

The Woodside Dental Practice

Woodside Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 11 July 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.

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.

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

Woodside Dental Practice is in Wimbledon and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. The practice is in the town centre and parking is available in local car parks or paid parking on local side streets. The practice has a limited number of parking spaces at the front of the building for patients.

Summary of findings

The dental team includes five dentists, three dental nurses, three dental hygienists, one receptionist and a practice manager. Some of the dental nurses also performed reception duties. The practice has three treatment rooms.

The practice is owned by a partnership 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 Woodside Dental Practice was the principal dentist.

On the day of inspection we collected 10 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, two dental nurses 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 Friday 9.00am to 5.00pm and Saturdays from 9.00am to 2.00pm.

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, although some documentation was not filed appropriately.
- 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 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.

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 pain-free, gentle and skillful. 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 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, professional and kind. They said that they were given honest and knowledgeable 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.

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



Are services responsive to people's needs?

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

No action



Summary of findings

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 facilities for disabled patients and families with children. The practice had access to telephone and face to face 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.

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 maintained a folder of reporting procedures for incidents such as RIDDOR and general incidents.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. There had been one incident in the past 12 months which the practice had dealt with in line with their policy. There had not been any accidents during this period.

Staff told us that the practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). When we reviewed the folder that they were stored in the last alerts received were in 2015. We discussed this with the principal dentist and they confirmed that they had been receiving some but they had not always been shared with the rest of the team. They also confirmed that there had been a general problem with receiving alerts which had been recently rectified. They assured us that all future alerts would be shared widely with the rest of the team and discussed when necessary.

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. Details of the local safeguarding adults and children's teams were outlined in the policy and also displayed in each surgery for easy and quick reference. We saw evidence that staff received safeguarding training (level 2 child protection and vulnerable adults). Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy.

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 knew where to locate equipment and medicines.

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 five staff recruitment records. These showed the practice followed their recruitment procedure in most cases. Some of the files we reviewed had documents missing, for example one file had a missing CV and interview notes and another file did not have references on file. Staff assured us that this was a filing issues. Shortly after the inspection the provider supplied us with the missing documents.

Clinical staff were qualified and registered with the General Dental Council (GDC) 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. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A fire risk assessment had been completed in 2013. No major areas of concern were identified. There had been a recent flood in the practice and the principal dentist told us that they were considering getting a new fire risk assessment completed by an external company so that it

Are services safe?

was up to date. Fire equipment was tested annually by an external company and staff in the practice checked smoke alarms on a monthly basis. Fire drills were conducted quarterly.

A dental nurse worked with the dentists at all times. Dental nurses did not routinely work with the hygienists however a risk assessment was in place monitoring this and if the hygienist required a nurse, one was made available.

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.

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 an 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.

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

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 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.

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's systems included checks before and after treatment, emergency equipment requirements, medicines management and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

Health promotion & prevention

The practice was providing 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 children based on an assessment of the risk of tooth decay for each child.

The dentists told us that 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 reviewed the

induction plan for a new member of staff and it was detailed. We confirmed clinical 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 for nursing and administration staff.

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.

The practice's consent policy included information about the Mental Capacity Act 2005. Training records confirmed that staff had completed training in MCA, consent and best interest meetings. 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 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly and professional. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk.

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. 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.

Involvement in decisions about care and treatment

The practice gave patients information to help them make informed choices. This included giving treatment options and information about referrals to services such as the hygienists and private dental work. We saw these discussions were recorded in dental care records which we reviewed. Comment cards were positive about the information that was given to them by the dentists.

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. Cost of treatment was also displayed on the website.

Each treatment room had a screen so the dentists could show patients photographs, and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were always seen the same day. The practice were also a "111" provider for urgent care. If patients from another practice had a medical emergency and could not be seen by their dentist they were referred to the practice to be seen.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, there was parking restrictions in the local area and the practice had limited parking on their premises. They told us that if patients with mobility problems had appointments they always reserved a parking space for them to ensure they were able to access their appointment without transport issues.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services and staff spoke Spanish and Arabic.

Access to the service

The practice displayed its opening hours in the premises 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 two appointments free for same day appointments. The website 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 leaflet was available to patients in the waiting room. The principal dentist was responsible for dealing with these.

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

There had been four complaints in the past 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 principal dentist had overall responsibility for the management and clinical leadership and 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. The principal dentist gave examples of where this would be applied.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. We saw evidence that incidents that required staff to display duty of candour had been handled in line with expectations.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

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.

Nurses and administration staff 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. We saw examples of other training attended by staff. Team meetings were also used for informal training. We reviewed team meeting minutes and saw example of training which included health and safety at work.

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 carried out patient satisfaction surveys. We reviewed the patient satisfaction results and saw numerous example of where patients had provided feedback. For example, patients suggested that they needed more reading material in the waiting room and a television and the practice supplied this. We also saw example where staff feedback had led to improvements in staff working conditions.

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. Results were submitted every month and displayed in the patient waiting area. Results from the previous months had been positive.