W B Whittle Limited

W B Whittle

Inspection Report

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Overall summary

We carried out this announced inspection on 15 August 2019 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. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 providing well-led care in accordance with the relevant regulations.

Background

W B Whittle is in Bolton and provides private treatment to adults and children.

There is level access to the reception and ground floor treatment rooms for people who use wheelchairs and those with pushchairs. The toilet is on the first floor and is not accessible to wheelchair users. On street parking is available directly outside the practice.

The dental team includes one dentist, a practice manager, two dental nurses (one of which is a trainee), a part time dental hygienist and a part time dental hygiene therapist. The practice has five treatment rooms: three on the ground floor and two on the first floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager.

Summary of findings

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 W B Whittle is the principal dentist.

On the day of inspection, we collected 56 CQC comment cards filled in by patients. Patients reported consistently high standards of service and care and were highly complimentary of the staff.

During the inspection we spoke with the dentist, two dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Wednesday and Friday 9am to 1pm and 2pm to 5.30pm

Saturdays by arrangement.

Our key findings were:

- The practice appeared clean, tidy and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. We highlighted some areas where this could be improved.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.
- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.	We asked the following question(s).
Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the provider. We highlighted that contacts for local safeguarding organisations could be made more available to staff. We discussed the requirement to notify the CQC of any safeguarding referrals where the concerns were witnessed, as staff were not aware.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed. We highlighted that latex-free dental dam should also be made available.

The provider had informal arrangements in place with a nearby dental practice to treat patients if they or the building were not available. We noted the provider did not have a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. The provider told us this would be addressed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the provider followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including gas and electrical appliances.

A fire risk self-assessment had been carried out which included the identification of and risk management of combustibles and sources of ignition. We noted that the premises did not have a fire detection system. We brought this to the attention of the provider who confirmed they would seek advice from a competent person to advise where these should be sited. Appropriate firefighting equipment was available and records showed these were regularly tested and serviced. Fire evacuation plans were in place and staff understood these.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file. We saw there was an X-ray machine located in the decontamination room which could still be used. We highlighted to the provider that this should be decommissioned. The provider confirmed they would make this machine unusable immediately by removing the control switch.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental

Are services safe?

items. A sharps risk assessment had been undertaken for the safe use of needles but this did not include the risk from other sharp items. Staff confirmed this would be reviewed and risk assessed more thoroughly. Staff confirmed that only the dentist and dental therapist were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. The trainee dental nurse was due to have the effectiveness of here vaccinations checked and a risk assessment was in place to minimise the risk to them.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. We noted that oropharyngeal airways sizes 0,1,2,3 and 4 were not available, these were obtained during the inspection.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. Staff told us that the dental hygienist and dental hygiene therapist sometimes worked without chairside support. We were shown in the appointment system how they manage this process. For example, patients were not booked in the dentist's diary when the dental hygienist or dental hygiene therapist were carrying out full periodontal assessments to ensure a dental nurse was available to support them. We discussed that a risk assessment should be documented.

The provider obtained safety data sheets for hazardous substances and staff ensured they followed manufacturer's instructions to minimise the risk that can be caused from substances that are hazardous to health. Risk assessments had not been carried out to demonstrate that staff stored, used and disposed of these appropriately. For example, ensuring bottles containing surface disinfectant were clearly labelled with the contents and instructions for use.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We highlighted that a drying agent should be used when using one of the sterilisers as staff were not aware. Evidence of the drying agent being in place was sent after the inspection.

Staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The majority of recommendations had been actioned and records of water temperature testing and dental unit water line management were in place. The report recommended that water quality sampling be put in place and training be provided for the person responsible for the management of Legionella. These had not been acted on. Staff used a bactericidal agent in the dental unit waterlines and they described how they flushed the waterlines before clinics and in between patients. We highlighted that daily surgery checklists would enable them to evidence the processes in place. The provider confirmed that the management of Legionella would be reviewed.

We saw cleaning schedules for the premises. The practice was visibly clean and tidy when we inspected. Patients commented on the high standards of hygiene and cleanliness they observed.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

Are services safe?

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The provider stored antimicrobials securely and ensured that patients who were prescribed these medicines were provided with a copy of the patient information leaflet and clear instructions for use. We highlighted that the records of these should include a stock check to identify if any were missing. Staff confirmed this would be addressed.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff were aware of the importance of reporting any incidents or untoward occurrences.

There had been no safety incidents since 2012. There were adequate systems for reviewing and investigating when things went wrong.

The process for receiving and acting on safety alerts required review. The provider did not have systems to ensure they received and acted on relevant patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England. The provider had been sent a recent alert relating to emergency adrenaline auto-injectors by their medicines supplier and stock held by the practice had been checked to ensure it was not affected.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep up to date with current evidence-based practice. For example, the dentist, dental hygienist and dental hygiene therapist were in the process of discussing and implementing new guidance for Periodontology. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

High concentration fluoride toothpaste was prescribed if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentist and clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved coordinating care with the dental hygienist and dental hygiene therapist, providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We noted that these and the patients' risk of oral cancer, caries and tooth wear were not documented in patient records. We signposted the dentist to nationally agreed guidance on maintaining patient care records from the Faculty of General Dental Practitioners (FGDP). After the inspection the provider confirmed they had obtained this and would review the processes for documenting patient care. Many patients who completed comment cards confirmed the dentist spent time explaining options, and the risks and benefits of these. They confirmed that staff listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team had received training and understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance, the documentation of this and process to audit dental care records could be improved.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

Staff discussed their training needs informally and at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. For example, the trainee dental nurse was supported in their studies with one to one tuition and discussion with the dentist.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was overwhelmingly positive about all aspects of care.

Staff were aware of their responsibility to respect people's diversity and human rights.

Many patients stated that they had been attending this practice for years and would not consider going anywhere else. They commented positively that staff made them feel welcome when attending the practice, and were friendly, polite and took the time to get to know them as a person.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort. Several patients said they were extremely nervous, they described how staff put them at ease and made them feel calm, comfortable and in control when receiving dental care.

Practice information folders, price lists, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act. Staff were aware of how to arrange interpretation and translation services for patients who did speak or understand English but these had not previously been needed.

Patients were also told about multi-lingual staff that might be able to support them. For example, a member of staff was fluent in Chinese.

Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients to ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist and staff described to us the methods they used to help patients understand treatment options discussed. These included for example, a large selection of models and treatment in different stages, samples of crowns, bridges and dentures that patients could view and handle; video demonstrations and X-ray images of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment. Many patients commented that they appreciated the time that staff spent with them to ensure they understood the options proposed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first-floor surgery or needed any assistance.

The practice had made reasonable adjustments for patients with disabilities in line with a disability access audit. These included step-free access and the provision of high-backed chairs in the reception area. The toilet was not accessible to wheelchair users as this was located on the first floor. Staff ensured patients were informed of this when first attending the practice.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients could choose to receive postal reminders for forthcoming appointments. Staff telephoned some patients before their appointment to make sure they could get to the practice. Patients who requested urgent advice or care were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

The practice had not received any complaints for several years. Staff were aware of the importance of listening to patients if they were not happy with the service received and reporting any formal or informal comments or concerns to the practice manager straight away to enable them to respond to concerns appropriately.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist was open to discussion and feedback during the inspection, and expressed a keenness to act on any advice and make improvements. They were knowledgeable about issues and priorities relating to the quality and future of services. We had confidence they understood the challenges and were addressing them. The principal dentist sent evidence of actions they took after the inspection, including obtaining nationally agreed guidance on maintaining dental care records, the provision of drying agent for use with a steriliser and immunity for the dental nurse. They also sent documents evidencing annual gas safety inspections and liability insurance as these could not be located on the day of the inspection.

Staff told us they worked closely together to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. The feedback obtained from patients strongly confirmed this.

We saw the provider had systems to identify and deal with staff poor performance, we saw evidence of where this had recently been followed.

Staff showed an understanding of the importance of openness, honesty and transparency when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff described how they all worked together and shared responsibilities. They knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for identifying and managing risks, issues and performance. We highlighted where these systems could be improved in relation to hazardous substances, sharps and fire safety.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain patients' views about the service.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

Are services well-led?

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. We discussed how the audits of radiographs and dental care records could be improved. The principal dentist obtained resources to support them in this process after the inspection.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD. They funded CPD resources that were regularly sent to the practice and completed together as a team.