

Whitecross Dental Care Limited Chard Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 11 April 2017 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 carried out by two CQC inspectors who had remote access to a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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.

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

Chard Dental Centre is in Chard, Somerset and provides NHS and private treatment to patients of all ages.

There is no level access for people who use wheelchairs and pushchairs. There are a set of stairs, and a stair lift, to access the practice, which is situated on the first floor. Public car parking spaces are available near the practice.

The dental team includes four dentists (one of whom is a locum covering a vacant full-time position), one dental nurse, four trainee dental nurses and two receptionists. There is also a practice manager, who is a qualified dental nurse. The practice has three treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Chard Dental Practice was the practice manager.

On the day of inspection we collected 26 CQC comment cards filled in by patients and spoke with four other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurse, three trainee dental nurses, one receptionist, the company regional regulatory office and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 8am – 6pm.

Our key findings were:

- The practice appeared clean.
- The practice had infection control procedures, which reflected published guidance.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed recruitment checks, although improvements could be made to ensure risk assessment as recommended by the practice recruitment policy was undertaken when references were not received.

Premises and equipment appeared clean and were properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The use of substances in the practice that may harm in the event of accidental spillage had not been properly risk assessed but was being updated.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and offering an excellent service. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 30 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and approachable. They said that they were given helpful, clear explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. Patients with children commented that the staff made their children feel at ease when seeing the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing a stair lift facility for patients who found using the stairs difficult and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

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.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation.

All dental care professionals had their registration checked with the General Dental Council (GDC) and had professional indemnity cover up until 31 March 2017. The organisation was awaiting the new certificate for the new year when we inspected.

We looked at three staff recruitment files. Improvements could be made to ensure the practice's recruitment procedures were followed suitably in all cases. For example, company policy stipulated for at least one reference to be sourced from a previous health and social care service or two references from a previous employer or a character reference. We found all three files did not have the appropriate references. We were informed by the practice manager that risk assessments would be completed.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

We saw a fire risk assessment had been completed with actions identified addressed. Appropriate checks on fire safety had been completed at appropriate intervals and staff had received appropriate training including three staff that had completed fire marshal training. Two dentists had not taken part in the two fire drills carried out in the last year and the practice manager told us that this would be considered when planning the next drill.

We reviewed the control of substances and hazardous to health (COSHH) file and found the provider had risk assessments but there had been no local assessment of precautions and control measures within the staffing team, which did not meet company policy. Following the



Are services safe?

inspection we were contacted by the provider and we were told that the practice manager had started reviewing and updating the COSHH folder. We were told that this would be completed by the 28th April 2017. They confirmed to us that all COSHH data sheets were available electronically via the company intranet. As part of the plan to review each product we were informed that a risk assessment was being completed and attached to the data sheet along with each team member reviewing and signing.

All dental nurses worked alongside the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year. Improvements could be made to ensure the ventilation fan and extractor in the decontamination room were used suitably to ensure that the air flow in the room was effectively managed.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Infection control audits were not carried out on a six monthly basis, as required. The decontamination lead had carried out an infection prevention and control audit in March 2017 and ten months previously. We saw no evidence of any audits in the two years prior to this. The latest audit showed the practice was meeting the required standards. However, during the inspection there was no documentation to support that actions identified in audits had been completed. Following the inspection this documentation was sent to us.

The practice had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. We saw checks on the water temperatures had taken place. Although one temperature recording was out of range. This had not been flagged to the practice manager as an issue. Following the inspection the practice manager sent us a completed

significant event report. The report showed that immediate action had been taken to source and fix the fault with the water outlet; however this had not been documented at the time. The practice manager told us that the importance of documenting action taken and reporting to the practice manager that this had occurred would be on the agenda at the next monthly staff meeting.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected and patients confirmed this was usual.

There were appropriate contracts and evidence of waste consignment collection slips from an approved waste collection contractor. Bins were locked at the rear of the premises but not secured to prevent them from being removed in an unauthorised way. The practice manager told us that a request had been made with the maintenance team to secure the bins to an external wall.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. Improvements could be made to ensure the dental chairs were included in the schedule for servicing of equipment.

The practice was set on the first floor of the building and patients could access the first floor via the stairs and stair lift. A new stair lift had been installed in 2015. However, there was no evidence of an installation certificate or annual servicing checks, other than the last service in April 2017. Following the inspection the provider wrote to us to say that the installation company had been contacted and a copy of the installation certificate had been received. We were forwarded a copy of the installation certificate.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.



Are services safe?

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children. The practice has a range of age appropriate dental care educational booklets intended for children and their parents.

The dentists told us they discussed, where applicable, smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed dental staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers for vulnerable adults, when appropriate, and made sure they had enough time to explain treatment options clearly. However, we noted in two children's dental care records that an accompanying relative who was not a parent had been asked to consent for each child's treatment. We brought this to the attention of the practice manager. They told us this would be raised in the next staff meeting to ensure that any relative giving consent to treatment of a child had the legal responsibility to do so. They also said that they would liaise with the company to develop a written protocol regarding child consent when a parent was not accompanying their child to the appointment.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect patient's diversity and human rights.

Patients commented positively that staff were helpful and reassuring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. All the dentists were male, which meant patients were unable to choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. Paper records were stored securely. However, they were not stored in fire proof containers as recommended.

There were magazines in the waiting room. The practice provided drinking water for patients whilst they waited to be seen.

Information folders and leaflets, patient survey results and thank you cards were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as laser treatment and pinhole surgery.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patients with mental health/learning disabilities who were offered appointments at the beginning or end of the day to minimise having to wait in a noisy waiting area.

Staff told us that they telephoned some older patients the day before or on the morning of their appointment to make sure they could get to the practice.

Promoting equality

The practice was accessed by a flight of stairs to the first floor. There was a bell on the ground floor to alert staff if patients required assistance using the stair lift. The practice also had a hearing loop for people to use.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments with each of the dentists. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had 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 had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. There was also a fortnightly internal company staff bulletin, which raised any changes to dental guidance and shared examples of good practice within the company.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example the practice manager responded to all patients comments left on the NHS Choices website. The practice manager said they were liaising with the maintenance team regarding the installation of an additional grab rail by the top of the stair lift, following patient feedback. Staff told us that as a response to their feedback the practice manager had introduced a roster system for the limited number of staff parking spaces at the practice to ensure this was allocated fairly.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.