Care Quality Commission

Rodericks Dental Limited

# Weston Favell Dental Practice

## Inspection Report

Weston Favell Primary Care Centre
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Date of inspection visit: 12 April 2016
Date of publication: 01/06/2016

## Overall summary

We carried out an announced comprehensive inspection on 12 April 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

**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**

Weston Favell Dental Practice is a dental clinic in the Weston Favell area of Northampton town, and provides a range of NHS and private dental treatments to adults and children. It is part of a large group of dental practices in the area.

The practice is situated on the first floor of the Weston Favell Primary Care Centre and shares the building with four doctors' surgeries and a pharmacy. It has seven treatment rooms, and a separate decontamination room, as well as an office, waiting area with reception and a staff room.

There is access to the first floor via stairs and a lift.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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 practice was first registered with the Care Quality Commission (CQC) in June 2011.

We received positive feedback from 37 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection and by speaking with patients in the practice.

# Summary of findings

**Our key findings were**

- The practice met national standards in infection control.
- Patients commented that staff were kind and friendly and were able to put nervous patients at ease.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice had emergency medicines and equipment in line with national guidelines.
- Staff recruitment checks had been carried out in accordance with schedule three of the Health and Social Care Act 2008. Disclosure and barring service checks had been carried out on all staff to ensure the practice employed fit and proper persons.
- Dental care records were found to be accurate and detailed.
- The practice used clinical audit as a tool to ensure continual improvement of the service and regularly carried out audits over and above those mandatory audits for infection control and quality of X-rays.

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

- Review the need to regularly review and update policies for the smooth running of the service, and to ensure that they remain relevant and up to date.
- Review the availability of adrenaline over and above the stock that was carried in the event that this is used up before the emergency services are in attendance.

# 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.

Staff demonstrated good understanding of the situations in which they may need to raise a safeguarding concern, and how they would undertake this.

The practice was carrying out decontamination and sterilisation of dental instruments in line with the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.

The practice carried emergency medicines and equipment in line with national guidelines, although only limited doses of a certain medicine were available. Following our inspection the practice purchased extra doses.

**Are services effective?**

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

Dentists we spoke with used nationally recognised guidance in their care and treatment of patients.

Comprehensive medical history forms were completed and reviewed regularly to ensure that the clinicians were kept up to date with changes that may affect treatment.

Dental care records were detailed and accurate and demonstrated discussions between clinicians and patients.

**Are services caring?**

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

Patients commented that staff were friendly and kind, and were skilled at treating children and those with individual needs.

Dental care records were stored securely on the premises.

We witnessed staff welcoming patients in a polite and professional manner.

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

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

The practice had access to an interpreting service to help patients for whom English was not their first language.

The practice had a lift to help patients with limited mobility access the premises and an evacuation chair to safely transport them down the stairs in the event of an emergency or mechanical fault.

The practice set aside emergency appointments in the morning and afternoon so that patients in pain could be seen in a timely manner

**Are services well-led?**

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

The practice carried out regular audits to ensure continuous improvement of the service, these included mandatory audits in infection control and quality of X-rays.

# Summary of findings

Regular practice meetings ensured that all staff were up to date with developments.

The practice had a range of policies which were available in hard copy form for all staff to reference in the policy folders, although these had not always been recently reviewed.

# Weston Favell Dental Practice

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 12 April 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the practice for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with 11 members of staff during the inspection.

During the inspection we spoke with three dentists, six dental nurses, the practice manager and a practice manager from a different branch. We reviewed the practice's policies, procedures and other documents. We received feedback from 38 patients about the dental service.

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 therefore formed the framework for the areas we looked at during the inspection.

## Our findings

**Reporting, learning and improvement from incidents**

The practice had systems in place to report, investigate and learn from incidents that occur. Staff were able to access a template which recorded the details of the incident and action taken. The practice manager would then investigate and assign a level of future risk, as well as detailing any training or learning to prevent reoccurrence.

The practice manager kept a log of all the individual incidents so that any trends could easily be identified and addressed. Significant incidents were discussed in the monthly team meetings, and any urgent information that needed to be given to staff was done by way of a memo which staff would all read and sign to confirm they understood the contents.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the head office for the practice, and relevant alerts were sent from there to the practice manager by e-mail. These would then be relayed to the staff through the staff meetings, or by memo if it could not wait until the next staff meeting.

Staff were aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager informed us of how they would make such a report.

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

The practice had policies in place regarding safeguarding vulnerable adults and child protection which had been signed by all staff to confirm they were understood. A contact number for the local multi-agency safeguarding hub (MASH) was displayed in the waiting room and treatment rooms in the practice.

Staff we spoke with had a good understanding of the signs of abuse, and how they would raise a safeguarding concern.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 8 November 2016. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice used a system of needle blocks to safely dispose of needles. These are devices that allow needles to be removed from syringes without handling them. In the practice it was the responsibility of the dentists to dispose of needles. This was in accordance with Health and Safety (Sharp Instruments in Healthcare) 2013 guidance.

We were informed that the practice uses rubber dam for root canal treatment whenever possible. Rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment and prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment.

**Medical emergencies**

The practice carried emergency medicines in line with those detailed in the British National Formulary (BNF). However, although the practice carried adrenaline, in the form of a pre-filled syringe, it was only enough to administer one dose. The BNF states that in the event of a severe allergic reaction adrenaline may need to be administered every five minutes. Following our inspection we have received evidence that more adrenaline had been ordered to cover such an eventuality.

The practice had an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The battery and pads were checked regularly to ensure that this would function correctly if required. Records were seen pertaining to these checks. The practice had other emergency equipment as outlined in the Resuscitation Council UK guidance. Emergency oxygen was available and checked daily.

Staff had all undertaken basic life support training within the last year. They were able to describe the actions they would take in an emergency, and detail which medicines were required to treat specific medical emergencies.

**Staff recruitment**

We looked at the staff recruitment files for six staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff

recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that the recruitment procedures had been followed in accordance with schedule 3 of the Health and Social Care Act. DBS checks had been carried out on all members of staff in accordance with the practice recruitment procedure.

New staff underwent a probationary induction period with regular reviews to ensure they were meeting appropriate standards. A staff handbook detailed all the key policies and procedures in the practice that staff could easily reference.

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

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice.

A health and safety policy was readily available for staff to reference, and all staff had been required to sign it to confirm they understood the contents. It included information on working with pressure systems, electrical equipment and substances hazardous to health.

A fire risk assessment had been carried out in December 2015, and a detailed risk assessment for the whole building was carried out every five years by an external contractor. Logs were seen pertaining to weekly testing of the fire equipment.

Staff we spoke with were able to describe the procedures for evacuation of the premises and the external muster point for the building. Evacuation chairs were available to safely transport patients with limited mobility down the stairs in the event of the lift being out of use.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

The practice had a policy detailing how sharps were to be handled. In addition information was displayed in each treatment room which detailed the actions to take following an inoculation (sharps) injury, and records indicated that these actions had been carried out following sharps injury.

**Infection control**

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had a series of policies on infection control including decontamination (Decontamination is the process by which contaminated re-usable instruments are washed, rinsed, inspected, sterilised and packaged ready for use again), hand hygiene, bodily fluids spillage and personal protective equipment (PPE), some of which had been reviewed in the previous year.

The practice had a separate facility for completing the decontamination process and we witnessed three dental nurses undertaking this process. The practice had a robust system in place for cleaning and sterilising dental equipment.

Instruments were manually cleaned before being inspected and then placed into one of two autoclaves for sterilising. Following this instruments were placed in pouches and date stamped. Logs were kept of checks that were undertaken to ensure that the process was effective and robust. These were in line with the requirements of HTM 01-05.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice were checking the mains water temperatures, flushing and disinfecting the water lines. This was in line with the external risk assessments that had been carried out to determine the level of risk.

# Are services safe?

All clinical staff had documented immunity against Hepatitis B. Staff 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 the risk of contracting blood borne infections.

The practice had waste contracts in place for the safe removal of hazardous waste. These were arranged jointly with the other services in the building, but waste bags and sharps boxes were appropriately labelled so that waste could be traced back to the source if necessary. We observed the clinical waste bins in a secure area to the rear of the property.

An external company was responsible for cleaning the non-clinical areas and the floors throughout the practice. We were not able to access their store room, however, although it was apparent that they were following the national guidelines for colour coding cleaning equipment for use in a medical environment.

**Equipment and medicines**

We saw that the practice had equipment to enable them to carry out the full range of dental procedures that they offered.

Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Pressure vessel testing had been carried out on the autoclaves and compressor to ensure they functioned safely.

The practice had a washer disinfector which was out of commission at the time of the inspection due to a problem with the water pressure. The practice had taken appropriate measures to ensure that decontamination standards were maintained in its absence.

The practice did not carry any prescription medicines, and prescription pads were kept securely and logged so that they could be traced if necessary.

**Radiography (X-rays)**

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000.

The practice had eight X-ray machines: an intra-oral machine in each surgery for taking small pictures of a few teeth, and a dental panoramic tomograph machine (DPT) in a separate room which takes an image of the jaws and teeth including the jaw joints.

All treatment rooms displayed the 'local rules' of the X-ray machine on the wall. These were specific documents to each X-ray set detailing (amongst other things) the designated Radiation Protection Advisor, and Radiation Protection Supervisor. Schematics were available that detailed the direction of the X-ray beam and area of possible scatter (the tiny amount of radiation that can spread outside the beam area).

A radiation protection folder demonstrated regular testing and servicing of the equipment and detailed the clinical staff able to take X-rays. Appropriate training had been carried out by these staff and this information was retained in a log so that the practice manager was aware when training was due to be repeated.

The practice used exclusively digital X-rays, which were available to be viewed almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

Justification for taking an X-ray was documented in the patients dental care record, as well as a report of the findings of the radiograph.

In this way the effective dose of radiation to the patient was kept as low as reasonably practicable.

# Are services effective?

## (for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

Comprehensive medical history forms were completed by patients, and were re-checked and signed by the patients at every visit to the practice. In this way clinicians were informed of any changes to the patients' health or medicines which could impact treatment.

Dentists we spoke with demonstrated a thorough knowledge and understanding of national guideline that can be used in the care of patients. These included the National Institute of Health and Care Excellence (NICE) and the Faculty of General Dental Practitioners guidance on when X-rays were required and necessary.

Records showed assessment of the periodontal tissues (the gums and soft tissues of the mouth) had been undertaken. These had been recorded using the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to patients' gums. Higher figures would trigger further investigation, referral to a dental hygienist, or to an external specialist.

Dental care records we saw were detailed and accurate, and the practice undertook audits of the quality of dental care records every four months. A written action plan was drawn up for each dentist.

**Health promotion & prevention**

Dental care records we saw indicated that an assessment was made of patients oral health and risk factors. Medical history forms that patients were asked to fill in included information on alcohol and nicotine use; this was used by dentists to introduce a discussion on oral health and prevention of disease. However the practice did not have oral health leaflets that would offer an opportunity for the patient to take the information home and revisit the advice given.

The practice had a contract to visit local schools for oral health screening and application of fluoride in line with guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. Dentists, dental nurses and dental therapists from the practice undertook screening in local schools, and any concerns were reported to the legal guardians of the children by letter, inviting them to make an appointment at the practice.

**Staffing**

The practice demonstrated appropriate staffing levels, and skill mix to deliver the treatments offered to the patients. Six general dentists worked at the practice, and a part time orthodontist (specialist dentist in straightening teeth with braces).

Dental nurses were given opportunities and encouraged to attain extended competencies, with two having been trained in the application of fluoride and one of those also able to take impression moulds of teeth.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, dental technicians, and orthodontic therapists.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control, radiology and fire awareness training.

**Working with other services**

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves. As part of a larger group of practices there was the possibility to refer for many specialities within the group, even in these situations a formal written referral would be made.

All referrals made both within and outside the group were logged on a central tracker ensuring that they could be chased in a timely manner if an acknowledgement was not received from the service being referred to.

**Consent to care and treatment**

Dentists we spoke with indicated thorough discussions with patients took place to establish consent for treatment.

# Are services effective?

## (for example, treatment is effective)

A series of information leaflets on various treatments were available for patients to take a way and consider the options for treatment. A record of consent having been granted was seen in dental care records.

The practice did not use any specific written consent forms for treatment, even in more complex treatment plans. We discussed this with the practice manager who said they would review this going forward.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included an understanding of the legal situations where a family member may be able to consent on behalf of another and when it may be necessary to make decisions in a patient's best interests.

A dentist recalled a situation where a best interest's decision was taken on behalf of a patient who lacked the capacity to consent for themselves and the steps taken were in line with the MCA.

There was good understanding of situations in which a child (under 16 years old) may be able to consent for themselves rather than relying on a parent to consent for them. This is termed Gillick competence and depends on the child's understanding of the procedure and the consequences in having/ not having the treatment.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

Information that we received through patient feedback indicated that they found staff to be friendly and helpful. Several comments were made that children were treated with great care, and patients' individual needs were met.

We saw how patients' private information was kept confidential. Computer screens at the reception desk were positioned so that they could not be overlooked by anyone stood at the counter. Computers were password protected and paper records were stored in locked rooms. These measures were underpinned by the practice's policies on confidentiality and data protection.

**Involvement in decisions about care and treatment**

Patients were given a written plan for their treatment on a standardised NHS form so that they were able to consider their options. Dental care records indicated that discussions had taken place with patients indicating the various options for treatment and the costs of that treatment. Patients commented that they felt listened to and everything was explained to them in great detail.

NHS price lists were displayed in the waiting area of the practice. A private price list was available in the patient information folder in the reception area.

# Are services responsive to people's needs?

## (for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

The practice visited local schools to carry out oral health screening of children. This involved giving preventative advice as well as applying fluoride to strengthen teeth if required.

For advice or appointments out of hours, patients were directed to the NHS 111 service, which can arrange an emergency dental appointment if necessary. This information was indicated in the practice leaflet, and on the answerphone.

**Tackling inequity and promoting equality**

The practice had an equality and diversity policy which indicated the practice's intention to welcome patients of all cultures and backgrounds.

We spoke to the practice about treating patients with individual needs. They explained that the practice had a lift, allowing access to patients with limited mobility or wheelchair users. The practice had access to an interpreting service for patients for whom English is not their first language. The interpreting service also provided interpreters in British sign language for patients with a hearing impairment.

Patient feedback indicated how well the staff treated patients with individual needs, with positive comments about the reception staff as well as the clinical staff.

**Access to the service**

The practice was open from 8.30 am to 5.30 pm Monday to Thursday and 8.30 am to 4.00 pm on a Friday.

A disability discrimination audit had been carried out in April 2016, this had highlighted that the practice was accessible to patients with restricted mobility. In the event of a failure of the lift, or during an evacuation for a fire the practice had an evacuation chair to safely evacuate patients who could not manage the stairs normally.

Emergency appointments were set aside morning and afternoon daily, so that patients in pain could receive a timely appointment.

**Concerns & complaints**

The practice had a complaints policy. In addition to this information was displayed in the waiting room indicating how a patient could make a complaint to the practice. The practice leaflet gave additional information as to how to escalate a complaint or raise one with an external body, although these details were not displayed on the wall.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

We saw evidence that apologies were issued to patients appropriately, and complaints were discussed at regular team meetings. The practice manager kept a log of each complaint which made it easier to see trends. In this way it was identified that there was a need for an orthodontist to be at the practice for longer than the current one day a week and the practice were in the process of addressing this need.

# Are services well-led?

## Our findings

**Governance arrangements**

The practice manager (who was the registered manager) took responsibility for the day to day running of the practice, supported by the head office and the directors of the company. We noted clear lines of responsibility and accountability.

The practice had regular team meetings to meet the needs of the staff. A complete staff meeting was held monthly. A meeting for all staff with the exception of the dentists was held weekly, and a meeting for just the dentists was held every three months.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding, information governance and whistleblowing. The policies had not all been recently reviewed. Certain polices had not been reviewed for several years, and therefore there was a risk that they were no longer relevant, or that information within the policy was out of date.

The practice manager had set up a series of electronic reminders to ensure that maintenance of equipment was carried out in a timely manner.

The practice had a business continuity plan in place with essential numbers and arrangements in place for patients should they have to cease operating on this premises.

**Leadership, openness and transparency**

Staff reported an open and honest culture where they felt supported to raise concerns.

The practice had in place a whistleblowing policy that directed staff on how to take action against a co-worker whose actions or behaviours were of concern. This was available in the office, and also in the individual staff handbooks.

**Learning and improvement**

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits were being carried out six monthly in line with the recommendations of HTM 01-05. Regular handwashing and cleaning audits had been carried out and written action plans were fed back to the appropriate members of staff.

Dentists were subject to an individual record keeping audit every four months, and an annual radiography audit was undertaken in line with national guidance. These audits all generated written action plans which were fed back to the clinicians.

The practice had a staff development policy which was implemented practice wide. This included the recruitment and induction process as well as continuous professional development (CPD), appraisal and the use of a personal development plan. We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the General Dental Council, and the practice manager retained oversight of recommended training for all staff.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service. The practice invited comments through the NHS friends and family scheme.

In addition a patient satisfaction survey had been carried out in July 2015 for orthodontic patients, highlighting the awareness of some issues with appointment availability in this area.