

Whitefield Dental Practice Ltd

Whitefield Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 9 November 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 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

Whitefield Dental Practice is in Manchester and provides private treatment to adults and children.

A portable ramp is available for people who use wheelchairs and pushchairs but there are no disabled toilet facilities. On street parking is available near the practice.

The dental team includes one dentist, two part time dental nurses, two part time dental hygienists, and a receptionist. The practice has two treatment rooms. They offer implants with or without sedation that is carried out by a visiting dentist who attends with a sedationist as required.

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 Whitefield Dental Practice was the principal dentist.

On the day of inspection we collected 47 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist, one dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday: 9.00 to 5.30pm (closed 1.00 -2.00pm for lunch)

Friday: 9.00 to 12.30pm

Saturdays: by prior arrangement

Our key findings were:

- The practice was clean and well maintained.
- 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 practice had thorough staff recruitment procedures.
- 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 proactively sought patient feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements and should:

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the practice's protocols for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.'

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 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.

The dentist did not consistently use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. They were aware of the guidance and had booked a course to improve their technique and use of rubber dam.

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.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice occasionally carried out conscious sedation for patients who would benefit. The practice did not have a procedure in place to ensure the arrangements were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. Evidence of protocols were sent after the inspection.

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 47 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and caring. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them.

No action



Summary of findings

Nervous patients said staff were compassionate and understanding. Some commented that they were no longer afraid of attending and that the dentist allowed plenty of time so they did not feel anxious or rushed.

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

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. They would also offer early morning or evening appointments as necessary to accommodate patients' needs.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

They had access to translation services but staff told us these were rarely needed.

There were 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.

The practice was involved in local community and charitable activities.

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.

The practice proactively sought patient feedback about all aspects of the service through regular patient surveys, verbal comments, a comments book at reception, a suggestion box and online reviews. We saw examples of suggestions from patients the practice had acted on.

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. Staff also used a diary to communicate information and any follow up actions between part time staff.

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 had carried out a sharps risk assessment, using safer sharps systems and disposable items where possible. Staff confirmed that only clinicians assembled, handled and dismantled local anaesthetic syringes. They followed relevant safety laws when using needles and other sharp dental items. The dentist told us they did not consistently use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. They were aware of the guidance and had booked a course to improve their technique and use of rubber dam.

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. The registered manager told us that the dentist who provided implants under sedation and the sedationist had additional immediate life support training but evidence of this was not available.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at the staff recruitment files. These showed the practice followed their recruitment procedures.

Clinical staff were qualified and registered with the General Dental Council (GDC) where appropriate and had professional indemnity cover.

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. A fire safety risk assessment was in place, fire detection equipment was installed and checked on a regular basis. Information relating to the Control of Substances Hazardous to Health (COSHH) was available and hazardous substances were appropriately risk assessed. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, but not with the dental hygienists when they treated patients. Staff told us they regularly checked if the hygienist needed any assistance. For example, with decontamination.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed



Are services safe?

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.

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.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff carried out and documented monthly water temperature testing and the dental unit water lines were maintained appropriately and checked with regular water quality testing.

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

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is

recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

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

The practice provided private prescriptions or dispensed prescribed medicines as appropriate. Records of prescribed and dispensed medicines were maintained 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.

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.

The practice occasionally carried out conscious sedation for patients who would benefit from this. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The dentist arranged for a visiting dentist and sedationist to provide this service. The practice did not have a procedure in place to ensure the arrangements were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. Evidence of these protocols were sent after the inspection.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, and sedation equipment checks. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. The registered manager confirmed that the clinician and sedationist had up to date sedation and immediate life support training but evidence of this was not obtained by the practice.

The records showed the clinician assessed patients appropriately for sedation. The dental care records showed that patients having sedation had necessary checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded the patient's pulse, blood pressure, breathing rates and the oxygen saturation of the blood at regular intervals. We discussed the sedation service with the registered manager who gave assurance that they would discuss the sedation service with the clinicians involved and develop a practice procedure and retain the necessary evidence from the staff providing the

service. They took immediate action to contact their indemnifier for further advice and guidance in relation to this and confirmed to us after the inspection that the sedation service would discontinue.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice and supported national oral health campaigns. Patient's comments confirmed that the dentists were very informative and gave them information to improve their oral health.

The dentist 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 children as appropriate.

The dentist told us they discussed 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 clinical staff completed the continuous professional development required for their registration with the General Dental Council and the practice supported them to complete their training by offering in-house training, lunch and learn sessions and online training.

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, dental hygienists and dental nurses, to deliver care in the best possible way for patients.

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

Working with other services

The dentist 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.



Are services effective?

(for example, treatment is effective)

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 and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

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

Nervous patients said staff were compassionate and understanding. Some commented that they were no longer afraid of attending and that the dentist allowed plenty of time so they did not feel anxious or rushed.

The layout of reception and waiting area did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and 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. They stored paper records securely.

There were a range of magazines and practice information in the waiting room and the practice had purchased a child's table and chairs, books and toys in response to patient feedback.

Information folders, 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. The 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 treatments.

The treatment rooms had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



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.

Patients were sent text message and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

The practice was involved in local community and charitable activities. For example, they sold handmade greetings cards to raise money for a local hospice, held bake sales and staff told us they donated equipment to dental charities who provide treatment to underprivileged communities including overseas.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included installing a handrail to the front entrance, a portable ramp and fixing grab rails by the step down to the patient toilet. They had also provided higher seated chairs for patients with limited mobility in response to patient feedback.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services but staff told us these were rarely needed.

Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They provided an emergency on-call service and arranged cover with other local practices when necessary. The website, information folders 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 appointments easily and were rarely kept waiting for their appointment.

Several patients commented that they had found it easy to arrange emergency appointments and staff told us that they would also offer early morning or evening appointments as necessary to accommodate patients' needs.

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 registered manager was responsible for dealing with these. Staff told us they would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered 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 in 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 with support from the staff, several of whom had been employed by the practice for many years. 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. They used an online quality and management framework toolkit to help them to ensure that policies were up to date and reviewed regularly.

The practice had information governance arrangements. Staff had completed training and 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 registered 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 registered manager was approachable, would listen to their concerns and act appropriately. They discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Staff also used a diary to communicate day to day messages between them.

Learning and improvement

During the inspection the provider was responsive to feedback and actions were taken quickly to review the sedation service. 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 received 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 highly recommended 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 proactively sought patient feedback about all aspects of the service through regular patient surveys, verbal comments, a comments book at reception, suggestion box and online reviews. We saw examples of suggestions from patients the practice had acted on. For example, they provided a child sized table and chairs, high seated chairs for patients with impaired mobility and changed the time that text reminders were sent before appointments.