

Mr. David Pattinson

Walton Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 08 September 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

Walton Dental Practice is a general dental practice in Walton-on-the-Hill, Surrey, offering NHS and private dental treatment to adults and children. The premises consist of one dental treatment room, a decontamination room, a reception and waiting area and a staff room. There is also one other treatment room but this is currently occupied by non-dental services.

The practice staffing consisted of a principal dentist (who was also the owner and provider), three dental nurses and a receptionist. The dental nurses and receptionist worked various part-time hours to accommodate flexible working depending on the need.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

We reviewed 23 Care Quality Commission (CQC) comment cards that had been completed by patients in the two weeks prior to our inspection. Patients felt they received very good care from the dentist and the team were kind and caring.

Our key findings were:

- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.

Summary of findings

- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
 - There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers and the X-ray equipment.
 - We found the dentists regularly assessed each patient's gum health and dentists took X-rays at appropriate intervals.
 - The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
 - Patients received clear explanations about their proposed treatment, and its costs, benefits and risks and were involved in making decisions about it.
 - Patients were treated with dignity and respect and confidentiality was maintained.
 - The appointment system met the needs of patients and waiting times were kept to a minimum.
 - Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
 - There was an effective system in place to act on feedback received from patients and staff.
- There were areas where the provider could make improvements and should:
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA).
 - Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK).
 - Review the current guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance giving due regard to the requirement for a legionella risk assessment
 - Review the practice's recruitment policy and procedures to ensure staff complete the necessary checks for Fit and Proper Persons employed.

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 in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were suitable for the provision of care and treatment.

No action



Are services effective?

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

The practice provided evidence based dental care which was focussed on the needs of the patients. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

No action



Are services caring?

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

Patients commented they had positive experiences of dental care provided at the practice. Patients felt they received very good care and detailed explanations of treatment options from the dentist who was kind, caring and gentle. On the day of our inspection we observed staff to be caring, friendly and welcoming.

No action



Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered emergency appointments each day enabling effective and efficient treatment of patients with dental pain. There was a system in place to acknowledge, investigate and respond to complaints made by patients.

No action



Are services well-led?

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

No action



Summary of findings

The dental practice had effective risk management structures in place. Staff told us the provider was always approachable and the culture within the practice was open and transparent. Staff told us they enjoyed working at the practice and felt part of a team. They felt well supported and able to raise any concerns where necessary.

Walton Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 08 September 2016 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice's policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the principal dentist (who was also the owner and provider) and two dental nurses that were working on the day of our visit.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events. We found there were no incidents reported in the last 12 months.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result such as further staff training.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. Staff demonstrated to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Only the dentist was permitted to re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had most arrangements in place to deal with medical emergencies although they did not have an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). When we discussed the risks around this the provider told us they would purchase one immediately.

The practice held emergency medicines in line with guidance issued by the British National Formulary for

dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as portable suction, were available in line with the Resuscitation Council UK guidelines. We noted that there were no oropharyngeal airways of correct sizes as recommend in the guidance published by the Resuscitation Council. (Oropharyngeal airways are used to help keep airways clear in the event of a patient becoming unconscious). We saw evidence that the practice placed an order for these during the course of our inspection.

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. Records completed showed regular checks were done to ensure the equipment and emergency medicines were safe to use.

Staff received annual training in using the emergency equipment. The most recent staff training sessions had taken place in October 2015 and September 2016.

Staff recruitment

The practice had a recruitment policy, which was in accordance with current regulations, and maintained recruitment records for each member of staff. The provider told us all staff were long standing and had been in post for more than 10 years. We reviewed all five staff files and saw evidence of dental care professionals' registration with the General Dental Council, proof of their indemnity cover and records showing all staff were up to date with their Hepatitis B immunisations.

The provider told us that as all the staff were known to them and had been working in the practice for more than 10 years they had decided not to carry out Disclosure and Barring checks. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable. The provider showed us a risk assessment they had completed and stated that staff were never left alone with patients. The provider had not considered the risks where staff were not working with patients and working alone during their duties for example on reception and during the decontamination processes. The recruitment checks were not in line with schedule 3 of the Health and Social Care Act.

Monitoring health & safety and responding to risks

Are services safe?

The practice had carried out risk assessments for infection control, fire safety and the safe use of X-ray equipment. The staff we spoke with told us that they followed up any issues identified to mitigate any risks identified as a method for minimising risks.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a detailed and up to date COSHH record where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

We noted the practice had not got a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. The provider registered through the website with the agency on the day of our visit and told us they would ensure any alerts were handled appropriately.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission including Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene and segregation and disposal of clinical waste. The practice followed the guidance on 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)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. We noted infection control audits were being completed annually when they should be completed every six months. The provider agreed to update this process to meet national guidance and informed us they had booked to attend a course on the 29 September 2016.

We examined the facilities for cleaning and decontaminating dental instruments. A dental nurse

showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were cleaned and decontaminated. Instruments were then inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We noted the practice had not completed daily and weekly tests for the ultrasonic bath and steriliser to ensure they were working efficiently in between service checks. The provider told us they would implement these immediately and keep a log of all the checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment room where patients were examined and treated. The room and equipment were visibly clean. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective cover and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

There was a good supply of environmental cleaning equipment. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading. Although we saw the practice had not stored the colour coded mops appropriately. When we pointed this out to the provider they agreed to change this immediately by finding an alternative place to store and hang the mops.

The practice had not completed a risk assessment process for Legionella. This process ensures the risks of Legionella bacteria developing in water systems within the premises

Are services safe?

has been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice could not demonstrate that they were testing water samples or recording hot and cold water temperatures on a regular basis.

Staff told us the dental water lines were being flushed daily three times in accordance with current guidance in order to prevent the growth of Legionella.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, fire extinguishers, oxygen and the X-ray equipment. We were shown the annual servicing certificates and these were all regular and up to date.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

We saw prescription pads were stored securely in locked cupboards and there was an effective system in place to monitor the prescriptions being used.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to the X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development training every five years. Although the dentist was unable to show us evidence of this they assured us they were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentist to show us some dental care records which reflected this. Records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded details of treatment options offered to patients as well as the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice displayed a leaflet in the waiting room that included information about diet and preventing tooth decay. There were also toothbrushes and high fluoride toothpaste (by prescription from the dentist) on sale from reception.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

Staffing

The provider told us the staff at the practice were all long standing and in post for over 10 years.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements

issued by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention, radiology and safeguarding vulnerable people.

There was an informal appraisal system in place which was used to identify training and development needs. Staff told us they felt supported by the provider and they were given opportunities to learn and develop. The provider agreed they would make this process more formal going forward.

Working with other services

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner. Any urgent referrals relating to signs of cancer were sent on the same day and followed up to ensure the patient was contacted.

Consent to care and treatment

Staff confirmed individual treatment options, risks and benefits were discussed with each patient and for complex treatment cases patients received a detailed treatment plan and estimate of costs. Patients were given time to consider and make informed decisions about which option they wanted. The provider told us they had identified from a recent records audit that they needed to improve obtaining consent and signed treatment plans for all patients' cases. They had informed this was in progress.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated a clear understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in their best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff explained how they ensured information about patients using the service was kept confidential. Patients' electronic dental care records were password protected and paper records were stored securely. Staff members demonstrated their knowledge of data protection and how to maintain patient confidentiality. They told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms if it was required.

Comments we reviewed from patients included they received very good care from the dentist and staff were kind and caring. They also commented that the dental

nurses seemed well trained and the reception staff were helpful and welcoming. On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

Involvement in decisions about care and treatment

The dentist told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was discussed with each patient where treatment was required.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw from the appointment diaries the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. Patients commented in their feedback that they felt the dentist had enough time to listen to their concerns and answer questions.

There were systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as implants, crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. Staff told us if they were unable to communicate fully with a patient due to a language barrier they could encourage a relative or friend to attend who could translate.

We asked staff how they would support patients that had difficulty with hearing or vision. They explained how they would face the patient and speak slowly and clearly especially for someone who had hearing difficulties to allow the patient to lip read. Staff told us they would assist a blind patient or any patient who had difficulty with mobility by physically guiding and holding their arm if needed.

The practice did not have suitable provision for patients using wheelchairs. This was mainly due to building restrictions. The provider told us, where necessary patients would be directed to a local practice that had suitable access for wheelchairs.

Access to the service

The practice opening hours were 8:30am to 4:30pm Monday to Thursday and 8:30am to 1pm on Friday.

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were seen the same day. This was reflected in patients' feedback we reviewed.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area and in the practice booklet. We saw there was a notice displayed advising patients to speak to a member of staff if they wanted to make a complaint. There was no information for contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The staff told us the provider was responsible for leading investigations following a complaint and that they would seek advice from the member staff concerned regarding the complaint. The provider told us they had not received any complaints that needed to be formally recorded. Patients were generally comfortable raising any concerns directly with the provider.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place with relevant policies and procedures. Staff we spoke with could demonstrate they understood the governance systems and where to refer to if they needed further information.

The provider told us they organised informal staff meetings to discuss key governance issues and staff training sessions. Staff told us there were discussions on a daily basis which allowed issues or concerns to be resolved in a timely way. The provider had responsibility for the day to day running of the practice and was supported by the team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Leadership, openness and transparency

Staff we spoke with were happy to work in the practice and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. They were confident in approaching the provider if they had concerns and displayed appreciation for the leadership. The staff we spoke with described an open and transparent culture which encouraged honesty.

Learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping and X-ray quality. We noted the recent clinical record keeping audit identified improvements required for obtaining signed consent and treatment plans from patients. The provider told us this improvement was in progress and a re-audit would be completed.

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

The practice gathered feedback from patients on an ongoing basis through a questionnaire that was available in the waiting room. They reviewed responses and comments as they came in. Patients commented they would recommend the practice to friends and family. Some of the comments were in line with what we received in the CQC comment cards; dental team were friendly, professional and the dentist put patients at ease when they arrive anxious and nervous.