

Mr. Jonathan Smith

# Weobley Dental Surgery

## Inspection Report

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### Overall summary

We carried out this announced inspection on 17 July 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**

Weobley Dental Surgery is located in the village of Weobley and provides predominantly NHS services with private treatment options to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a reception area, a waiting room, a patient toilet and three dental treatment rooms. On the first floor there is a decontamination room for the cleaning, sterilising and packing of dental instruments, a staff room, a kitchen and staff toilet facilities. Car parking spaces, including two for patients with disabled badges, are available outside the practice.

# Summary of findings

The dental team includes three dentists, four dental nurses, two receptionists and an administrator. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. 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 Weobley Dental Surgery was the principal dentist.

On the day of inspection we collected 44 CQC comment cards filled in by patients and looked at the most recent patient survey undertaken in January 2017. Without exception patients were positive about the quality of the service provided by the practice. They gave examples of the positive experiences they had at the practice and told us the practice team were professional, caring and always involved them with their treatment options.

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

The practice is open:

Monday – 9am to 5.30pm

Tuesday – 9am to 7.30pm

Wednesday – 9am to 5.30pm

Thursday – 9am to 5.30pm

Friday – 9am to 5pm

The practice closes for lunch between 1pm and 2pm every day.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available although we found three airways were out of date.

- The practice had systems to help them manage risk. The practice had completed a legionella risk assessment however this did not highlight any required actions such as monitoring and recording of water temperatures.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures although ID was not kept on staff 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.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team. We were informed appraisals had not been completed since 2014 but were scheduled for October 2017.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review stocks of emergency equipment and the system for identifying, disposing and replenishing of out-of-date stock.
- Review the practices' current Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review the staff supervision protocols and ensure an effective process is established for the on-going appraisal of all staff.

# 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 mostly followed national guidance for cleaning, sterilising and storing dental instruments. The practice had not completed protein residue tests on the washer disinfectors. The test kits were ordered and the log sheets were updated to ensure these tests were completed in line with manufacturer's guidance following our inspection.

The practice had completed a legionella risk assessment however this had not highlighted any required actions such as monitoring and recording of water temperatures. We were shown evidence which confirmed that a legionella risk assessment had been scheduled with a professional contractor to be completed on 1 August 2017.

The practice had suitable arrangements for dealing with medical and other emergencies however we found three airways in the emergency equipment were out of date. These were immediately disposed of and replacements ordered.

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 appropriate, gentle and provided with attention to detail. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. The dental care records we saw provided comprehensive information about patients care and treatment.

The clinical team visited local schools to deliver oral health education and to engage with the local community.

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.

Appraisals had not been completed since 2014; however there were plans and a schedule in place to complete these in October 2017.

No action



# Summary of findings

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions. We saw examples of positive teamwork within the practice.

## 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 44 people. Without exception patients were positive about the quality of the service provided by the practice. They told us staff were amazing, professional and caring. They said that they were given detailed explanations about dental treatment options 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 accessible for patients with disabilities and there was disabled parking available at the front of the building. The practice had access to telephone interpreter services when required and one staff member was qualified in sign language.

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

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 partners and an empowered practice administrator. The partners, practice administrator 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. The practice had robust clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the partners and practice administrator. All the staff we met said that they were happy in their work and the practice was a good place to work.

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 reported that there were two incidents in the past 12 months that required investigation. The records we saw demonstrated that the reporting forms were completed in full with details of how the incidents could be prevented in future. Both incidents were discussed at subsequent staff meetings and learning shared.

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 received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

The practice had a whistleblowing policy which had recently been discussed at a staff meeting. Staff told us they felt confident they could raise concerns without fear of reprimand.

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 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 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 however we found three airways in the emergency equipment that were out of date. These were immediately disposed of and replacements ordered. Staff kept records of their checks of emergency medicines to make sure these were available, within their expiry date, and in working order. Following our inspection the checklist was updated to include emergency equipment to ensure that they could also be appropriately monitored.

### **Staff recruitment**

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at eight staff recruitment files. These showed the practice mostly followed their recruitment procedure with the exception of placing copies of ID in staff files. We were informed that ID would be placed on staff files following our inspection and a memo was sent to all staff members advising them of this. The newest staff member was recruited over nine years ago and some staff had worked at the practice in excess of 25 years, therefore we found that references and CV's for these staff were not on file. The practice recruitment policy, file and supporting forms were up to date and would ensure that appropriate checks including proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and two references were requested.

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 to help manage potential risk. These covered general workplace and

# Are services safe?

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.

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

The practice had a medicines fridge however temperatures were not being monitored to provide assurance that medicines were stored in line with manufacturer's guidance. Following our inspection we were informed that thermometer had been purchased and a copy of a fridge temperature log sheet was sent to us.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

## 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.

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 mostly in line with the manufacturers' guidance. However the practice were not completing protein residue tests on the washer disinfectors. The test kits were ordered and the log sheets were updated to ensure these tests were completed in line with manufacturer's guidance following our inspection.

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

The practice had completed a legionella risk assessment; however this had not highlighted any required actions such

as monitoring and recording of water temperatures. We were shown evidence which confirmed that a legionella risk assessment had been scheduled with a professional contractor to be completed on 1 August 2107.

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 stored and kept records of NHS prescriptions as described in current guidance.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and blood spillage.

## Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed the required maintenance of the X-ray equipment was carried out.

We saw training records which confirmed the dentists and nurses had received appropriate training for core radiological knowledge under IRMER 2000 Regulations.

The practice had records showing they audited the technical quality grading of the X-rays each dentist took. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records in June 2016 to check that the dentists recorded the necessary information.

### Health promotion & prevention

The 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 the dentists had given oral health advice to patients. The clinical team visited local schools to deliver oral health education and to engage with the local community. We found that this was appreciated by the schools and saw several handmade thank you posters and cards in the practice compliments folder.

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.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Underpinning this was a range of leaflets explaining how patients could maintain good oral health.

### Staffing

The practice had not needed to recruit new staff member for over nine years. We were informed that in line with policy staff new to the practice would receive 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 directly with the partners and practice administrator. We were informed that appraisals were last completed in 2014 due to the team being long established and small they felt that appraisals were not required. However, prior to our inspection the practice administrator and partners had decided to reintroduce appraisals and had scheduled for these to be completed in October 2017.

### 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. However, the practice did not keep a central log of all non-urgent referrals to ensure that all referrals had been received once sent. This meant the practice was only aware of incomplete referrals once the patient notified them. Patients were offered a copy of their referral for their information.

### 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 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 practice had received in house training in relation to the Mental Capacity Act 2005 which included Gillick competence, the dentists and dental nurses 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 amazing, professional and caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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 dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy.

The practice had a confidentiality policy in place and staff had received information governance training and in discussion demonstrated its application in practice.

Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinets at various points in the practice. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

### **Involvement in decisions about care and treatment**

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS costs was displayed in the waiting area.

The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

All of the patients we received information from confirmed their dentist listened to them and made sure they understood the care and treatment they needed.

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. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, ground floor treatment rooms and an accessible toilet with hand rails and a baby change unit.

Staff said they could provide information in different formats to meet individual patients' needs if requested. They had access to interpreter services and one staff member was qualified in British Sign Language.

### 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 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 providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice administrator was responsible for dealing with these. Staff told us they would tell the practice administrator about any formal or informal comments or concerns straight away so patients received a quick response.

The practice administrator 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 the practice received over the past 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 partners had overall responsibility for the management and clinical leadership of the practice. The practice administrator 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 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. The practice had a duty of candour statement that was discussed at a recent staff meeting to ensure all staff were aware of the importance.

Staff told us there was an open, no blame culture at the practice. They said the partners and practice administrator 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 partners and practice administrator were approachable, would listen to their concerns and act appropriately. The partners discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Memos were circulated to the team prior to staff meetings seeking any issues or concerns for discussion. 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 partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They discussed learning needs, general wellbeing and aims for future professional development with staff members informally. We were informed that a schedule for appraisals had been set for October 2017 as these had not been completed since 2014.

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 patient surveys, verbal comments and staff meetings to obtain staff and patients' views about the service. We saw examples of suggestions from staff the practice had acted on for example; staff had fed back that they would like a sensory light to be installed outside the front door. This had been discussed and the partners were in the process of having one installed.

The practice completed annual patient surveys which were collated for analysis and learning purposes. We looked at the survey results from January 2017 which showed that 100% of the 65 respondents were satisfied with the treatment they had received. The survey also highlighted high levels of patient satisfaction and did not identify specific improvements that were needed.

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. The most recent results collated in June 2017 showed that 100% of the 17 respondents were extremely likely to recommend this practice to friends and family.