Watford Dental Practice

Watford Dental Practice - St Albans Road

Inspection Report

Watford Dental Practice
205 St Albans Road
Watford
Hertfordshire
WD24 5BH
Tel: 01923 225437
Website:https:www.watford-dental.com

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Overall summary

We carried out this announced inspection on 1 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Watford Dental Practice is a well-established practice that provides both private and NHS treatment to about 7,000 patients. The dental team includes eight dentists, two hygienists, seven nurses and various administrative staff. There are four treatment rooms.

Summary of findings

The practice opens on Monday to Thursday from 9am to 5.30pm; and on Friday from 9am to 5pm.

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 the practice is one of the partners.

On the day of inspection, we spoke with two dentists, the practice manager, and nursing and reception staff. We looked at practice policies and procedures and other records about how the service is managed. We collected 45 comment cards that had been completed by patients.

Our key findings were:

- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and radiation management.
- Risk assessment was robust and action was taken to protect staff and patients.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Dental care records were of a good standard.
- Patients received their care and treatment from well supported staff, who greatly enjoyed their work.
- The practice had effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and worked well as a team.

There were areas where the provider could make improvements and should:

- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.

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

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, and missing medical emergency equipment was purchased immediately following our inspection.

The practice had failed to obtain adequate pre-employment checks for one recently recruited member of staff.

No action ✓

Are services effective?

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were monitored to ensure they had been received.

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 45 people. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and of the staff who delivered it. Staff were described as friendly, helpful and empathetic. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action ✓

Are services responsive to people's needs?

We found that this practice was providing responsive services 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. This included providing some facilities for disabled patients, and families with children. The practice had access to interpreter services and had arrangements to help patients hearing loss.

The practice listened to its patients and where appropriate implemented their suggestion for improvement.

Are services well-led?

No action 

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 staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. There was a culture of audit and learning within the practice which was meaningful and used effectively to drive improvement.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. Further about protection agencies was available in the manager's office and in reception making it easily available. The practice manager was the lead for safeguarding matters and all staff had undertaken relevant training. We noted that at the staff meeting of 4 March 2019 safeguarding had been discussed to ensure all staff were up to date with their training. The practice manager told us that staff had watched a specific NHS video in relation to safeguarding and that they had asked nursing staff to prepare a presentation about it for their colleagues.

The practice manager told us that pop up notes could be placed on electronic dental records to highlight to staff if there were any concerns about patients.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns without fear of recrimination.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

The dentists always used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The practice did not yet have a formal written protocol in place to prevent wrong site surgery but the practice manager sent us one, immediately following our inspection.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for one recently recruited staff showed that the practice had not followed their recruitment procedure as no references or disclosure and barring service check had been obtained at the point of their employment.

All clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Records showed that fire detection and firefighting equipment was regularly tested. Fire safety was to be the next topic at the forthcoming staff meeting.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use. Staff told us they had the equipment needed for their job and had access to plenty of instruments.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed and X-ray units were fitted with rectangular collimators to reduce patient exposure to radiation. We noted that annual electrical and mechanical testing had not been completed for the X-ray units, but this was arranged immediately following our inspection.

The practice had CCTV in place for additional security and we noted appropriate signage in place warning patients of its use.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice followed relevant safety laws when using needles and other sharp dental items, and the dentists were using the safest types of sharps. Sharps bins were labelled and sited safely. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year, but did not undertake regular medical emergency simulations to keep their skills up to

Are services safe?

date. Emergency equipment and medicines were available as described in recognised guidance, apart from child sized paediatric pads and self-inflating oxygen bag. These were purchased immediately following our inspection. Eye wash and body fluid spillage kits were available for use. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice.

The practice 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 (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out regular infection prevention audits and latest one showed the practice was meeting the essential required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

We noted that all areas of the practice were visibly clean, including the waiting areas, corridors, and toilet. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We noted staff changed out their uniforms at lunch time to reduce the risk of cross infection.

The practice used an appropriate contractor to remove clinical waste from the practice and had policies and procedures in place to ensure it was segregated and stored appropriately in line with guidance.

Safe and appropriate use of medicines

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

The dentists were aware of current guidance with regards to prescribing medicines and regular antimicrobial audits were carried out to ensure they were being prescribed according to national guidance.

Prescription pads were stored securely but there was no tracking in place to monitor individual prescriptions to identify any theft or loss. We also noted that blank prescription forms had been pre-stamped with the practice's name and address, thereby compromising their security.

Information to deliver safe care and treatment

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

Lessons learned and improvements

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. Clinicians we spoke with showed a good understanding of never events and their reporting procedures.

We viewed incident reports for unusual events such as delay in patient care and an incident involving an aggressive patient. In response to one recent event, the practice had implemented a system to prevent instruments going missing and we noted the issued had been discussed at the practice meeting of 8 October 2018. Signage on the practice's stairs had been improved, falling a patient fall.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were managed by the practice manager who disseminated relevant alerts to clinicians and took any necessary action required. Staff were aware of recent alerts affecting dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 45 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient commented, "The dentist has provided some good quality treatment. Fillings have stayed in and decay dealt with appropriately. Another told us, "this experience of a first-time denture was made painless and easy when I was very nervous".

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

Oral health advice leaflets were available in treatment rooms and the waiting areas. One dentist was part of a charity that visited local schools to deliver oral hygiene sessions for pupils. One of the nurses was undertaking oral health educator's training. Two dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

Clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. We noted a poster in the patient waiting area with information about smoking cessation.

Consent to care and treatment

The practice 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. All staff we spoke with showed an understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on patient treatment decisions.

The dentists 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.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice and for their work. There was usually a spare nurse available each day for additional support or for decontamination duties.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at annual appraisals.

Co-ordinating care and treatment

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

Patients were offered a copy of their referral and the practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff. Patients described staff as helpful and understanding of their needs. One commented, "The dentist is calm and reassuring and never carries out unnecessary work"; another stated, "I'm terrified of dentists but don't mind coming to this one".

Healthwatch Hertfordshire had recently undertaken an enter and view visit of the practice and described it as 'warm, welcoming, with professional staff who had very good rapport with patients and a strong patient focus'.

We spent time observing in the reception area and noted that staff were consistently polite and friendly towards patients, despite being very busy. We also received many positive patient comments about the helpfulness of reception staff. Staff gave us specific examples of where they had gone out their way to support patients, such as delivering their dentures, phoning taxis for them and ringing them to check on their welfare.

Privacy and dignity

Staff were aware of the importance of patient privacy and confidentiality. Although the reception area was not particularly private, reception staff told us some of the practical ways they tried to maintain patient privacy. Staff password protected patients' electronic care records and backed these up to secure storage. Other patients' records were stored in lockable filing cabinets behind reception.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

One patient told us, "everything is always explained fully and great care taken" Another stated, "the dentist is always willing to listen to me and my fears".

Dental records we reviewed showed that treatment options had been discussed with patients. The dentists described to us the methods they used to help patients understand treatment options discussed. These included dental models and photographs. One dentist showed us how they used the large TV screen to show patients their X-rays. The practice's website contained short videos of patients talking about different types of treatment they had received.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a helpful website that provided information to patients about its services, different types of treatment on offer, its costs and the staff team. In addition to general dentistry, the practice also offered patients tooth whitening, implants and simple orthodontics. Patients could also take a 360-degree virtual tour of the practice on this website.

There was good information in the waiting area including the General Dental Council's nine principles, so that patients were aware of the standards they could expect from the service.

NHS banding fees were visible throughout the practice. The practice offered a dental payment plan to help patients spread the cost of private treatment.

Healthwatch Hertfordshire had visited the practice in February 2019 and had found that staff had a good awareness and support in place for patients' communication requirements. The practice had made some reasonable adjustments for patients with disabilities which included portable ramp access, a portable hearing loop and ground floor treatment rooms. There was no accessible toilet, however arrangements were in place to use the accessible toilet in the betting shop next door. Reception staff were aware of translation services for patients who did not speak or understand English. Staff told us there were a number of Arabic speaking patients but despite this, the practice did not provide any written information in this language.

Timely access to services

At time of our inspection the practice was taking on new NHS patients. Staff told us the waiting time for a routine check-up was about two weeks, as was the waiting time for treatment.

The practice offered a text, email and letter appointment reminder service. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. One patient told us that, 'appointments are on time and available when I need them'. Specific emergency slots were available for those experiencing pain, and the practice ran a cancellation list.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to raise concerns was available on the practice's website and in the downstairs waiting area. This was made more visible to patients immediately following our inspection.

Reception staff spoke knowledgeably about how they would deal with a patient who wanted to complain. Paperwork we viewed in relation to complaints indicated that they were dealt with in a professional and timely way.

Are services well-led?

Our findings

Leadership capacity and capability

The partners had overall responsibility for the management and clinical leadership of the practice and were well supported by the practice manager. Staff spoke positively of all, describing them as approachable and responsive. We found the practice manager to be knowledgeable, experienced and clearly committed to providing a good service to both patients and staff. They were well prepared and organised for our inspection. We noted the practice manager took immediate action following our visit to address minor shortfalls we had identified, demonstrating their commitment to improving the service.

Processes were in place to develop staff's capacity and skills for future leadership roles. Staff were encouraged to undertake lead roles and expand their knowledge and the head nurse was available to deputise for the practice manager if needed.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued and were clearly proud to work in the practice. The interaction we observed between them was friendly, co-operative and very supportive.

One staff member described the culture of the practice as, 'Fun, friendly and family orientated'. We were told of several staff social outings paid for by the partners, and all staff had been invited to parties held to celebrate the partners' respective birthdays.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive 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. One staff member told us any mistakes they made were picked up quickly, and they were then shown how to change their practice, something they greatly valued.

The partners had purchased an on-line management tool to help with the governance and management of the practice. The practice also received a regular newsletter from the local dental committee to keep them up to date with any current dental issues.

Communication across the practice was structured around regular meetings, involving all staff. These were themed meetings with a different topic discussed each month. Staff told us they provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Minutes we reviewed were comprehensive. The practice manager also told us the practice had a specific 'Whats App' group in place in order to disseminate key information and messages to staff.

The practice manager regularly checked the GDC website to ensure all clinicians were fit to practice.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

We noted that case studies in relation to information governance and data protection had been discussed with staff at their meeting in October 2018, to ensure all were aware of their responsibilities to protect patients' confidential information.

Engagement with patients, the public, staff and external partners

Patients were also encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback. Results we viewed from 32 patients during the month of February 2018 showed that all would be likely to recommend the practice. The practice manager told us that the results were discussed at the regular staff meetings. Following our inspection, the practice manager sent us an example of a specific practice based patient survey that she intended to implement to gather more specific feedback about the service.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged

Are services well-led?

to offer suggestions for improvements to the service and said these were listened to and acted on. For example, their suggestions for managing and logging X-rays had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. There was strong culture of audit in the practice, and it was clear they were used effectively to monitor performance and drive improvement.

Both partners were foundation trainers for newly qualified dentists and held regular meetings with all clinical staff to share learning.

Staff had annual appraisals which staff described a useful as they received feedback about what they did well and things they could do better.