

Mrs. Zelda Wiese

# Upwell Road Dental Centre

## Inspection Report

84 Upwell Road  
March  
PE15 0DA  
Tel: 01354 657264  
Website: [www.fenlanddentalpractices.co.uk](http://www.fenlanddentalpractices.co.uk)

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### Ratings

Overall rating for this service		No action	✓
Are services safe?		No action	✓
Are services effective?		No action	✓
Are services caring?		No action	✓
Are services responsive?		No action	✓
Are services well-led?		No action	✓

### Overall summary

We carried out an announced comprehensive inspection on 23 June 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive, and well-led?

#### 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

# Summary of findings

Upwell Dental Centre provides NHS and private dental treatment to patients of all ages and is one of two practices owned by Wiese and Associates.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

There are eight dentists, 12 dental nurses, and one trainee dental nurse. Five receptionists support the business and practice managers. The dental nurses are responsible for the cleaning of the clinical areas of the practice; the practice employs two cleaners who clean all other areas daily.

The practice is located in the town of March and operates over two floors. On the ground floor there are four surgeries, reception, and waiting area making it accessible to wheelchair users. There is also an office area where dental care records are held, and a decontamination area. On the first floor there is a reception area, a further two treatment rooms, a room for developing X-rays, a decontamination area for cleaning, sterilising, and packing dental instruments. The practice manager's office and staff room with staff changing facilities are located on this floor. There is a toilet suitable for disabled patients and there is free car park at the front of the building. There is a secure area for the storage of waste at the rear of the property.

We received feedback from 46 patients during the inspection process. We received positive comments about the cleanliness of the premises, the kindness, and

responsiveness of staff and the quality of treatment provided. Patients told us that staff explained treatment plans to them well. Patients reported that the practice had seen them on the same day for emergency treatment.

## Our key findings were:

- Patients were treated with dignity and respect and their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Patients received clear explanations about their proposed treatment and its costs, benefits, and risks and were involved in making decisions about them.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- Staff had been trained to deal with medical emergencies and appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- The practice staff felt involved in the running of the practice and worked as a team.
- Systems and risk assessments were in place to give oversight and ensure compliance with regulations.
- Regular audits were performed to manage performance, identify and mitigate risks, and encourage improvements.

# 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 robust systems and processes in place to ensure all care and treatment was carried out safely.

Staff had received training in safeguarding vulnerable adults and children, and they could describe the signs of abuse and were aware of the external reporting process. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of them available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and operated by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice, serviced, and maintained at regular intervals.

No action



### Are services effective?

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

Care and treatment was carried out in line with guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and this included the risks, benefits, and treatment options that were available to them.

Staff were supported through training and opportunities for development. Patients were referred to other services in a timely manner. Staff had received training in the Mental Capacity Act 2005.

No action



### Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans.

Patients with urgent dental needs or pain were responded to in a timely manner, usually on the same day. Practice staff personalised their approach for patients with complex needs which ensured easy access to dental care.

No action



### Are services responsive to people's needs?

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

No action



# Summary of findings

Comments from patients reflected that appointments were easy to book. The practice offered appointment slots each day enabling responsive and efficient treatment of patients with urgent dental needs.

The practice was accessible to all patients including wheelchair users.

There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

## Are services well-led?

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

The practice had a number of policies and procedures to govern activity and held regular team meetings. There were systems in place to monitor and improve quality and identify risk. Staff had received inductions and performance reviews. The practice team were an integral part of the management and development of the practice.

The practice reviewed and acted on feedback from patients.

No action



# Upwell Road Dental Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 23 June 2016 and was conducted by a CQC inspector and a specialist dental advisor.

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 therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications, and proof of registration with their professional bodies.

We also reviewed the information we held about the practice.

During the inspection we spoke with two dentists, the business manager, and two dental nurses. We reviewed policies, procedures and other documents. We received feedback from 46 patients who used the service.



# Are services safe?

## Our findings

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints. Staff were aware of the reporting procedures and were encouraged to bring safety issues to the attention of the dentists. The practice included reviewing complaints that had been posted onto the NHS choices website. Although complaints added to the site are anonymous the practice reflected on the comments. We reviewed one complaint. This was well documented and dealt with appropriately.

The practice had a robust system to report significant events, we reviewed three events, these had been managed appropriately for example an event recorded as an information governance issue was investigated, action taken and learning shared. Practice staff were given refresher training.

The practice had a robust system to record that they had received national and local alerts relating to patient safety and the safety of medicines and that action had been taken if needed. The practice manager told us that they received alerts and cascaded them to the staff if relevant and actions were taken if needed.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR). The last recorded incident recorded in November 2015 was well documented.

Following an incident in November 2015, the practice recognised the that location of the stairs and the front door compromised the speed and ease that a patient with low mobility or in need of a stretcher or transport chair could be evacuated from the building. The practice replaced the front door with doors that could be open to double width.

### Reliable safety systems and processes (including safeguarding)

The practice had satisfactory child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting, and dealing with suspected abuse or neglect. Staff had completed the required training in child and adult

protection and described the actions they would take if they were concerned. The practice shared with us two referrals that they had made following concerns raised about patients that had attended the practice.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice did not always use rubber dam kits when carrying out endodontic (root canal) treatment. They told us that complex cases were referred to a specialist dental service.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, medical emergency equipment, and X-ray warning signs to ensure that patients and staff were protected.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received basic life support training. We noted that the practice regularly undertook emergency scenario training. Practice staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

An automated external defibrillator was available. This portable electronic device analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

We checked emergency medicines, equipment and oxygen, and found that they were readily available, had been regularly checked and were in date.

### Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills, and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service (DBS) check was necessary. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.



## Are services safe?

We reviewed four files of the dentists and employed staff, these were well presented, and we found that all the necessary checks had been undertaken and recorded.

The practice had a formal induction process for new staff, this included ensuring practice policies had been read; we saw that all staff had signed to say that they read and understood them.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they could cover for their colleagues.

### Monitoring health & safety and responding to risks

A health and safety policy and risk assessment was in place at the practice. This identified risks to staff and patients who attended the practice.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, and fire evacuation procedures. A full Legionella risk assessment had been carried out in November 2015, and all recommendations carried out. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. The practice regularly recorded the temperature of the water to manage the prevention of legionella's diseases.

There were two fire wardens and practice staff had received annual fire safety training. Regular checks of the alarm system and fire drills had been carried out. The last drill was in April 2015, the practice had planned a fire drill for July 2016. A fire alarm system was also available, and this was activated by a bell on the ground floor and alert via the computer system. there was a whistle in each room for staff to use in case of an emergency. There were sufficient fire extinguishers and they had been serviced in December 2015.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This was held in the practice, and at the practice manager home.

### Infection control

The practice was visibly clean, tidy, and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice.

The lead dental nurse was responsible for infection prevention and control. All dental nurses were responsible for the decontamination processes and were responsible for the cleaning of the clinical areas. Decontamination is the process of cleaning equipment. The employed cleaners undertook deep cleaning of rooms, floors, and toilets.

The practice had systems for testing and auditing the infection control procedures. An infection control audit had been undertaken in August 2015 and again June 2016. We noted that there were some actions, these were planned to be addressed as part of refurbishment plan.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the essential processes and practices to prevent the transmission of infections. Decontamination of dental instruments took place in dedicated areas in the practice. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. The practice told us that they were in discussion re allocating a dedicated room for decontamination. Due to space constraints they were investigating the feasibility of obtaining an outside room, which would be situated at the rear of the property.

We found that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

The equipment used for cleaning and sterilising was checked, maintained, and serviced in line with the manufacturer's instructions. Daily, weekly, and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Sharps bins were signed, dated and not overfilled. A clinical waste disposal contract was in place and waste matter was securely stored within a designated, locked area at the rear of the property prior to collection.



## Are services safe?

The practice had a robust sharps management policy which was clearly displayed and understood by all staff. Dental syringes that allowed a plastic tube to be drawn up over the needle and locked into place after use were being used. The whole needle section could be disposed of without risk of injury. Where practicable, disposable equipment was being used. The dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to staff.

To ensure that staff were kept safe, the practice had a record of staff immunisation status in respect of Hepatitis B, and there were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument.

### Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with the manufacturer's guidelines. Portable appliance testing took place on all electrical equipment in May 2015.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance. We saw detailed logs of checks carried out.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date for use.

### Radiography (X-rays)

The practice was registered with the health and safety executive as required under Ionising Radiations Regulations 1999 (IRR99).

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed as required by the Ionising Regulations for Medical Exposure Regulations (IR(ME)R 2000), to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file was well presented and contained the necessary documentation; this demonstrated the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentists we spoke with told us that they monitored the quality of the X-ray images on a regular basis and dental care records we were shown, we saw that the dentist had recorded the justification for taking an X-ray. To keep patients safe, a regular complete audit had been carried out to monitor and manage the quality of the X-rays performed.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Dental care records were shown contained all the relevant detail including medical history and followed the guidance provided by the Faculty of General Dental Practice. Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The dentists told us that each patient's diagnosis was discussed with them and treatment options were explained.

We received feedback from 46 patients comment cards; we also reviewed comments on NHS choices. Most comments received reflected that patients were very satisfied with the staff, dental assessments, explanations, the quality of the dentistry and treatment outcomes.

The practice offered treatment under sedation for nervous adult patients who paid privately for their treatment. This involved the administration of a medicine (a sedative) through a vein in their arm to help them to relax during their dental procedure. The patient remains awake during the whole procedure. The practice offered this service on Saturdays; this enabled the visiting consultant and nurse to have use of the building when it was less busy (other dentists held surgeries on occasions). This ensured that there was a calm and relaxing environment for patients who may be anxious. The procedure was always completed in an appropriate room, with a recovery room available, and a trained nurse assisted. The patient's condition was monitored closely during and after the procedure. Patients were given written information as advised in the Standards for Conscious Sedation in the Provision of Dental Care (2015).

### Health promotion & prevention

Each floor had a waiting room and reception area that contained literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption

on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients confirmed that they had received health promotion advice.

Fluoride varnish and higher concentration fluoride toothpaste were prescribed for patients at high risk of decay. Where relevant, preventative dental information was given in order to improve the outcome for the patient. Smoking cessation advice was given.

### Staffing

Dental staff were appropriately trained and registered with their professional body. Staff reported and their training records confirmed that they were encouraged and supported to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development.

Practice staff told us that they regularly met to discuss training, and their needs. We viewed minutes of staff meetings that had been held. The staff we spoke with said they felt supported and involved in discussions about their personal development. They told us that the dentists and practice manager were supportive, approachable, and always available for advice and guidance.

### Working with other services

The practice had a system in place for referring, recording, and monitoring patients for dental treatment and specialist procedures for example root canal treatment, impacted wisdom teeth and orthodontics. The practice kept a log of these referrals to ensure patients received care and treatment needed in a timely manner. We noted that referrals were made to patient's GPs when staff identified that they may be at risk.

### Consent to care and treatment

We discussed the practice's policy on patient consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient.

Staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Most staff had received Mental Capacity Act 2005 (MCA) training and were



## Are services effective? (for example, treatment is effective)

fully conversant with the relevance to the dental practice. All practice staff we spoke with were able to describe the actions they would take to safeguard patients. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

All staff were aware of Gillick competency and how it applied to the practice, there was a practice policy for

obtaining consent from young patients. These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The practice staff we spoke with were able to describe the help and support that they gave to a patient and their family. This supported enabled a young person to receive the dental care they needed.



## Are services caring?

### Our findings

#### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity, respect, and maintained their privacy. The reception areas were well laid out and conversations were managed to maintain patient confidentiality.

A data protection and confidentiality policy was in place. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that dental care records were held securely.

Patients reported that they felt that practice staff were friendly, helpful, and caring and that they were treated with dignity and respect. We observed staff treating patients professionally, confidentially and with courtesy.

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

Feedback from patients included comments about how professional the staff were and treatments were always explained in a way they could understand. Patients also commented that staff were very sensitive to their anxieties and needs.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice provided a range of services to meet patients' needs. It offered NHS and private treatment to children and adults.

There was good information for patients about the practice, available on the web site. This included details about the dental team, the services on offer, how to raise a complaint, and who to contact in an emergency. There was clear information about costs on display in the waiting room.

### Tackling inequity and promoting equality

The practice had four treatment rooms on the ground level, making good access for those in wheelchairs or with push chairs.

The practice had a small population of patients whose first language was not English and had access to translation services if required.

The practice did not have a hearing loop, practice staff described how they communicated effectively with patients with hearing difficulties. The practice had laminated posters with basic sign language shown.

### Access to the service

The practice was open Monday to Friday 8.30am to 5.30pm. Appointments were available on Saturdays and these were arranged as required.

Appointments could be booked by phone or in person. Staff told us patients were seen as soon as possible for emergency care and this was normally on the same day. Patients reported that the practice had responded quickly when they had a need for urgent treatment and that they were happy with the opening hours provided.

The practice's answer phone message and notice on the door detailed how to access out of hours emergency care if needed.

### Concerns & complaints

There was information available for patients giving them details of how to complain. The practice had received 12 complaints in the past 12 months. The complaints had been fully documented and patients responded to appropriately. The practice meetings included an agenda item for discussing complaints and significant events. This enabled staff to review the issues, actions required and any identified learning in a timely fashion.

Patients reported they felt confident that staff would respond appropriately to any concerns they had. The staff were aware of how to deal with a complaint should they need to.



# Are services well-led?

## Our findings

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, needle stick injury, safeguarding vulnerable adults and child protection. These policies and procedures had been updated; however, the date the policy was reviewed was not always present on the documents. All the policies and procedures were available to staff.

The practice had an information governance policy, which staff were aware of, to ensure compliance with the laws regarding how patient information is handled.

There were meetings involving all the staff where a range of practice issues were discussed such as policies, administrative protocols and the appointment systems. Minutes of the meetings were taken for those who could not attend. Staff told us they felt able to raise concerns and their suggestions were listened to; for example, staff member had identified that the emergency medicines could be packed differently enabling quicker access in case of an emergency.

The dentists and staff had received an appraisal of their performance, these appraisals were comprehensive and covered staff's performance including their communication, complaints handling and patient information management. Staff reported that their appraisal was useful, and helped to identify any training needs.

### Leadership, openness and transparency

The business and practice manager held responsibility for the management of the practice and worked closely with the staff. Practice staff told us they felt able to raise concerns at any time and did not wait for a regular meeting. Staff felt involved with the management of the practice and had been consulted on the changes needed as part of the refurbishment plan. Although they had not needed to use it, staff we spoke with were aware of the whistle blowing policy and understood when it was appropriate to use it.

### Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored it to ensure essential training was completed each year. The dentists and staff each sought information and learning from different web sites, journals and training sessions. They cascaded and shared the learning to the other staff. Staff confirmed that they had meetings where they could suggest improvements to how the practice ran.

The practice's audit protocols for various aspects of the service, such as radiography and dental care records were completed at regular intervals to help improve the quality of service.

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

The practice reviewed on line comments and feedback from the family and friends test and those comments given verbally.