

Mr. Donal Robertson

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Inspection Report

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Date of inspection visit: 26 April 2017

Date of publication: 30/05/2017

Overall summary

We carried out this announced inspection on 26 April 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

Whitehouse Dental Practice is in Sutton Coldfield and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs, a ground floor treatment room, and adapted toilet to meet the needs of patients with a disability. Car parking spaces, including one for patients with disabled badges, are available at the front of the practice.

Summary of findings

The dental team includes four dentists, four dental nurses, two dental hygienists, one dental hygienist therapist, two receptionists and a practice manager. The practice has three treatment rooms.

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

On the day of inspection we collected 48 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

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

The practice is open: Monday 8.30 to 5.30pm, Tuesday 9am to 5pm, Wednesday 9am to 5.30pm, Thursday 8.15am to 5.30pm and Friday 8.30am to 5pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice made changes to their infection control procedures during the inspection and held meetings and training with staff to ensure that they met 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 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 made changes during the inspection and provided further staff training following the inspection to ensure that staff 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 high quality and professional. 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 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were amazing, friendly and helpful. They said that they were given informative, detailed 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.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

No
action


Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone 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 quickly and constructively.

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 recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Details were given to the practice manager during the inspection to enable them to register to receive these alerts. We were told that once registered relevant alerts would be 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 followed relevant safety laws when using needles and other sharp dental items. The dentists did not always use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We were told that rubber dams were used wherever possible but not in cases where patients refused. Following this inspection we were sent a copy of a risk assessment regarding the non-use of rubber dam.

The practice had a very brief business continuity plan which only detailed contact details for external professionals such as electricians and plumbers. Following this inspection we were forwarded a copy of an additional

document which described how the practice would deal with events which could disrupt the normal running of the practice. This was to be used in conjunction with the contact details for external professionals.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

The practice had some of the emergency equipment and medicines as described in recognised guidance. However we were told that the expiry date for the oropharyngeal airways had recently passed and the practice did not have a supply of self inflating bags for adults or children. Following this inspection we were provided with evidence to demonstrate that these pieces of equipment had been received at the practice and new expiry dates recorded.

Staff kept records of their checks to make sure that emergency equipment and medicines were available, within their expiry date, and in working order. These checks were not completed in line with the frequencies suggested by the Resuscitation Council Guidelines.

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 three staff recruitment files. These showed the practice followed their recruitment procedure.

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. We were unable to find a fire risk assessment that covered all areas of the practice. However following this inspection we were forwarded a copy of a risk assessment template that would be completed and discussed with all staff. We saw that the practice had not completed all documentation to demonstrate that fire safety equipment was regularly checked by staff and there was no documentary evidence to demonstrate that the emergency lighting had been serviced. We were told that



Are services safe?

the emergency lighting would be added to the next electrical check which was due to be completed in May. 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, dental hygienists and dental therapists when they treated patients.

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.

We observed a decontamination process taking place and identified an issue for action which was discussed with staff during the inspection. Suitable arrangements were in place for transporting, checking, sterilising and storing instruments. However, we saw that staff were manually scrubbing instruments under running water and not fully submerged in line with HTM01-05. We were told that a meeting would be held with staff and the correct procedures discussed. Following this inspection we were sent evidence to demonstrate that further training had been arranged for staff regarding the decontamination process.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice completed an annual review of an infection prevention and control audit which had initially been completed by an infection prevention nurse in December 2012. The latest review showed that the practice was meeting the required standards. The practice were not completing infection prevention and control audits on a six monthly basis as recommended in HTM 01-05. Following this inspection we were sent evidence to demonstrate that the next infection prevention and control audit had been arranged for June 2017 and a new audit document put in place.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Some issues

identified during the legionella risk assessment required action. For example we were not shown evidence of flushing of infrequently used outlets and cleaning to remove lime scale build up. However we were told that cleaning had taken place recently and would be completed again with a different product and infrequently used outlets were being flushed for two minutes and records would be kept to demonstrate this.

We saw cleaning schedules had been produced and completed for the clinical areas of the practice. Practice staff were cleaning all areas including the reception, waiting area and toilets but had not developed a cleaning schedule to demonstrate this. We were forwarded a copy of this document following this inspection. 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.

We saw that glucagon which we were told had previously been stored in the fridge was now being stored within the emergency medicines. The practice had not altered the expiry date and this medicine had therefore passed its expiry date. A new supply of Glucagon was ordered during this inspection. Fridge temperature thermometers were also purchased during the inspection and we were told that these would be used in future if any medicines were to be stored in the fridge.

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

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. However we noted that X-rays had not been fitted with rectangular collimation.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every month which is over and above the recommendations of current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

No action



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. For example records seen demonstrated that following discussions and update of medical history records an examination of the patient's teeth, gums and soft tissues was completed in line with recognised guidance from the Faculty of General Dental Practice (FGDP). During this assessment dentists looked for any signs of mouth cancer. Details of the condition of the teeth and the gums using the basic periodontal examination (BPE) scores were recorded.

We were told patients were recalled on an individual risk based assessment in line with current guidance. This takes into account the likelihood of the patient experiencing dental disease.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The last audit was completed in January 2017.

Health promotion & prevention

The practice believed in 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 'Genie Club' had been set up for children registered at the practice. Special events were arranged for children including CPR training provided by St John's Ambulance and oral health events. Children aged 10 years and under whose parents were also registered at the practice were provided with free dental checks.

Other oral health promotion events included staff visiting local schools, babysitting groups and nurseries to give advice, free samples and information to children. An annual 'men's night' was held which involved giving free consultation, oral health information, oral cancer checks to men and all funds raised were given to charity.

The dentists 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. The practice manager reviewed staff continuous professional development (CPD) records to ensure staff were up to date with requirements. We confirmed clinical staff completed the CPD 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.

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. 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were courteous and professional. We saw that staff treated patients respectfully and in a kind and friendly manner at the reception desk and over the telephone.

Nervous patients said that any apprehension they had went away as soon as they entered the practice. We were told that staff were caring and put patients at ease. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into the ground floor staff training room which could also be used as a separate waiting room for anxious patients or to hold conversations with patients in private. 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.

Music was played in the treatment rooms and there were magazines and a television in the waiting room. The practice provided drinking water, tea and coffee.

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. A 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 treatment such as root canal treatment, veneers and orthodontics.

Are services responsive to people with disabilities?

(for example, to feedback?)

No action



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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example the ground floor treatment room contained a moveable dental chair to facilitate patients in wheelchairs.

Staff said that individual patients who found it unsettling to wait in the waiting room before an appointment could wait in the separate staff training/waiting room at the rear of the practice. The team kept this in mind and said that a member of staff would sit and chat to the patient while they waited and made sure the dentist could see them as soon as possible after they arrived.

Staff told us that patients received text reminders of their appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a magnifying glass and accessible toilet with hand rails and a call bell. We were told that corridors had been widened and the chairperson of a local multiple sclerosis society had been asked to review the accessible toilet prior to completion. A section of the reception desk was lowered to enable patients in wheelchairs easy access to the reception desk.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which could include British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet 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 some appointments free for each dentist for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet 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 practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. Reception staff recorded comments, both positive and negative and these were passed to the practice manager for discussion with staff and action as appropriate.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. We were told that were patients preferred to put their complaints in writing the practice provided a stamped address envelope for return of the information. 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 within 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 principal dentist had overall responsibility for the management and clinical leadership of the practice. 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.

Staff told us there was an open, no blame culture at the practice. They said the practice 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 practice manager and principal dentist were approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held weekly 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.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team 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. 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 used patient surveys, comment cards and the practice website to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on for example the fees for the hygienist were on display outside the hygienist's room.