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Warilda Dental
Inspection Report

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Date of inspection visit: 3 February 2020
Date of publication: 17/02/2020

Overall summary

We carried out this announced inspection on 3 February 2020 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

Warilda Dental Surgery is a well-established practice that offers private treatment to patients. It is based near Letchworth town centre and has three treatment rooms. The dental team includes two dentists, two dental nurses, and a receptionist/practice manager.

There is ramp access for people who use wheelchairs and some dedicated parking spaces at the front of the building.

The practice opens Monday to Friday from 8.30 am to 5pm.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 25 CQC comment cards filled in by patients. We spoke with two dentists, two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had systems to help them manage risk to patients and staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt respected, supported and valued, and worked well as a team

There were areas where the provider could make improvements. They should:

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the security of prescription pads in the practice to ensure there are systems in place to track and monitor their use.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.

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?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**No action** ✓

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 had received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. One of the dentists had been appointed as the safeguarding lead within the practice.

The practice had a whistleblowing policy. One member of staff demonstrated a very good knowledge about whistle blowing and spoke honestly about the difficulties it could entail.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for the most recently recruited employee. This showed the practice had not followed their procedure fully. The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical equipment, fixed wiring and gas. Records showed that fire detection and firefighting equipment was regularly tested.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

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

Evidence that the dentists justified, graded and reported on the radiographs they took was not always available in the patient care record we viewed. X-ray units did not have rectangular collimation fitted to reduce patient exposure. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

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 staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually. It could be expanded however, to include an assessment of all sharps used within the practice, not just needles. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Emergency equipment and medicines were available as described in recognised guidance, apart from a number of airways, paediatric pads clear, face masks and the correctly sized needle for administering adrenaline. These were ordered during our visit. Staff kept records of their checks of these ensure that equipment was available, within its expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

There was a Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for most materials used within the practice, although data sheets were missing for some items including composite and hypochlorite.

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 carried out infection prevention audits and the latest audit showed the practice was meeting the required standards. The principal dentist had organised for an independent consultant to visit the practice in February 2020 to assess if its infection control procedures were robust.

Are services safe?

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance, although weekly protein residue tests had not been undertaken for the ultrasonic bath to ensure it operated effectively.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. A legionella assessment had been completed in 2015 and we noted its recommendation to flush through infrequently used outlets in the upstairs flat had not been implemented. The principal dentist assured us these checks would be implemented immediately. Records of water testing and dental unit water line management were maintained.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, some of the cabinetry in treatment rooms was old and we noted the varnish had worn away exposing the porous surface underneath. Limescale had built up around some taps. We noted loose and uncovered local anaesthetics that had been removed from their packaging, compromising sterility.

Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Staff told us they were issued with enough uniforms to wear a clean one each day, and we noted they changed out of their uniform when leaving the premises for lunch. However, we saw staff wearing their face masks outside of the treatment room, thereby compromising good infection control.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was held securely in the premise's basement, although staff did not use the correctly coloured bags to collect clinical waste in the treatment rooms.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines although they did not undertake antimicrobial audits to ensure they were prescribing them in line with national guidance.

Prescription pads were held securely, although there was no system in place to identify any loss of theft of individual prescriptions.

Lessons learned and improvements

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. Unusual and significant events were discussed at the regular practice meetings so learning form them could be shared across the team and the practice kept specific event logs. We noted one sharps injury recorded in the practice's incident book. Because of this, staff now sterilised matrix bands before dismantling them.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implement any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 25 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it.

Our review of dental care records indicated that patients' dental assessments and treatments were not always recorded in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC). For example, the findings from intra and extra oral assessments were not always documented. Patients' risk of caries, periodontal disease and oral cancer had not been recorded consistently to inform patient recall intervals. There was not sufficient detail in regard to extra and intra oral findings. A recent dental care records audit had highlighted these shortfalls and as a result a further audit had been planned in June 2020 to ensure required improvements would be made.

Helping patients to live healthier lives

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

One staff member told us the dentist regularly gave out what they described as 'party bags' to patients which contained interdental brushes, flossettes and free samples of tooth paste.

We noted information leaflets on a range of dental topics including diet, dental decay, gum disease and mouth cancer, diet, and root canal treatment for patients to help themselves to in the waiting area. There was also information about the impact of smoking on oral health.

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. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians listened to them and gave them clear information about their treatment.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

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 might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

Staff reported that they did not feel rushed in their work and had plenty time to attend to patients' needs. The staffing team was small, with just two dental nurses available to support two dentists. We were told that very occasionally a dentist worked without chairside support if a nurse was unavailable. This was not in line with GDC national standards. This had not been risk assessed.

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 had current employer's liability insurance in place.

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 systems in place for referring patients with suspected oral cancer under the national two week wait arrangements, although we noted these could be strengthened

Non-NHS patient referrals were not monitored effectively to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as helpful, understanding and supportive. One patient commented, 'My dentist has a great memory and personal touch'; another that 'My treatment is always undertaken with empathy, care and professionalism'.

We saw staff treated patients respectfully and kindly at the reception desk and over the telephone. The receptionist had worked at the practice for nearly 40 years and it was clear that they knew the practice's patients well and had built up warm relations with many. We received numerous comments about their friendliness and helpfulness.

The practice was sited opposite a care home, and staff regularly collected residents to bring them over for their dental appointment. The principal dentist told us that the practice never charged patients living with dementia if they missed their appointment.

The principal dentist spoke Guajarati, Hindi and Punjabi and supported Asian patients who did not speak English to ensure they accessed relevant medical services.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. reception staff did not leave patients' personal information where other patients might see it. The receptionist told us they had moved the chairs in the waiting room out of earshot of the reception desk to improve patient's confidentiality, and there was a separate consultation room that could be used if patients wanted to discuss confidential matters. However, patients' paper dental records were kept in unlocked shelving behind reception.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

Involving people 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 and discussed options for treatment with them. One patient told us, 'The team always have time to listen to me and my family' Another commented, 'The dentist explains problems and treatments to me'.

Dental records we reviewed showed that treatment options had been discussed with patients. Dentists used models, drawings, picture books and X-ray images to help patients better understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was small and friendly and had built up a loyal and established patient group. It was clear staff knew their patients well.

The practice had made some adjustments for patients with disabilities. This included ramp access and staff had access to a wheelchair to offer patients with limited mobility. However, there was no accessible toilet, or portable induction hearing loop to assist patients who wore hearing aids.

The principal dentist spoke Guajarati, Hindi and Punjabi and was able to communicate to a number of patients in these languages.

Timely access to services

At the time of our inspection the practice was taking new private patients. Appointments could be made by telephone or in person. The practice was not able to offer a text or email reminder service but did write to patients to remind them of their appointment. At the time of inspection, the waiting time for a routine appointment was approximately one week.

There were specific emergency slots each day for anyone in dental pain and staff told us these patients would be seen the same day.

Both patients and reception staff reported that the dentists were good at running to time.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the downstairs waiting areas for patients.

We viewed paperwork in relation to two complaints and found they had had been investigated and responded to appropriately.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice but was supported by an experienced receptionist/ practice manager. Staff had specific areas of responsibilities within the practice. For example, one dentist was responsible for complaints handling, radiation and safeguarding patients. One nurse was responsible for infection control and was the practice's Speak Up Guardian.

Staff told us they particularly valued the experience, organisation and skill of the practice manager.

Culture

The practice had a very well established and settled staff group who had worked there for many years. All staff reported high satisfaction rates in their work and told us they felt respected, supported and valued.

Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

There were processes in place for managing risks, issues and performance. 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.

We noted provider took immediate action to rectify some issues we identified during our visit.

Communication across the practice was structured around a regular meeting for all staff which they told us they found useful. The practice also used an on-line governance tool to assist with the management of the service.

Appropriate and accurate 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.

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

Engagement with patients, the public, staff and external partners

The practice used surveys to obtain staff and patients' views about the service. Forms were available on the reception desk and asked patients to feedback about the quality of information available, cleanliness, waiting times and confidence in staff's ability. We viewed about 15 completed surveys which showed patients rated the service and staff highly.

Staff told us that a patient's suggestion to redecorate the reception and waiting area had been implemented.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The principal dentist attended two local study groups and was a member of the British Dental Association to help keep his practice up to date. Staff often attended external relevant training as a team and appreciated this was paid for by the principal dentist.

Staff discussed their training needs at appraisals, although not all had received a regular yearly appraisal.