two clinical treatment rooms were visibly clean. This was confirmed by the three patients we spoke with and the comments cards we reviewed. National Patient Safety Advice (NPSA) regarding colour coding of cleaning materials was followed.

We saw evidence in a patient survey carried out by the practice that patients considered the environment needed modernising. Some of the patients we spoke with also commented that the practice could be updated. The provider showed us architects plans to open a new dental surgery on the ground floor of the same premises. The plans we saw would ensure that in the future the provider will be providing dental care in a modern environment that is compliant with best practice regarding decontamination processes as defined in Health Technical Memorandum 01-05 (HTM 01-05). HTM 01-05 is a document that has been released by the Department of Health and is to be used as guidance in relation to Decontamination in the Dental Practice.

The provider was the appointed decontamination lead. We saw evidence they had received the appropriate training as recommended in HTM 01-05 (five verifiable hours in five years).

We asked each dental nurse to show us the decontamination cycle in the two treatment rooms. Dirty instruments were correctly cleaned manually and placed in the ultrasonic bath prior to decontamination in a non-vacuum validated autoclave. Both validated autoclaves were observed to be located in the clinical areas. We were assured decontamination did not take place whilst patients were present in the surgeries. We discussed the availability of sufficient number of dental instruments in both surgeries to accommodate decontamination outside clinical hours. After the inspection the principal dentist informed us that they had purchased more instruments.

We observed Personal Protective Equipment (PPE) to be available to all staff for use when decontaminating instruments. However, we saw that a staff member did not wear a plastic disposable apron during decontamination. We raised this with the provider during the inspection. The provider took immediate action to address this.

Records showed a risk assessment for Legionella had been carried out. Legionella is a bacterium that can grow in contaminated water and can be harmful. The provider should ensure that the recommended procedures contained in the risk assessment are being carried out and logged appropriately.

Are services safe?

The dental unit waterlines in each of their two treatment rooms were routinely cleaned in accordance with HTM 01-05. This meant staff and patients were protected from contracting legionella infections.

Staff had undertaken hand washing training which had been logged, and appropriate protocols were seen to be in place. Above each sink we observed posters reminding staff about the hand washing policy. All these processes ensured that staff and patients were in a visibly clean environment.

Equipment and medicines

We inspected the clinical treatment areas and non-clinical areas and found maintenance contracts were in place to help ensure the equipment was fit for purpose. We were shown evidence of correct maintenance of all the equipment in the practice clinical governance file. This ensured staff and patients were protected from unsafe equipment. We saw evidence that all dental materials and medicine was safely and securely stored.

Our review of ten patient dental records and discussions with the two dentists evidenced that national guidance and best practice was being followed when prescribing medicine to patients.

Monitoring health & safety and responding to risks

A Health and Safety Policy was in place and we saw a risk management process which was being updated and reviewed to ensure the safety of patients and staff members. For example, we saw emergency evacuation procedure for when a fire was discovered. We saw fire drills were carried out regularly and a record of testing the smoke alarm. The practice information relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations was displayed in the treatment rooms so that staff and cleaners were aware of risks.

The practice did not have a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Staff members we spoke with were not aware of any plans. However, the principal dentist forwarded a business continuity plan they had developed after the inspection. The plan covered records/electronic systems and environmental events. Key contact numbers were included and kept in the practice and by the practice manager and dentists.

Medical emergencies

The practice had arrangements in place to deal with most medical emergencies. All staff had attended training for cardiopulmonary resuscitation (CPR). We checked the medical emergency drugs kit and found all contents were in date and in accordance with national guidelines.

We saw evidence to show all emergency drugs were regularly checked and kept up to date. The medical emergency oxygen cylinder was examined and protocols and policies evidenced to ensure correct maintenance of the equipment was in place.

An Automated External Defibrillator (AED) was not available at the practice. An AED is a portable electronic device that diagnoses life threatening irregularities of the heart and is able to deliver a shock to attempt to correct the irregularity. After the inspection the provider informed us that they had purchase an AED.

We saw evidence all staff regularly participated in medical emergency training to ensure they would be able to respond appropriately in an emergency situation.

Staff recruitment

The practice had a detailed checklist for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications and professional registration. Records we examined confirmed that recruitment procedures had been followed.

Staff spoken with confirmed the practice carried out Disclosure and Barring Service (DBS) checks for all staff. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post.

Staff members and the dentist we spoke with told us that they occasionally used agency nurses. The dentist told us that they checked GDC records but did not check anything else. Following discussion the dentist confirmed they would require assurances from the agency that staff had the required qualifications and DBS checks before working at the practice.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). They had a named Radiation Protection Adviser and Supervisor and a well maintained radiation protection file.

Are services safe?

This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

We observed all dentists had received appropriate training as required by the General Dental Council (GDC) and the above mentioned regulations. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. We looked at two X-rays taken by the two dentists present

during the inspection. X-rays taken are part of the patient dental care record. They were digital X-rays and were taken in line with national guidance as defined by the Faculty of General Dental Practitioners (FGDP). FGDP is part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. This assured that X-rays were only taken when clinically necessary by suitably qualified clinicians and the findings in each X-ray were acted upon.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

We looked at the dental care records of 10 patients. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. Patients we spoke with also advised they gave both verbal and written consent to their treatment. The two clinicians we interviewed were aware of the implications of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists were also aware of and understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

Monitoring and improving outcomes for people using best practice

Patients were asked for an update of their medical history including health conditions and current medicines being taken at every visit. There was also consideration made as to whether the patient required an X-ray and whether this might put them at risk, for example if they were pregnant.

The practice used current guidelines in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. X-rays were taken at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

The notes we reviewed showed that following the clinical assessment a diagnosis was discussed with the patient and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient and this included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures. The patient notes were then updated with the proposed treatment after discussing

options with the patient. Patients were then monitored through follow-up appointments and these were scheduled in line with guidance such as NICE recommendations.

The practice provided advice on preventative care and supporting patients to achieve better oral health. Fluoride applications for children, high concentrated fluoride toothpaste and oral health advice were available.

Working with other services

We discussed with the two dentists how they referred patients to other services and were shown referral letters and the response and follow up from other services. These ensured patients were seen by appropriate specialists.

Due to the design of the premises and the surgeries being situated on the first floor, patients using wheelchairs or with limited mobility could not be treated at the practice. However, the dentist was aware of other practices nearby and patients were signposted to them for treatment.

Health promotion & prevention

There were health promotion leaflets available in the practice to support patients look after their oral health. These included information about good oral hygiene.

The dentist was not aware of 'delivering better oral health' which is an evidence based toolkit to support dental teams in improving their patients' oral and general health published by the Department of health (DOH). The toolkit provides evidence based interventions and new advice on how dental health professionals can improve and maintain the oral and general health of their patients. The practice should ensure they are aware of the guidance and advice within the toolkit.

Staffing

There were three dentists, a principal dentist and two part-time dentists supported by dental nurses. The ratio of dentists to dental nurses was one to one. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continual professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files showed details of the number of hours they had undertaken and training certificates were also in place.

Are services effective?

(for example, treatment is effective)

We were shown certificates in the staff files that demonstrated staff had attended appropriate training for their role. The provider showed us the system for recording training that had been attended by staff working within the practice. This showed the provider ensured all relevant training was attended so that staff were working within their sphere of competency. There were records of practice meeting showing regular 'in house' training covering a wide variety of topics such as complaints.

We saw evidence the provider supported staff in their individual CPD and had given them all protected learning time to ensure they kept up verifiable CPD as determined by the General Dental Council (GDC). GDC is the statutory

body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. We saw evidence of team training in topics such as medical emergencies. This demonstrated that the provider was supporting the staff to deliver care and treatment safely and to a high standard.

We spoke with members of staff who confirmed they had their learning needs identified and there was enough training provided for them.

The practice manager was being supported to attend a management course to help them develop further in their role.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed the receptionist greeting patients on arrival and departure from the practice and observed they were always treated very professionally. We observed reception staff handling patient telephone calls; staff were polite and professional with patients.

Patients we talked with advised us they were always treated with dignity and respect by all staff.

The three patients interviewed were highly complimentary about all the staff in the practice. One patient we spoke with told us their entire family came and that they would recommend the practice.

The principal dentist we spoke with told us any anxious patients were given extra time and their treatment was explained so that they knew what to expect. Very anxious patients were referred to a nearby health centre where they could be treated appropriately.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and their conditions and the secure handling of patient information. A separate room was available if a patient wanted to have a discussion in private and away from the reception area. We observed the interaction between staff and patients and found that staff were careful not to discuss patient details within the hearing of other patients at the practice. We saw consultation room doors were closed at all times and conversations could not be heard from outside. Patient records were held securely in lockable filing cabinets.

Involvement in decisions about care and treatment

The patient records examined indicated that the clinicians involved their patients in choices regarding their treatment options. Patients were also given written options regarding their treatment. The patients we talked with indicated they were fully informed regarding their treatment options felt involved in the decisions about their care and treatment.

We saw evidence in the records that patients were given informed choice regarding their dental treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients we spoke with said they were always able to get an appointment when needed. This was confirmed by the CQC comments cards we reviewed. Urgent appointments were available and a patient we spoke with told us that they had been provided with an emergency appointment previously.

The principal dentist we spoke with told us they provided longer appointment slots for patients who needed it. They included patients that may have learning disability or anxious patients.

Tackling inequity and promoting equality

The practice was not accessible for those patients with limited mobility and those using wheelchairs. All of the dental surgeries were on the first floor of the premises and steep stairs had to be negotiated. The practice was aware of this and had tried to explore how they could make reasonable adjustments so that this situation could be remedied. The dentist told us that they had looked at fitting a chair lift and sought advice from the fire department. They were advised that the building could not accommodate one due to fire risks. As a result they referred patients to other local practices in the area.

The reception area, waiting room and consulting rooms were all spacious. Toilet facilities were available for patients to use. A hearing loop was in use at the reception desk for those who had hearing difficulties.

The practice was able to offer a translations service but the dentist told us that they usually used Google translate

which enabled them to communicate with patients who were unable to speak English. The principal dentist told us that they had a lot of Chinese patients as they were able to speak Chinese.

Access to the service

The practice was open from 8.45am to 5.30pm Monday to Friday. The practice did not have a website but we saw that information about the practice was displayed in the reception area.

The practice had clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. There was signage outside the practice but this was printed on an A4 paper and stuck on the front door. The signage had become old and illegible and needed replacing.

Concerns & complaints

The practice had a complaints procedure which explained to patients the procedure to follow, the timescales involved for investigation, the person responsible for handling the matter and details of other external organisations that a complainant could contact. There was a notice in the reception area advising patients of the complaints process. Staff members we spoke with were aware of the process for handling complaints.

The practice had not received any complaints and patients we spoke with on the day of our inspection had not had any cause to complain but felt that staff at the practice would treat any matter seriously and investigate it professionally. We reviewed 42 CQC comments cards received from patients and they were all very positive about the service and staff.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership, openness and transparency

All staff received professional development appropriate to their role and learning needs. Staff told us that there was an atmosphere of openness and transparency and were quite confident in raising concerns.

A dental nurse we spoke with showed us a whistle blowing policy. 'Whistle blowing' is when a staff member reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'.

We saw evidence of previous regular staff meetings which were minuted and which showed the organisation was committed to a continuing personal improvement of staff at all levels. Staff told us that some of them worked part time including the practice manager and meetings were not always held formally but they were able to communicate effectively. The principal dentist showed us a messaging system they used through their smartphones which enabled all staff to be updated on any issues.

Governance arrangements

The practice manager worked three days a week and many of the lead roles and responsibilities were being carried out by the principal dentist such as infection control and complaints handling. In the absence of the practice manager another staff member had some responsibilities such as ordering stock as well as supervising new staff.

After the inspection we received information from the principal dentist that they had nominated a new lead for infection control and they were being supported through attendance of further courses to help them lead in this area. The principal dentist told us that they felt they had

designated many lead roles for themselves and felt that by delegating some responsibilities they would be able to focus more on their clinical responsibilities. The dentist also informed us that they were attending a clinical dentistry course to update their clinical knowledge.

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

The practice had a comments box which was reviewed weekly. We saw examples where patients had commented that they wanted comfortable seats in the surgery waiting area. Staff spoken with told us that new sofas had been bought as a response.

We also saw comments that the practice needed refurbishing and the principal dentist showed us plans to open a new surgery on the ground floor of the practice. This showed that the practice was seeking feedback and responding to them where appropriate.

A dental nurse showed us a patient satisfaction survey that was on-going at the time of the inspection. We observed feedback regarding this dental practice was very positive. The provider explained that feedback from these forms was analysed and changes to be made discussed at minuted staff meetings.

Staff members we spoke with told us that they were able to provide feedback and were listened to. Staff told us that they had recently asked for a new telephone and a paper shredder which was provided.

Management lead through learning and improvement

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).