

Rossmanor Limited

Warrendale Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 8 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. 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

Warrendale Dental Care is located in the Herefordshire market town of Ross-on-Wye and provides predominantly private treatment with a small NHS contract to patients of all ages.

There is level access for people who use wheelchairs and pushchairs due to investment in a large ramp to the front of the building. The ground floor of the practice consists of a reception area, a waiting room, a patient toilet, three dental treatment rooms, an x-ray room, a practice management office and a decontamination room for the cleaning, sterilising and packing of dental instruments.

Summary of findings

On the first floor there is a staff room, a kitchen and staff toilet facilities. Car parking spaces, including spaces for patients with disabled badges, are available in local streets, or pay and display car parks near the practice.

The dental team includes two dentists who are both partners of the practice, four dental nurses, a dental hygienist, two receptionists and a practice manager. The practice has three treatment rooms.

The practice is owned by two partners who are the principal dentists there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 47 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, two dental nurses, the dental hygienist, one receptionist 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 9am - 5.30pm

Tuesday 9am - 7.30pm

Wednesday 9am - 5.30pm

Thursday 9am - 5.30pm

Friday 9am - 4.30pm

Our key findings were:

- The practice was visibly clean and well maintained. An employed cleaner was responsible for the day to day cleaning.
- The practice had infection control procedures which reflected published guidance.
- Staff had been trained to handle medical emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.

- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures however a recruitment policy was required to underpin the procedures and ensure retention of staff ID and CVs on personnel files.
- 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.
- The appointment system met patients' needs. Patients could access treatment and urgent and emergency care when required.
- Strong and effective leadership was provided by the principal dentists and an empowered practice manager. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided. Information from 47 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.
- The practice had a comprehensive system and policy to deal with complaints positively and efficiently.

We identified an area of notable practice:

- The practice were very committed to supporting a diverse range of local community groups and providing preventive oral hygiene advice. A practice nurse visited local nursery groups to support and advise parents on oral health matters for babies and children. She also visited local schools to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this, the practice nurse also visited local care homes and held talks for various local groups in the community.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

The practice held NHS prescriptions securely, however some improvement was needed in the management and tracking of these.

Staff were aware of their responsibilities relating to child protection and adult safeguarding and all staff identified the practice safeguarding lead professional. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

Staff were qualified for their roles and the practice completed essential recruitment checks however, the practice did not have a recruitment policy and staff ID and CVs were not retained on personnel files. A policy was implemented and personnel files were updated following our visit.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as high quality, professional and excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice provided hygiene appointments and nurse led oral hygiene education and topical fluoride clinics. The practice were very committed to supporting a diverse range of local community groups and providing preventive oral hygiene advice. A practice nurse visited local nursery groups to support and advise parents on oral health matters for babies and children. She also visited local schools to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this, the practice nurse also visited local care homes and held talks for various local groups in the community.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. We saw positive examples of teamwork within the practice which resulted in an early diagnosis and positive treatment outcome for a patient.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Summary of findings

Are services caring?

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

We received feedback about the practice from 47 people. Patients were very positive about all aspects of the service the practice provided. They told us staff were caring, attentive and highly professional. They said that they were given detailed and honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The practice was aware of the needs of the local population and took those into account in how it ran. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns quickly and constructively. The practice displayed their complaints policy in the patient waiting room.

No action



Are services well-led?

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

Strong and effective leadership was provided by the principal dentists and an empowered practice manager. The principal dentists, practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. Staff told us that they felt well supported and could raise any concerns with the principal dentists and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. They had recorded 11 incidents in the past 12 months which were discussed at staff meetings to share learnings and implement improvements.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff completed level two safeguarding training and Mental Capacity Act training in March 2017. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, there were safeguarding flow charts in the practice management office which detailed relevant local authority contact details. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which were reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. However this was very brief and needed more detail.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition to, this staff completed medical emergency training every six months and carried out medical scenario training several times a year as part of their monthly in house training sessions.

The practice had all of the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

One of the dental nurses was delegated the responsibility for checking the emergency medicines and equipment to monitor they were available and in date. We saw records to show the emergency medicines were checked weekly.

Staff recruitment

The practice had a recruitment procedure in place which was used alongside an induction training plan for new starters. However the practice did not have a staff recruitment policy to help them employ suitable staff. We looked at eight staff recruitment files. These showed the practice followed their recruitment procedure however they did not retain staff ID or CVs on personnel files. A policy was implemented and personnel files were updated following our visit.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable.

The practice manager had a clear process for checking clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

A dental nurse worked with the dentists when they treated patients. The dental hygienist worked alone however their treatment room was linked to one of the dentist's treatment rooms and the decontamination room so they were not isolated.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audits twice a year. The latest audit undertaken in August 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed in August 2016.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice held NHS prescriptions, and documented in the patients' clinical care records the prescription number when issued. Prescription pads were stored securely. However, we found that prescriptions were not recorded and logged prior to being issued which prevented the practice from being able to track all prescriptions and audit them. Monitoring logs were implemented the day after our visit.

Radiography (X-rays)

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

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with the principal dentist who described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). This included guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth. These were carried out where appropriate during a dental health assessment. All of the dental care records we saw were detailed, accurate and fit for purpose.

We saw that the practice audited patients' dental care records annually to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim, the practice had appointed a dental hygienist and a dental nurse to work alongside of the dentists in delivering preventative dental care. The principal dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we observed demonstrated that dentists had given oral health advice to patients.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child. A practice dental nurse held monthly oral hygiene education and topical fluoride application clinics under the prescription from the principal dentists.

The dentists told us they 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.

The practice was very committed to supporting a diverse range of local community groups and providing preventive oral hygiene advice. A practice nurse visited local nursery groups to support and advise parents on oral health matters for babies and children she also visited local schools to educate children in tooth brushing techniques and deliver healthy eating advice in relation to oral health education. In addition to this the practice nurse also visited local care homes and held talks for various local groups in the community. We found that this was greatly appreciated by all the groups visited and saw various examples of thank you cards and letters as a response.

Staffing

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

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

We saw positive examples of teamwork within the practice which resulted in an early diagnosis and positive treatment outcome for a patient. The dental hygienist raised concerns relating to a patient's decline in positive oral hygiene treatment outcome with the principal dentist. The concern related to a possible undiagnosed medical condition being the underlying cause. The patient was referred to their GP and found to have a borderline medical condition. Following diagnosis and a bespoke treatment plan with the dental hygienist the patient's oral hygiene had improved.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment

Are services effective?

(for example, treatment is effective)

options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist 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 understood their responsibilities under the act when treating adults who

may not be able to make informed decisions. The policy also referred to Gillick competence and the clinical team were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. This was underpinned by an equality and diversity policy and training received in March 2017.

Patients commented positively that staff were caring, attentive and highly professional. We saw that staff treated patients respectfully, kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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

Treatment rooms were situated away from the main waiting area and we observed doors were closed at all times when patients were with clinicians. Conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patient's privacy.

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

Music was played in the treatment rooms and there were magazines and televisions in the waiting room. The practice provided drinking water, tea and coffee. There was a dedicated children's area in the waiting room with a selection of books, toys and puzzles.

Information folders, policies and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Some patients had their appointments booked at specific times of the day due to medical need. A large ramp had been built to ensure access for wheelchair and pushchair users.

All patients were reminded of appointments the day before either by text message or a telephone call dependant on the patient's preference.

Promoting equality

The practice completed a disability audit in August 2016 to identify where they could make improvements and reasonable adjustments for patients with disabilities. Adjustments already in place included step free access, a hearing loop and an accessible toilet with hand rails.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. The two principal dentists had emergency on-call arrangements in place between them for their private patients. The 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.

Concerns & complaints

The practice had a complaints policy displayed in the waiting room which provided guidance to staff on how to handle a complaint and guidance to patients on how to complain. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and would invite 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. They had not received any complaints in the past 12 months.

Are services well-led?

Our findings

Governance arrangements

The principal dentists 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 knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaints handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. A policy was displayed in reception.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had received annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

In house monthly training sessions were held and covered topics such as medical emergency scenarios and fire safety training. External courses such as enhanced reception training, were funded by the practice.

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

The practice used three yearly patient surveys, online patient testimonials, verbal comments, appraisals and staff meetings to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on for example; a ramp had been built as a result of patient feedback.

We looked at results from the online testimonials completed by patients in the past twelve months. Sixteen responses were received and satisfaction scores, with five being the highest possible result, were calculated. All except one of the respondents, who rated the practice as four, gave top marks to this practice. Every review received was positive.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw results June 2017 where 90 out of 91 respondents would recommend this practice to friends and family.

The practice employed an external company to conduct a patient satisfaction survey programme every three years

Are services well-led?

whereby surveys were available for patients to complete in the waiting room. These surveys were collated and

analysed for improvements. We looked at the feedback results from September 2014 which showed high levels of patient satisfaction and did not identify specific improvements that were needed.