Windmill Dental Surgery Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 25 June 2015 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

Windmill Dental Surgery is part of Brand Oasis Dental Care, a national organisation which operates dental practices across the United Kingdom. The practice offers both NHS (approximately 70%) and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. One of the dentists carries out dental implants. The practice has four treatment rooms and a decontamination room. The waiting room and one of the treatment rooms are on the ground floor of the premises.

The practice has four dentists, a part-time dental hygienist/therapist, five dental nurses and a dental nurse trainee; in addition to a practice manager, practice co-ordinator and reception staff. The practice manager is the registered manager and is also responsible for one other practice. 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.

The practice is open Monday and Thursday from 8.30am to 7pm, Tuesday and Wednesday from 8.30am to 5pm and on Friday from 8.30am to 4pm.

Summary of findings

16 patients provided feedback to us about the service. Patients we spoke with and who completed CQC comment cards were positive about the care they received from the practice.

Our key findings were:

- The practice had systems to assess and manage risks to patients, including for infection prevention and control, health and safety and the management of medical emergencies.
- There were systems in place to check all equipment had been serviced regularly
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance
- We reviewed 16 comment cards that had been completed by patients. Common themes were patients felt they were listened to and received good care in a clean environment from a helpful practice team.
- The practice had an efficient appointment system in place to respond to patients' needs
- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.
- Governance systems were effective and there was a range of clinical and non-clinical audits undertaken to monitor the quality of the service.

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 to assess and manage risks to patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in patients' oral health and made referrals to specialist services for further investigations or treatment if required. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

Are services caring?

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

16 patients provided feedback to us about the service. Patients were positive about the care they received from the service. They commented they were treated with respect and dignity and felt involved in their treatment. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

Are services responsive to people's needs?

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

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility. The practice had an efficient appointment system in place to respond to patients' needs. There were appointment slots for urgent or emergency appointments each day.

Are services well-led?

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

The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor the quality of the service. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported, comfortable to raise concerns or make suggestions and that the culture within the practice was open and transparent.

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Detailed findings

Background to this inspection

This inspection took place on the 25 June 2015. The inspection team consisted of two Care Quality Commission (CQC) inspectors and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

During the inspection we toured the premises and spoke with practice staff, including two dentists, dental nurses, receptionists, the practice manager and practice co-ordinator. We also spoke with five senior managers from Oasis Dental Care who visited the practice on the day of the inspection. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident, incident and significant event reporting policies which included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice maintained significant event forms which included a detailed description, the learning that had taken place and the actions taken by the practice as a result.

We found the practice responded to concerns and complaints in an open and transparent manner. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice manager and practice co-ordinator had attended safeguarding training at an appropriate level to support them in their safeguarding lead roles. The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to local authority contact details for reporting concerns. Safeguarding was identified as essential training for all staff to undertake every 12 months and records showed staff had completed their annual update. Safeguarding was discussed at the January 2015 staff meeting and a further update was scheduled in September.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments) and staff training within the last 12 months. The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An emergency resuscitation kit, oxygen and emergency medicines were available. Records showed regular checks were done to ensure the equipment and emergency medicine was safe to use. This was in line with the guidance for emergency equipment in the Resuscitation Council UK guidelines and the guidance on emergency medicines in the British National Formulary (BNF). The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that 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).Records showed weekly checks were carried out to ensure the equipment and emergency medicines were safe to use.

To support staff manage emergencies the practice had clear signage indicating where the emergency equipment and medicines were stored. Emergency medicines were labelled in individual packs with clear instructions about how to manage specific emergencies.

Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Staff were knowledgeable about what to do in a medical emergency and told us they practiced their response to an emergency through role play at staff meetings.

Staff recruitment

The practice had systems in place for the safe recruitment of staff which included seeking references, proof of identity, checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff and then every three years for all staff. These 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. Records confirmed these checks were in place.

Newly employed staff had a twelve week induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. We spoke with a recently employed member of staff who told us they had been fully supported during their induction period,

including meeting with the practice manager every month to review their progress and to identify any specific training needs. The practice manager checked the professional registration for newly employed clinical staff, and then annually to ensure professional registrations were up to date. Records we looked at confirmed this.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out weekly and monthly health and safety checks including regarding equipment, disabled access, electrical and fire safety. Records showed that fire detection and firefighting equipment such as fire alarms, smoke detectors and fire extinguishers were regularly tested and staff were trained as fire marshals and first aiders.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, exposure to hazardous substances and manual handling. The assessments were reviewed annually and included the controls and actions to manage risks. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan and a major incident policy to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan covered staffing, records and electronic systems, clinical and environmental events.

Infection control

The practice co-ordinator was the infection control lead professional and they worked with the practice manager to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the four treatment rooms and the decontamination room appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members. The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring there was a dedicated surgical drill unit.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

The practice co-ordinator showed us the procedures involved in manually cleaning and rinsing dirty instruments; and in inspecting, sterilising, packaging and storing clean instruments. Staff wore eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages.

Are services safe?

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed a risk assessment for Legionella had been carried out. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

The practice manager helped to ensure staff had the right knowledge and skills to maintain hygiene standards by providing annual training and updates. Records showed staff had received an update regarding infection control at their June staff meeting. The practice carried out a range of audits to ensure standards were being maintained and to identify areas for further improvement. For example, the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) was completed every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Records showed a hand hygiene audit and decontamination audit were carried out in the last twelve months. Audit results indicated the practice was meeting the required standards.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the autoclaves, fire extinguishers and oxygen cylinders. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had clear guidance in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics given to the patients were recorded in patient dental care records. The practice had sufficient stocks of pharmacy labels for antibiotics, which provided guidance for patients for example, regarding the use of alcohol. We checked the stock of medicines stored in the practice and found they were in date.

Prescription pads were securely stored and the dentists recorded information about any medication or prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice's radiation protection file was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out every six months. The results of the most recent audit in May 2015 confirmed they were meeting the required standards. This reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed the information recorded in eight patient records. Dental care records provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and determine how frequently to recall them. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits. Medical history checks were updated at every visit. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol intake. The dentists we spoke with told us they discussed this information with patients if they felt it was relevant to their oral health assessment and treatment. Following discussion they confirmed they would seek advice on how this might be further improved to provide patients with general smoking cessation or dietary advice.

The practice provided patients with advice on preventative care and supported patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example; the practice recalled patients, as appropriate, to receive fluoride applications to their teeth. The practice had a selection of dental products on sale to assist patients maintain and improve their oral health.

Staffing

The practice manager and practice co-ordinator reviewed the staffing needs of the practice each month to ensure there were sufficient staff to run the service safely and meet patient needs. They told us they had the flexibility of bringing staff from other practices within the Oasis Dental Care organisation to cover staff absences and to provide specialist treatment. For example, a dentist specialising in dental implants held clinics in the practice to assess patients referred for this procedure. A dental hygienist working in the practice was also qualified as a dental therapist. (A dental therapist can provide treatments and care such as simple extractions and fluoride varnish applications). Staff we spoke with were keen to expand this role to provide patients with greater flexibility and choice.

The practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support, safeguarding and infection control. All clinical staff were required to maintain an ongoing programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff. Staff told us the practice manager and the dentists were readily available to speak to at all times.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Patients were given verbal and written information to support them to make decisions about the treatment they received. The practice's consent policy provided staff with guidance and information about when consent was

Are services effective?

(for example, treatment is effective)

required and how it should be recorded. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. The practice included information about the Mental Capacity Act (MCA) 2005 and its relevance to dental practice in the training and policy documents provided to staff about safeguarding and consent.

Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients gave their consent before treatment began.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

16 patients provided feedback to us about the service. They were positive about the care they received from the practice They commented they were treated with respect and dignity. Two patients expressed disappointment with the specific care received from a locum dentist. One of the patients had brought this to the attention of the practice manager and felt this had been responded to in a positive way.

The waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us there was a room available if patients wished to discuss something with them away from the reception area. We observed there were sufficient treatment rooms available and used for all discussions with patients. Staff were helpful, discreet and respectful to patients in the practice and on the telephone.

Patients' clinical records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely in locked cabinets. The practice had policies; procedures and training to support staff maintain patient confidentiality and understand how patients could access their records. These included confidentiality and information governance guidance.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed the plan to confirm they understood and agreed to the treatment.

Patients were also informed of the range of treatments available and their cost in an information booklet and notices in the practice and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the waiting room and on the practice website. We looked at the practice's electronic appointment system and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours.

Patients could book an appointment by phone, in person or on-line. The practice supported patients to attend their forthcoming appointment by having a text and email reminder system in place. Patients who commented on this service reported this as helpful. The practice offered early morning appointments each day and operated extended opening hours until 7pm two days each week to support patients to arrange appointments in line with other commitments.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies and training in place to support staff in understanding and meeting the needs of patients. The practice had made adjustments, for example to accommodate patients with limited mobility. Staff told us they ensured patients who were unable to use the stairs were treated in the downstairs treatment room. There were disabled toilet facilities on the ground floor, a ramp for easy access into the premises, disabled parking spaces and a large downstairs treatment room suitable for wheelchairs and pushchairs.

The practice audited the suitability of the premises within the last 12 months and had made arrangements to install an audio loop system for patients with a hearing impairment and to provide information in braille for patients with a visual impairment. The practice manager was knowledgeable about how to arrange an interpreter if required.

Access to the service

The practice displayed its opening hours in their premises and on the practice website. Opening hours were Monday and Thursday from 8.30am to 7pm, Tuesday and Wednesday from 8.30am to 5pm and on Friday from 8.30am to 4pm.

There were clear instructions in the practice, on the practice website and via the practice's answer machine for patients requiring urgent dental care. Patients could book an emergency appointment at any Oasis Dental Care practice and contact details were available on the website. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

Concerns & complaints

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response**.** The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure these were responded to. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and on the practice website.

Staff told us patients were encouraged to raise any concerns with the practice at any time.

The practice maintained a log of concerns and complaints raised and themes were shared with staff at practice meetings. The practice had responded in a timely manner to concerns raised.

Are services well-led?

Our findings

Governance arrangements

The practice manager was registered with CQC as the registered manager for this and another neighbouring practice. They led on the individual aspects of governance such as responding to complaints and managing risks**.** The practice co-ordinator was responsible for the day to day running of the practice. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire, exposure to hazardous substances and medical emergencies.

The practice manager told us the introduction of a comprehensive audit tool by Oasis Dental Care provided them with a clear governance framework to monitor quality and identify and manage risk.

Leadership, openness and transparency

The practice was part of Brand Oasis Dental Care and there were clearly defined leadership roles in place. The practice manager and practice co-ordinator were supported by a clinical compliance and health and safety manager and an auditor to monitor the quality and safety of all aspects of the services provided. This included ensuring human resource and clinical policies and procedures were up to date and staff were aware of any changes to them. A clinical operations manager provided clinical leadership and support ; including contributing to clinical policies and procedures and meeting with dentists as required.

Staff told us there was an open culture at the practice and they felt valued and well supported. There were good arrangements for sharing information across the practice including daily informal meetings and monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback to the practice manager.

Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff received annual appraisals including professional development plans which identified learning and development needs. Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records and infection control procedures. The audits included the outcome and actions arising from them to ensure improvements were made.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying out patient surveys every three months and continuously reviewing patient comments made through their website. The most recent patient survey report in April 2015 showed a high level of satisfaction with the quality of the service provided. The practice had a suggestions box in the waiting room and gave patients the opportunity to complete the NHS family and friends test. This is a national programme to allow patients to provide feedback on the services provided.

The practice conducted a staff survey within the last 12 months which indicated staff were happy working in the practice.