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Weedon Healthy Tooth Team

Inspection Report

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Overall summary

We carried out this announced inspection on 19 November 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 Care Quality Commission, (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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Weedon Healthy Tooth Team is in Weedon, a large village in the district of Daventry, Northamptonshire. It provides NHS and private dental care and treatment for adults and children. Services provided include general dentistry and implants.

There is one step access to the practice; the gradient is not suitable for a portable ramp to be used. Wheelchair users and those with pushchairs are helped by those accompanying them or by staff when accessing the premises.

Summary of findings

The practice does not have its own car parking facilities. There is on street parking without time restriction within short proximity of the building.

The dental team includes five dentists, four dental nurses, three trainee dental nurses, two dental hygiene therapists, two receptionists and a practice manager. The practice has four treatment rooms, two are on ground floor level.

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

We sent 50 comment cards in advance of our visit to the practice for patients to complete. The practice requested more cards to be sent to them. On the day of inspection, we collected 94 CQC comment cards that had been filled in by patients. We also received feedback from 11 patients online through 'Share your experience'. This represented a 100% response rate.

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

The practice is open: Monday to Friday from 8.30am to 5.30pm. The practice closes for one hour at lunchtime.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available with some exceptions. Missing items were ordered by staff straight after our inspection.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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 supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff were committed in their roles and took pride in their work. They felt involved and supported and worked as a team.
- We received a significant amount of feedback from 105 patients. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and of the staff who delivered it.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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?	**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 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 lead for safeguarding was the practice manager.

The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. This included use of the NHS safeguarding App. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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

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.

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

The staff had systems in place to ensure that patient-specific dental appliances were 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 dated August 2018. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

A cleaner was employed to maintain the general areas of the practice. We saw cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that whilst the external bin was locked and stored at the rear of the premises, it had the potential to be accessed by members of the public. The practice manager told us they would ensure it was secured to a fixed object.

The provider carried out infection prevention and control audits twice a year. The latest audit in November 2019 showed the practice was meeting the required standards.

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

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. We noted this was recorded in patients' records.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw records that were dated within the previous 12 months.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The provider had implemented 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 dentists used traditional needles rather than a safer sharps system. There were safeguards available for those who handled needles. Matrix bands used were not of the disposable type; they were only dismantled by staff after they had been put through the sterilisation process.

A sharps risk assessment had been completed and was reviewed annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. There were some members of the team who did not have their immunity levels recorded on their records; a risk assessment had been completed whilst awaiting for immunity status confirmation.

Staff had completed sepsis awareness training. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. This was last completed in October 2019.

Emergency medicines equipment and most equipment were available as described in recognised guidance. We noted exceptions in relation to a child self-inflating bag with reservoir, some sizes of face masks and child oxygen face mask with reservoir and tubing. We noted that glucagon was stored out of refrigeration; the expiry date required amendment to reflect the shortened life span of the product. Following our inspection, we were immediately sent order confirmation details for the items of missing equipment and it was also confirmed that the expiry date had been altered for the glucagon.

We found staff kept records of their checks of medicines and equipment held to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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 dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

A written protocol was in place to prevent a wrong tooth extraction based on the LocSSIPS (Local Safety Standard for Invasive Procedures) tool kit.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

Are services safe?

There was a 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.

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

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements. For example, we noted that an audit had been completed that reviewed all reported incidents; this helped to identify trends. There was an embedded culture of staff learning when incidents occurred.

Where there had been incidents, we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. For example, because of laboratory work lost in the post, a scanner was obtained and used to send this information across electronically.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received a very high number of comments from patients about treatment received. Patients described the treatment they received as 'professional', 'exemplary' and delivered by 'attentive' clinicians. Many patients referred positively to individual staff members. Patients told us they had full confidence in the team and treatment provided.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to technology and equipment available in the practice for example, intra-oral scanner and intra-oral and digital cameras to enhance the delivery of care. One of the surgeries had recently been modernised with new equipment, dental chair and furniture.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The 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 a wide variety of leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

We were informed that visits had been made to local children's nurseries to raise awareness about maintaining healthy teeth.

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. The practice utilised the skills of two dental hygiene therapists and when appropriate, referrals to them were made.

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 staff were aware of the need to obtain proof of Power of Attorney for patients who lacked capacity.

The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. We noted that patients were provided with written treatment plans including costs. For more complex treatments and implants, these were sent to the patient after assessment.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. Patients comments included 'My dentist advised me of the best options available and followed this through in the aftercare', 'discussions were informative and in my best interests' and 'diagnosis and treatment plans have been discussed in an open and friendly way'.

The practice held a policy about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions.

Are services effective?

(for example, treatment is effective)

The consent policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. 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 very 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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

The principal dentist was a member of the Local Dental Committee (LDC) and their role included being involved in an advisory group and providing advice and support as part of a scheme to dental practitioners in the local area. One of the associate dentists had also recently become a member of the LDC.

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

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 for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were 'helpful', 'courteous' and 'efficient'.

We saw staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk.

Patients said staff were compassionate and understanding. For example, we received positive comments from patients who had dental anxiety and those with young children. One patient told us that their child 'loved coming to the dentist because of the care, patience and sense of fun' that their dentist displayed.

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

An information folder was available for patients to read and a quarterly newsletter was distributed to patients which included updates about the practice and staff news. There was also a selection of magazines. A television screen was in both waiting areas that provided information to patients whilst they waited to be seen.

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 the two separate waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. 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. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. The practice had an electronic device they could use for interpretation services; this also provided a video link for interpretation to take place.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available, if requested.

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 dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, study models, pictures, computer software (which had a teaching programme), X-ray images and intra-oral and digital cameras. The cameras enabled photographs to be taken of the tooth being examined or treated and these were shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found 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 about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. The practice also provided dental care and treatment for temporary patients staying at a drug and alcohol rehabilitation centre.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service. On the day of inspection, we collected 94 CQC comment cards that had been filled in by patients, as the practice had requested further comments cards to be sent. We also received feedback from 11 patients online through 'Share your experience'. This represented a 100% response rate.

Common themes within feedback received were around the friendly and welcoming approach of staff, the cleanliness of the premises and the effectiveness of treatment. Some patients told us that they were anxious, but their needs were responded to well. We noted that two patients referred to sometimes having to wait too long on arrival to be seen and another patient was dissatisfied when an appointment error occurred and did not feel it was resolved satisfactorily.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Longer appointment times were provided to those who would benefit.

The practice had made reasonable adjustments for patients with disabilities. Building limitations meant that it was not possible to provide step free access. A portable ramp was not suitable due to the gradient of the step. Staff told us that wheelchair users were still able to access the premises and staff offered to help when this was needed. They were seen in a ground floor surgery room.

A hearing loop was not held, but we were told that an arrangement was held with the local GP practice to borrow their one if it was required. There was a magnifying glass and toilet with a call bell installed. Whilst the entrance to the toilet facility may not accommodate all wheelchair users due to its narrower entrance, we were told that it had been used by some wheelchair users.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Staff contacted patients prior to their appointment, based on their preference of communication, to remind them to attend. Patients could choose to receive appointment reminders by email, text or letter.

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 on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Time was blocked out daily for emergency appointments in the dentists' diaries.

Patients 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 unduly waiting.

The staff took part in an emergency on-call arrangement with some other local practices for when private patients needed emergency treatment. NHS patients were directed to NHS 111, the out of hours service.

The practice's answerphone provided contact information for patients needing emergency dental treatment when the practice was closed. Patients confirmed they could make routine and emergency appointments easily.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us the practice manager 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 about how to handle a complaint. Information was made available for patients that explained how to make a complaint.

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

We looked at comments, compliments and complaints the practice 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

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

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them 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.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

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.

Staff discussed their training needs at an annual appraisal, during one to one meetings or during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw many examples which demonstrated this. For example, because of a complaint, a learning point included ensuring that patients were provided with full explanations for a particular treatment.

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. A book was available for staff to write down (anonymously if they chose) any issues that they would like to be discussed or addressed by management.

Governance and management

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Staff had 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 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 managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys, audits and internal peer review 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, staff and external partners to support the service.

The provider used patient surveys and verbal or written comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and

Are services well-led?

staff the practice had acted on. For example, patient feedback resulted in waiting room magazines being changed every three months and staff feedback resulted in increased channels of communication such as utilisation of an app.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings, surveys, 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

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, oral cancer, referrals, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, an administrative change was made to when the recording of new patient information was undertaken to reduce pressure on reception staff at busy times.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.