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Worthing Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 12 October 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.

We told NHS England and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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

Worthing Dental Practice is located in Worthing. It provides NHS and private treatment to patients of all ages.

The practice is located on two floors. There are three treatment rooms including a wheelchair accessible treatment room on the ground floor and a decontamination room. There is a separate reception and patient waiting room.

Summary of findings

The dental team includes the principal dentist, one hygienist, one qualified dental nurse, one trainee dental nurse, two receptionists and a practice manager.

The practice is owned by an individual who is the principal dentist. 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.

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

On the day of inspection we collected 36 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

The practice is open: Monday to Thursday from 9am to 5.30pm and Friday from 9am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt supported.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We found areas where the provider could make improvements and should:

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's systems for analysing the results of audits and reviews to identify, share and act on areas for improvement where appropriate.

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.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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 dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough, efficient and excellent. The dentist discussed treatment with patients so they could give informed consent. Following our feedback, improvements were made on the day of the inspection to ensure that this was recorded suitably in patients' dental care records.

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

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

No action



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 seven people. Patients were positive about all aspects of the service the practice provided. They told us that the staff were friendly, accommodating and that the whole experience of visiting the dentist was excellent. They said they were always given information about their oral health and treatment requirements; and said their dentist listened to them and made them feel comfortable.

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.

No action



Summary of findings

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

Staff considered patients' different needs and had made reasonable adjustments where able.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

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. There was a defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which were clear and stored securely. Improvements were made on the day to ensure that records were complete.

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. We noted that the practice was due to discuss the topic of significant events and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR, 2013) at a team meeting to enhance staff knowledge and understanding of their responsibilities.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

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 all staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. 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 staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentist did not always use rubber dams when providing root canal treatment. Improvements were required to ensure that this was documented in patients' dental care records and that risk assessments for lack of use were undertaken in line with guidance from the British Endodontic Society.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Improvements were underway to ensure that staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at all of the staff recruitment records. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed yearly to help manage potential risk. These covered general workplace and specific dental topics. We saw clear action plans to reduce the identified risks and documentation that these had been completed. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist when they treated patients.

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

Are services safe?

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 infection prevention and control audits six monthly in line with current guidance. The latest audit was underway.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment was due to be updated.

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 and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance. Following the inspection the practice implemented a system of tracking individual prescription numbers to enhance security.

Radiography (X-rays)

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

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography 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

The principal dentist assessed patients' treatment needs in line with recognised guidance. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We found that dental care records needed improvement to be consistent in the information and detail recorded. Following a recent record keeping audit which had identified this shortfall, actions were underway to improve the completeness of record keeping.

Health promotion & prevention

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

The dentist 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 all children in line with the toolkit.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and information on oral health was available for patients to read in the patient waiting area.

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. We saw that plans were in place for staff to receive formal annual appraisals to discuss training and development needs.

Working with other services

Dentist 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. The practice also completed annual audits on the risk of oral cancer.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment although we noted that this was not always documented. Systems were implemented on the day of the inspection to ensure that consent was documented at each appointment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions although improvements were required to ensure this was suitably documented. 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 though improvements were required to ensure staff 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.

Patients commented positively that staff were helpful and accommodating. We saw that staff treated patients in a considerate and kind manner and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. However, 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.

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

Oral health information leaflets and magazines were available for patients to read in the waiting areas.

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 reassuring when they were in pain, distress or discomfort and put them at ease.

The practice information leaflet 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 root canal treatments.

Staff used various methods to discuss and explain treatment options such as photographs, X-ray images and models of the teeth and mouth.

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 that they had enough time during their appointment, did not feel rushed and that staff made them feel comfortable and relaxed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff were informed of any patients with particular needs in order to provide additional time and reassurance if required; for example, for very nervous patients.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included step free access. A disability protocol was in place to ensure that new patients were made aware of the access. Patients could be seen in a downstairs treatment room for examinations and simple treatments and were referred to other practices if more complex treatment was required and the patient was unable to access the stairs.

Staff said they could provide information in different formats individual patients' needs. They had access to interpreter/translation services.

Access to the service

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

We confirmed the practice kept cancellations to a minimum.

The practice was committed to seeing patients experiencing dental pain on the same day and kept appointments free for same day appointments. They would also offer sit and wait appointments so that patients would be seen on the same day. The practice 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This was displayed in the patient waiting area. 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 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 dealt with their concerns.

We looked at comments, compliments and complaints received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice; and the practice manager was responsible for the day to day running of the service. Staff knew the management arrangements.

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 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.

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 they felt confident they could do this.

Staff told us that communication in the practice was open. Immediate discussions were arranged to share urgent information. The practice manager told us that staff meetings would be introduced on a regular basis to provide a forum where staff could raise any concerns and discuss clinical and non-clinical updates.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, medical histories,

radiography and infection prevention and control. Improvements were required to ensure that results from audits were analysed, learning points documented and acted on; for the purpose of encouraging improvement.

The principal dentist and practice manager valued the contributions made to the team by individual members of staff. Staff were able to discuss their learning needs and general wellbeing on an informal basis. We saw that plans were in place for staff to receive formal annual appraisals to discuss training and development needs.

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.

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

The practice used verbal comments cards to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, changes were made to the décor of the hallway in response to patient feedback and plans are in place to refurbish the waiting area.

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. All patients who had responded to the survey had said they were "extremely likely" or "likely" to recommend the practice to their friends and family.

Staff were encouraged to give feedback via an open door policy. Staff told us that the practice manager was receptive to ideas and suggestions in order to bring about improvements.