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Wootton Road Dental Clinic

Inspection Report

Wootton Dental Clinic
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Overall summary

We carried out this announced inspection on 24 October 2018 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

Wotton Road Dental care is a small, well-established practice in Kings Lynn that provides NHS treatment to patients. The dental team includes two dentists, a hygienist, two nurses, two receptionists and a practice manager. It has three surgeries.

The practice opens on Mondays to Thursday from 9 am to 6pm; and on Fridays from 9am to 5pm. There is level access for people who use wheelchairs and those with pushchairs. On road parking is available near the practice.

The practice is owned by a company and as a condition of registration must have a person registered with the

Summary of findings

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 is the practice manager.

On the day of inspection, we collected seven CQC comment cards completed by patients, and spoke with another two. We spoke with the practice manager, one dentist, a hygienist, two nurses and the receptionist. We also spoke with the provider's regional and compliance managers who were also on site. We looked at practice policies and procedures and other records about how the service is managed.

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 responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients, although recommendations from the legionella risk assessment in relation to water line flushing needed to be implemented.
- 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.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- The practice asked staff and patients for feedback about the services they provided,
- The practice had experienced difficulties in recruiting dentists and this had adversely affected the continuity of care, the availability of appointments for patients and the length of time to complete a course of treatment.
- Prescription pads were held securely but there was no tracking in place to monitor individual prescriptions and identify any individual theft or loss

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 appraisals systems to ensure all staff receive regular feedback about their performance.

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. Staff were qualified for their roles and the practice completed essential recruitment checks.

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. Medicines were store safely although improvement was needed in the tracking of individual prescriptions to identify any theft or loss.

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 managed appropriately.

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 10 people. Patients were positive about most aspects of the service, and the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients and meet their specific needs.

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 caring services in accordance with the relevant regulations.

The practice had experienced significant recruitment difficulties which had impacted on the continuity of patient care, the availability of appointments and the length of wait for treatment.

No action ✓

Summary of findings

It had also fallen behind on delivery of its NHS Contract for units of dental activity (UDA) for patients. However, three new staff were about to start working at the practice to address these difficulties.

Staff considered patients' different needs. This included providing facilities for disabled patients, and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

Patients' concerns were taken seriously and responded to appropriately.

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.

Some staff felt that communication and appraisal systems could be improved and we noted that action to address these shortfalls was about to be implemented by the newly appointed compliance manager.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for, and listening to, the views of patients and staff.

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. We saw evidence that staff received safeguarding training information, and the provider's clinical directors had undertaken level three training. The new interim practice manager had previously worked in children's services and staff were looking forward to additional expertise and knowledge they could bring in relation to protecting children. Information about safeguarding matters and reporting procedures was available in the back-office area making it easily available.

The practice had a whistleblowing policy and 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. This had recently been updated to take into account recent recruitment difficulties.

Dentists used rubber dams to protect patients' airways in line with guidance from the British Endodontic Society when providing root canal treatment. We noted a clear written procedure to prevent wrong site surgery had been provided in each treatment room.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for two recently recruited staff showed that the practice followed their recruitment procedure to ensure only suitable staff were employed. All dentists were interviewed by one of the provider's clinical directors to ensure they had the skills and knowledge for their role. All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. All new employees were provided with a comprehensive staff hand book that outlined the provider's key policies and protocols.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Staff told us they had all the equipment they needed for their role and that three dental chairs were to be purchased as part of the practice's forthcoming refurbishment plans.

Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been undertaken and its recommendations to provide better signage on fire doors been implemented. We noted that a fire drill had been undertaken at a recent staff meeting with timings and learnings documented in the fire book. One member of staff had received specific fire marshal training.

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 for the dentists. Rectangular collimators were used on X-ray units to reduce patient radiation exposure. A recommendation to move the isolation switch in one treatment room had been implemented.

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 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. The compliance manager told us that not all dentists in the company had been using the safer sharps correctly. As a result, the provider had circulated a You-tube video to all clinicians showing their correct usage. Sharps bins were labelled and sited correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Are services safe?

Staff were aware of regulations in relation to dental amalgam and only encapsulated amalgam was used in the practice. Amalgam separators had been installed.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff regularly undertook medical emergency simulations so they had a chance to practise their skills. For example, at their meeting in March 2018 they rehearsed responding to a fitting patient and in October 2018, they practiced opening the oxygen cylinder. Emergency equipment and medicines were available as described in recognised guidance. Spillage kits for mercury and bodily fluids was also available, as well as eye wash. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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 infection prevention and control audits twice a year. The latest audit showed the practice was meeting the 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 were validated, maintained and used in line with the manufacturers' guidance. We noted however that the log book had not always been completed correctly by staff, and some instruments had not been protected adequately from bacterial aerosol.

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. However, staff were not completing dental water line flushing in accordance with nationally recommended guidance.

Most areas of the practice were visibly clean, although we noted a large build-up of dust and dirt around skirting boards in the toilet. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted that one treatment room had a cracked window pane and the compliance manager assured us this would be made safe before it was fully replaced at the forthcoming refurbishment of the practice. Chipboard on walls and ceilings would also be removed then, making the environment easier to keep clean.

Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We noted staff changed out of them during their lunch break.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a locked and secure container to the rear of the building.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. The temperature of the fridge in which medicines were stored was monitored daily as recommended. Prescription pads were held securely but there was no tracking in place to monitor individual prescriptions and identify any individual theft or loss.

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

Information to deliver safe care and treatment

Dental care records were kept securely and complied with data protection requirements. Patients' paper records were stored securely in lockable fireproof cabinets. Staff were aware of new guidelines in relation to the management of patient information and patients had been provided with consent forms to allow the practice to hold specific information about them.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. A flow chart with information about how to report significant events was available in the staff area and the compliance manager told us she had talked staff through the procedure.

We checked the practice's accident book and noted a staff needle stick injury had taken place in January 2018. Although documented and managed well, there was no evidence of learning from it at the time of the event. The

compliance manager told us she had spotted this and at the practice meeting in October 2018, she had facilitated a full retrospective review of the event to prevent its recurrence.

We noted a recent staff injury had been managed and reported appropriately. The compliance manager told us that all unusual events were now logged centrally and sent to her for monitoring at a regional level.

We had previously inspected some of the provider's other practices and we noted that learning from these inspections had been implemented by staff.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were also sent via the provider's fortnightly bulletins to staff. We noted that alerts had been downloaded and kept in a specific file so that staff could access them. Staff were aware of recent alerts affecting dental practice and a recent shortage of EpiPen's had been discussed at the staff meeting in October 2018.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment mostly in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed were satisfactory and were audited regularly to check that the necessary information was recorded. However, we noted that not all clinicians were familiar with the provider's software package. For example, the hygienist did not know how to access X-rays without assistance and one dentist was not recording patients' basic periodontal examination BPE scores in the correct place making them hard to access. Recommended patient recall frequencies were not always implemented.

Helping patients to live healthier lives

Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. Free samples of toothpaste were available for patients and the practice sold inter-dental brushes. There was information available in patients waiting areas regarding oral and general health promotion. Nurses told us that where applicable dentists discussed smoking, alcohol consumption and diet with patients during appointments.

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 a thorough understanding of the Mental Capacity Act and Gillick competence guidelines. However, they were less sure about lasting powers of attorney and parental responsibility guidelines and how these might impact on treatment decisions and consent.

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 practice had experienced considerable problems recruiting dentists and had been relying on locum cover for the 18 months prior to our inspection. However, two new dentists and a dental nurse had just been employed and were due to start working at the practice just after Christmas 2018. These recruitment difficulties had impacted on the continuity of patient care, the availability of appointments and the length of wait for treatment.

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. The provider paid for staff to receive on-line training.

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. The provider conducted specific referrals' audits to ensure they were managed appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Patients commented positively that staff were welcoming, caring and helpful. We saw that staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone**.** Staff gave us specific examples of where they had supported patients such as carrying their shopping to the car and arranging specific appointments to meet their needs

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality and the practice had a separate waiting area allowing for privacy for reception staff when talking to other patients on the phone. Staff did not leave patients' personal information where other patients might see it. We noted that music was played specifically to distract noise for one treatment room just off the waiting area. All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures. Windows had frosted glass to prevent passers-by looking in.

Involving people in decisions about care and treatment

Dental records we reviewed showed that treatment options had been discussed with patients. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We noted leaflets in the waiting area explaining a range of dental treatments such as orthodontics, tooth whitening, root canal therapy and mouth ulcers to help patients better understand their options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider had a website giving patients clear information about the services it offered. The waiting area provided good facilities for patients including magazines and children's books to keep them occupied while they waited.

Appointments could be made by telephone, in person or on-line and the practice operated a text and telephone appointment reminder service. Two emergency appointment slots were available for those experiencing pain and patients could also access a sister practice nearby.

The practice had made good adjustments for patients with disabilities which included ramp access to the front door, ground floor surgeries, an accessible toilet, a hearing loop, and chairs with arms in the waiting and reception area. Reading glasses and information about the practice and medical history forms were available in large print. The receptionist showed us a specific language chart which she could use to determine what language a non-English speaker might use.

Timely access to services

Significant recruitment difficulties had negatively impacted on appointment availability and treatment waiting times for patients. One patient told us they had waited for over a year to get an appointment, as every time they had rung up they had been told that no routine appointments were available. Another patient told us recent appointments had been cancelled at short notice. In response to this, the practice had decided not to register any new patients, and had set aside the month of January 2019 to catch up on outstanding treatments. Two new dentists and a nurse had been employed and were due to start at the practice in December 2018.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the practice leaflet and in the waiting area, making it easily accessible. We noted that the complaints procedure had been discussed at the practice meeting of October 2018 to ensure all staff knew of the procedure.

We viewed the most recent complaint received by the practice and noted it had been dealt with in a professional and timely way. All complaints were logged centrally so they could be monitored by senior staff within the company.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager took responsibility for the overall leadership in the practice, supported by a regional manager as well as clinical and compliance staff who visited to assist them in the running of the practice. The practice manager was about to go on leave and an interim manager had just been appointed to cover it.

We received mixed feedback from staff about management in the practice. Some staff told us senior staff were approachable and knowledgeable, but others had not felt supported or valued. They stated that communication systems within the practice could be improved. None of the staff had received an appraisal of their performance and formal practice meetings were held infrequently. However, the newly appointed compliance manager was aware of the issues and had already implemented measures to address them. For example, she had already held a formal practice meeting using the provider's standardised template and planned for staff appraisals to be undertaken by the new manager.

Vision and strategy

The practice was in a period of transformation, which included rebranding the service, appointing new clinicians and totally refurbishing the environment. Staff told us they were greatly looking forward to the refurbishment, as well as having more permanent staff from January 2019 as they had felt under considerable pressure from the shortages.

Governance and management

There were 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.

The practice was one of 19 in the region and all the practice managers met monthly with a regional manager to discuss business and compliance issues and ensure consistency in operation. The dentists attended regular clinical evenings to discuss a range of issues such as record keeping and managing complaints.

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.

Engagement with patients, the public, staff and external partners

The practice used surveys, and verbal comments to obtain patients' views about the service. The practice's patient survey asked for feedback amongst other things, about the friendliness of staff, time spent waiting, and the overall quality of the service. Responses were discussed at staff meetings, evidence of which we viewed. Patients were also encouraged to complete the NHS Friends and Family Test. We found that patients' feedback was acted upon. For example, their suggestions to change the radio station in the waiting room; employ more dentists and provide seating by reception had been implemented.

The provider engaged with staff in a number of ways. A fortnightly newsletter was sent to all practice managers and dentists from the provider's clinical director, and the CEO sent a monthly email to all staff. As a result, he had seen a welcome increase in the number of direct contacts from staff. However, it was not clear how the practice gathered the views of staff as they did not receive regular appraisal of their performance and formal practice meetings were infrequent. Staff told us they had not been actively involved or consulted about the provider's forthcoming refurbishment of the premises, despite having to work in it every day.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on X-rays, record keeping, and infection prevention and control. Additional audits were completed in relation referrals management, waiting times and the recording or oral cancer risk factors. There were clear records of the results of these audits and the resulting action plans and improvements. The provider's clinical team undertook annual audits of the practice to ensure standards were maintained.

Staff had access to an on-line training programme funded by the provider which provided all essential training for them.