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# Wensleydale Dental Practice

## Inspection Report

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Date of inspection visit: 23 January 2018  
Date of publication: 19/02/2018

### Overall summary

We carried out this announced inspection 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. A CQC inspector, who was supported by a specialist dental adviser, led 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**

Wensleydale Dental Practice is a well-established practice that provides NHS, Denplan and private treatment to adults and children. The team consists of a practice manager, eight dentists, three hygienists, and nurses and reception staff. The practice has nine treatment rooms and is open on Mondays to Fridays from 9am to 5pm and serves about 20,000 patients.

The practice is owned by an individual who is one of the principal dentists 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.

During the inspection we spoke with three dentists, the practice manager, two dental nurses, and reception staff. We looked at practice policies and procedures and other records about how the service is managed. We collected 30 CQC comment cards filled in by patients and spoke with five other patients during our visit.

Our key findings were:

- Information from 30 completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high quality service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon. Communication systems between staff were good.

- The practice showed a strong commitment to learning and improvement.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the current infection control protocols taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices..'

# 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 arrangements for essential areas such as infection control, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs.

The recording of untoward incidents needed to be improved to ensure that all incidents were monitored and action taken to prevent their reoccurrence.

No action



### Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice kept detailed records of the care given to patients including comprehensive information about their oral health assessments, treatment and advice given. Records showed that patients were recalled in line with national guidance and screened appropriately for gum disease and oral cancer.

No action



### Are services caring?

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

We collected 30 completed patient comment cards and obtained the views of a further five patients on the day of our visit. These provided a very positive view of the service the practice provided, with patients commenting on the caring and respectful nature of staff. Staff gave us specific examples where they had gone beyond the call of duty to support patients.

Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

No action



### Are services responsive to people's needs?

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

Good information about the service was available for patients both at the practice itself and on its website. Appointments were easy to book and patients were able to sign up for text and email reminders for them. Patients could access treatment and urgent and emergency care when required.

The practice had made some adjustments to accommodate patients with a disability and there were ground floor surgeries, a hearing loop, magnifying aids and translation services available.

No action



# Summary of findings

There was a clear complaints' system and the practice responded appropriately to issues raised by patients.

## **Are services well-led?**

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

The practice had accessible and visible leadership with structured arrangements for sharing information across the team, including holding practice based staff meetings which were documented for those staff unable to attend. There were clearly defined leadership roles within the practice and staff told us they felt well supported and enjoyed their work.

The practice had a number of policies and procedures to govern its activity and systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve its services.

**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 serious accidents, incidents and significant events. Staff knew about these and understood their role in the process. However, they had a limited understanding of what might constitute an untoward event and were not recording other types of incidents to support future learning. For example, we noted a number of incidents in the practice's accident book including a needle stick injury and a patient fall. There was no evidence to demonstrate that these had been investigated and discussed to prevent their reoccurrence.

National patient safety alerts were sent to the practice and then disseminated by the practice manager to relevant members of staff for action if needed. Staff we spoke with were aware of recent alerts affecting the dental practice.

### Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Records showed that all staff had received safeguarding training for both vulnerable adults and children. The practice had a comprehensive safeguarding policy in place and information about how to report concerns was available around the practice. The latest safeguarding newsletter from NHS England was on display in the staff room. We noted from minutes of the staff meeting held in November 2017 that clinicians had been reminded of the importance of recording who accompanied a vulnerable adult or child in patients' notes.

One of the principal dentists was the appointed lead for all safeguarding matters and each member of staff had downloaded a specific 'safeguarding app' on their mobile devices.

The practice had undertaken disclosure and barring checks for staff to ensure they were suitable to work with vulnerable adults and children

The practice had a whistleblowing policy, which provided guidance to staff who might want to raise concerns about a colleague's practice.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items, although not all sharps' bins had been labelled correctly. 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 it would deal with events that could disrupt the normal running of the practice.

CCTV was installed in communal areas to provide additional security and its use was well advertised to patients.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. They did not regularly rehearse emergency medical simulations so that they had a chance to practise what to do.

All emergency equipment and medicines were available as described in recognised guidance, apart from portable non powered suction, which was ordered immediately by the practice manager. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

The practice had five trained first aider staff to deal with minor injuries and there were eyewash, bodily fluid and mercury spillage kits available for use.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation, although needed to provide more detailed guidance about obtaining references and DBS checks. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for staff including proof of their identity and DBS checks. Prospective employees were interviewed by two people, although a record of the interview was not always kept to demonstrate it had been conducted fairly.

Staff received an induction to their new role, which they told us they had found useful.

# Are services safe?

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover. The practice had current employer's liability insurance.

## **Monitoring health & safety and responding to risks**

The practice had a range of policies and risk assessments that 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 practice had a fire risk assessment in place and we saw that its recommendations to provide torches by fire points and install an automatic door closure had been implemented. Fire safety equipment such as extinguishers and smoke alarms was regularly tested, and we saw records to demonstrate this. Timed evacuations of the premises were rehearsed yearly to ensure that all staff knew what to do in the event of an emergency. The practice had appointed specific staff who had been trained as Fire Marshals to help manage any incidents should they occur.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A recent Legionella assessment had highlighted a faulty water heater connector and the practice had taken action to remedy this.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of emergency equipment, stairways and X-ray warning signs to ensure that patients and staff were protected. The practice should review the position of its oxygen warning sign to ensure it can be seen easily.

## **Infection control**

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

We noted that staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. They changed out of their uniforms at lunchtime. Records showed that dental staff had been immunised against Hepatitis B.

The practice had infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, waste disposal, blood borne viruses and the use of personal protective equipment. Cleaning equipment was colour coded and stored according to guidance. The practice undertook regular infection control audits and results of the most recent one undertaken on 13 January 2018, showed that it met essential quality requirements.

We noted that all areas of the practice, apart from the cleaning cupboard, were visibly clean and hygienic, including the waiting areas, toilet, corridors and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. We noted that one treatment room had chipped cabinetry making it difficult to clean, a ripped dental stool, and flaking paint on the walls. The decontamination area in one surgery did not have the recommended number of sinks, and staff were not using a separate bowl to compensate for this.

The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored in large lockable bins externally, but needed to be secured to the wall for additional security.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. Stock control was good and medical consumables we checked in cupboards and drawers were within date for safe use. The practice manager told us she undertook weekly and monthly stock checks.

The practice had suitable systems for prescribing, dispensing and storing medicines. Prescription pads were stored safely, although a logging system was not in place to account for individual prescriptions issued and identify possible theft.

## **Radiography (X-rays)**

## Are services safe?

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. Rectangular collimation was used to reduce dosage to patients

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

We spoke with five patients during our inspection and received 30 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

Dentists we spoke with understood national guidelines that applied to dentistry and kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

We saw a range of clinical audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping and the quality of dental radiographs. The practice should consider undertaking an implant audit so it can better assess the quality of the treatment.

### Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. 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. Three dental hygienists to work alongside the dentists to deliver preventive dental care and the practice's web site provided information and advice to patients about how to maintain healthy teeth and gums.

The practice also sold dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash and toothpaste. Free samples of toothpaste were available to patients. We noted a good range of oral health information leaflets provided by the British Dental Health Foundation available to patients in the reception area.

The practice manager told us that staff had visited primary schools to deliver oral health education and that the practice took part in national campaigns such as Oral Cancer Week and National Smile week.

### Staffing

Staff told us it was a busy practice but that there were enough of them for its smooth running and that patient care had never been compromised. Both staff and patients told us they did not feel rushed during appointments. A dental nurse always worked with the dentists, and one nurse supported two hygienists. An additional 'cover' nurse was available each day to assist if necessary.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we reviewed showed they had undertaken appropriate training for their role.

### Working with other services

The practice was able to offer patients in-house referral for many treatments including endodontics, orthodontics, hygiene therapy and implants. Referrals were made to other dental professionals when the practice was unable to provide the necessary treatment themselves and there were clear referral pathways in place. The practice monitored urgent referrals to make sure they were dealt with promptly, although did not track non-urgent referrals to ensure they had been received.

### Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment and its costs, which they signed.

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.

Additional written patient consent forms were available for more complex treatments including implants, root canal treatment and orthodontics.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 30 completed cards and obtained the views of a further five patients on the day of our visit. These provided a very positive view of the practice. Patients told us that staff were caring and respectful of their wishes. One patient told us they had received three root canal treatments in two months and had felt very well looked after throughout; another patient told us that staff worked hard to put them at ease.

During our inspection we observed that reception staff were courteous and helpful to patients. Staff gave us examples of where they had gone out their way to support patients, such as working extra hours so that patients could be seen and supporting parents with their children.

Computers were password protected and screens displaying patient information were not visible to patients.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy. Downstairs treatment room windows had frosted glass to prevent passers-by looking in. We noted that reception staff had been reminded at a meeting not to ask patients about their medical histories in front of other patients, demonstrating that the practice took patient confidentiality seriously.

### **Involvement in decisions about care and treatment**

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them. A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed and its cost.

Additional information leaflets about the practice's endodontic, orthodontic and hygiene services were available to help patients better understand their treatment. There was further information on the practice's web site.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice offered a full range of both private and NHS treatments including endodontics, orthodontics, implants and tooth whitening. It had its own dental laboratory and was able to make patients' dental prosthetics on site. The practice had its own Cerec machine to make crowns and bridges, and a CBCT X-ray machine.

A helpful website gave details about the dental clinicians, the range of treatments available and charges. Patients could follow the practice on Facebook and twitter. We found good information about NHS and private charges in the waiting areas to ensure patients knew how much their treatment would cost.

Patients were able to book in electronically once they had arrived and the screen told them how long they would wait for their appointment. Patient waiting areas were comfortable and toys were available to keep children occupied whilst they waited. There was a large TV screen in the downstairs room that gave patients information about various treatments and their costs.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. They appreciated the fact that they could see the dentist and hygienist consecutively, rather than having two separate appointments. Patients were able to book and cancel appointments on-line, and could sign up for email and text reminders. The practice manager told us the practice occasionally opened on a Saturday morning by appointment. Specific emergency slots were reserved each day for patients requiring urgent treatment.

The dentists were on an on-call rota to deal with any emergencies for private patients. Information about emergency out of hours' service was available on the practice's answer phone message, but not on the front door should a patient come to the practice when it was closed.

### Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included ramp access, an induction hearing loop and magnifying aids. Staff told us information about the practice could be provided in large print if needed. There were downstairs treatment rooms, but no disabled toilet for patients to use. Translation services were available and staff spoke a number of languages between them. The practice should consider providing raised chairs in the waiting areas to help those with limited mobility.

### Concerns & complaints

The practice had an appropriate complaints procedure in place that included the timescales within which they would be dealt and other agencies that patients could contact. The practice manager was the named lead for handling complaints. Information about how to raise a complaint was available for patients in the waiting areas and reception staff spoke knowledgeably about how they would deal with complaints.

We viewed the paperwork in relation to recent complaints concerns that demonstrated they had been dealt in a professional and timely way.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentists had overall responsibility for the management and clinical leadership of the practice, but were well supported by the practice manager and other administrative staff. There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. There were lead roles for key areas such as safeguarding, infection control and reception. The principal dentist was a member of the local dental committee

Communication across the practice was structured around regular scheduled meetings and staff contributed to the agenda. We viewed a sample of minutes that were detailed, with actions arising from them clearly documented. The meetings were held on different weekdays to accommodate the needs of part-time staff. There was also a specific staff 'WhatsApp' group for staff to help them keep in touch.

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 well maintained, up to date and accurate. Practice specific policies were reviewed and implemented, although staff had signed to show they had read and understood them. The practice used a range of sheets outlining staff responsibilities, and making them accountable for completing the tasks.

The practice regularly completed an information governance tool to assess it was meeting the requirements of relevant legislation.

### Leadership, openness and transparency

It was clear that the management approach created an open, positive and inclusive atmosphere for both staff and patients. Staff described the practice atmosphere like being in 'a big family'.

They spoke highly of senior staff describing them as supportive and effective. Staff reported that they felt valued and supported in their work, and had access to training.

Staff regularly participated in local charity events to raise money and build teamwork. The practice supported a local running club, providing their medals.

The practice had a duty of candour policy in place and we found staff were aware of their obligations under the policy.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on X-rays, record keeping, and infection prevention and control. These audits were comprehensive and there were records of their results and action plans.

The principal dentists showed a commitment to learning and improvement. The practice had been approved by Lancashire University to provide mentoring for its M.Sc. Implantology course. The practice paid for staff's essential training and three nurses had undertaken further training in oral health education. There were regular lunch and learns for staff and the principal dentist told us he was keen to set up a local study group for dentists. The principal dentists had also been involved in setting up a Digital Dental Academy to provide on-line training for clinicians.

Dental and reception staff received regular appraisal of their performance, which assessed their professional practice and their training needs.

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

The practice encouraged and valued feedback from patients. Patients were emailed after their treatment and encouraged to complete the Friends and Family Test. Results for December 2017 based on 70 responses, showed that 96% of respondents would recommend the practice. In addition to this, there was a suggestion box in the reception area and the practice conducted its own general survey. In response to patient feedback, the practice had installed bike racks, and provided a greater variety of magazines and a radio in the waiting area. Action taken in response to patients' suggestions was on display, demonstrating the practice took patients' concerns and suggestions seriously.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. We found good evidence that the practice listened to its staff and implemented their suggestions and ideas.