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Wedgwood House Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection of Wedgwood House Dental Practice 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 two specialist dental advisers.

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

Wedgwood House Dental Practice is a well-established practice based in Stowmarket that provides both private and NHS treatment to patients of all ages. The dental team includes four dentists, one hygienist, seven dental nurses, four receptionists and three practice managers who serve about 6,700 patients. The practice has four treatment rooms and is open on Mondays to Fridays from 8.30am to 5.30pm.

There is ramp access for people who use wheelchairs and those with pushchairs, and disabled toilet facilities.

Summary of findings

The registered manager at Wedgwood House Dental Practice is the principal dentist and owner. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of our inspection we collected 47 comment cards filled in by patients and spoke with two other patients. This information gave us a very positive view of the practice and the staff who worked there.

During the inspection we spoke with two dentists, three dental nurses, and one of the practice managers. We looked at the practice's policies and procedures, and other records about how the service was managed.

Our key findings were:

- Staff understood and fulfilled their responsibilities to raise and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Premises and equipment were visibly clean, secure, properly maintained and kept in accordance with current legislation and guidance.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration
- The practice had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- 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 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.

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. Learning from incidents and complaints was used to help improve the service.

Staff received training in safeguarding vulnerable adults and children and knew how to recognise the signs of abuse and how to report concerns.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as effective and pain-free. 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.

Clinical audits were completed to ensure patients received effective and safe care

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 47 people. Patients spoke positively of the dental treatment they received, and of the caring and supportive nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and did not feel rushed in their appointments. Staff gave us specific examples of when they had gone above the call of duty to assist patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots and patients told us it was easy to get an appointment with the practice. Good information was available for patients both in the practice's leaflet and on the provider's web site. The practice had made adjustments to accommodate patients with a disability.

Information about how to complain was available and the practice responded in a timely, empathetic and appropriate way 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.

There was a clear leadership structure and both patients and staff benefitted from the ethos and management approach of the practice. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were 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 services to its patients.

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. For example, we saw evidence that one serious incident involving a nurse who had fractured her wrist had been reported appropriately under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and that effective measures had been put in place to prevent a similar accident from reoccurring in the future

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and there was a system in place to ensure that the information was disseminated and acted upon if needed. We noted that a recent alert had been discussed at the practice meeting of 30 March 2017 to ensure all staff were aware of it.

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. Information was available around the practice with contact details of local protection agencies. We saw evidence that staff received safeguarding training appropriate to their role. Staff told us of two occasions where they had reported concerns about a child's dental health to relevant protection agencies, demonstrating they took protection of children seriously. All staff had been checked via the Disclosure and Barring Services to ensure they were suitable to work with vulnerable adults and patients.

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which might be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed for the practice. Guidance about dealing with sharps' injuries was on display near where they were used and sharps boxes were wall mounted and labelled correctly to ensure their safety. Dentists used a sharps system that allowed them to

dispose of needles without resheathing them but, as described, nurses were removing matrix bands inappropriately and bands were not being sterilised prior to their use. However, during our inspection, staff described to us how they would alter the handling procedure using already available instruments.

The practice had a detailed business continuity plan describing how it would deal events that could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, although they should consider regularly rehearsing medical emergency simulations to keep their training and knowledge up to date.

Most emergency equipment and medicines were available as recommended in national guidance, although we noted that that some airways equipment was missing, aspirin was not in the correct dosage and there was no child's ambubag. However, this missing equipment was purchased immediately following our inspection, along with an eyewash station and bodily fluids spillage kit. The practice also implemented an updated checklist for emergency drugs, including the defibrillator and oxygen cylinders following our inspection.

Staff recruitment

Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for staff including proof of their identity, DBS checks and references; although the provider should consider keeping a detailed record of the interview to demonstrate it was conducted in line with good employment practices.

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

There were procedures in place for monitoring and managing risks to patient and staff safety. We viewed comprehensive 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.

Are services safe?

There was a health and safety policy available with a poster in the training room that identified local health and safety representatives. Health and safety issues were a standing agenda item at each monthly practice meeting and we viewed minutes that showed that fire safety, the accident book, and risk assessments were discussed regularly with all those present. Firefighting equipment such as extinguishers was regularly tested and building evacuations were rehearsed (including patients) regularly. We noted good signage around the practice indicating the location of emergency equipment, fire exits, oxygen storage, uneven surfaces, low ceilings and X-rays to protect staff and patients.

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

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 and a nurse had been appointed as the lead for infection control within the practice. The practice carried out infection prevention and control audits regularly. The latest audit in April 2017 showed the practice was meeting essential quality standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been completed in February 2017, and we saw that its recommendations to undertake quarterly dip slide testing and test infrequently used outlets had been implemented. Following our inspection, the practice implemented a specific audit to ensure that nurses were managing dental unit water lines according to national guidance to reduce the risk of legionella bacteria forming.

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice's waiting areas, toilets and staff rooms were clean and uncluttered. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. Cleaning equipment used for different areas of the practice was colour coded and stored correctly to reduce the risk of cross infection.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps' containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. 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 safely prior to removal in a locked cellar.

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

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Staff told us they had the equipment needed for their role and that repairs were actioned in a timely way. Stock control was good and medical consumables we checked in cupboards and drawers were within date for safe use.

Dentists we spoke with were aware of the British National Formulary's website for reporting adverse drug reactions. Immediately following our visit, the practice implemented a system to better store and record NHS prescriptions issued to patients.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation

Are services safe?

regulations and the practice had all the required information in their radiation protection file. However, the annual mechanical and electrical testing for the X-ray units was now due, this was organised on day of inspection, and a new protocol was put in place to ensure appropriate

routine testing henceforth. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records contained evidence that the dentists justified, graded and reported on the X-rays they took.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two patients during our inspection and received 47 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 and that it had been pain free and effective. Patients told us that the dentist always asked about their general health as well as dental health.

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, although we noted that patients' social histories had not always been documented and there was an inconsistency of recording between the dentists and hygienists in relation to basic periodontal examination scores, which could cause confusion.

We saw a wide range of clinical audits that the practice carried out to help them monitor the effectiveness of the service. There were clear records of the results of these audits and of the resulting action plans and improvements made as a result.

Health promotion & prevention

There was a selection of dental products for sale and free samples of toothpaste were available to patients. We noted helpful patient information folders in the waiting area containing guidance and advice on a range of oral health issues such as gum disease, diet and sugar intake. A part-time hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

We noted informative displays in the waiting areas and treatment rooms on oral health issues such as sugar intake and the effects of smoking on oral health. The principal dentist told us she regularly gave oral health education talks to local community groups such the Girl Guides and Brownies. One of the dentists had audited the use of fluoride and one of the nurses had completed an oral health educator course.

Staff we spoke with had a good awareness of guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and we saw that copies of it had been downloaded for their CPD files.

Staffing

We found that the dentists were supported by appropriate numbers of dental nurses, receptionists and other administrative staff to provide care for patients. Staff told us they were enough of them for the smooth running of the practice, and they did not feel rushed in their work.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken a wide range of relevant training for their role. Staff told us they discussed their training needs at their annual appraisals and that managers were supportive of their training requests.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and there were clear referral pathways in place. 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 a specialist saw patients quickly. A log of the referrals made was kept so they could be tracked.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff 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.

We found that staff had a good understanding of patient consent issues. One dentist told us how she had applied the principles of the Mental Capacity Act when treating an adult with a learning disability, and one of the nurses told us of the additional measures she would implement to help a patient living with dementia better understand their treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received very many positive comments from patients about the quality of their treatment they received and of the staff who provided it. They described staff as caring, helpful and that staff listened to them empathetically. A number of nervous patients told us staff made them feel relaxed and safe. Two patients told us they travelled a considerable distance to visit the practice as they valued the care they received there. Dental nurses described to us some of the practical ways in which they help nervous patients manage their treatment. Staff also gave us specific examples of where they had supported patients, for example by taking a patient home when they had fainted; spending time with a nervous child to show them dental equipment and explaining how it worked, and walking older patients to the car park.

We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Computers were password protected and screens displaying patients' information were not

overlooked. Downstairs treatment rooms had window blinds to prevent passerbys looking in. There was information in the patient waiting area on a number of local support services such as Age Concerns and the Patient Advisory Liaison Service.

Staff received extensive training in information governance and handling confidential information so that patients' details were kept in line with guidance.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. In addition to this, the practice's website provided patients with information about the range of treatments at the practice and information leaflets were available to help patients understand their treatment. One dentist had sent a patient a cutting from the British Dental Journal to help them better understand their treatment. Two patients told us their dentist had talked through their X-ray results with them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had free parking directly outside the premises.

The waiting area provided good facilities for patients including children's toys, interesting magazines and leaflets about various oral health conditions and treatments. There was also a helpful folder with information about fees, data protection issues, the practice's consent policy and how to raise complaints. The practice had its own website that provided general information about its services and patients had access to an email address for general enquiries. The practice also offered email and text appointment reminders that patients told us they found useful.

Patients told us that appointments ran on time and the service was punctual. There were daily emergency appointment slots for patients in dental pain and the practice was happy to see non-registered patients if needed. The practice was the only dental service locally that was open on a Friday afternoon.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included a dedicated disabled parking spot, ramp access to the rear of the practice, three ground floor surgeries and a fully enabled toilet. One nurse was trained in British sign language. The practice should consider providing a portable hearing loop to assist patients who wear hearing aids.

Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and staff spoke knowledgeably about how they would handle a patient's concerns. Information about the procedure was available in the patient waiting area and included details of the timescales by which they would be responded to and other organisations that could be contacted. Also included were details about local advocacy agencies such as PALS for people to contact.

We looked at recent complaints received by the practice and found they had been dealt with openly and appropriately. It was clear the practice learnt from the complaints it received, and because of one, had conducted an audit of its FP17 forms to ensure they were signed correctly.

Are services well-led?

Our findings

Governance arrangements

The practice had comprehensive 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's key policies were discussed with staff each year at their appraisal to ensure their understanding of, and commitment to them

Communication across the practice was structured around monthly practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. One nurse told us that managers always asked for their opinions at the meeting. There were regular standing agenda items at the meetings including health and safety, patients' feedback and training. Minutes we viewed were detailed and clearly listed any action that needed to be completed by staff

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 stored securely. The practice had robust information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. All staff had received extensive training on information governance.

Leadership, openness and transparency

They described a family like atmosphere in the practice and told us they felt well supported by the principal dentist and managers. We found that managers of the practice had a clear vision for the practice, its strengths and the challenges it faced which was communicated effectively to staff. Staff told us they enjoyed their work and described their morale as good.

Staff we spoke with were well aware of the practice's whistle-blowing procedures and we noted a copy of it in the staff kitchen making it easily accessible. As part of their appraisal, staff were explicitly asked about any whistle blowing concerns they might have, and if they ever felt bullied. This demonstrated to us a strong and open culture within the practice.

The practice had recently introduced a duty of candour policy, although not all staff were yet 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 of infection control, dental care records, X-rays, patient waiting times and hand washing procedures. There were clear records of the results of these audits and the resulting action plans and improvements. The practice provided regular placements for foundation dentists and dental nurses, and offered work experience for Suffolk schools. The principal dentist held a master's degree in dental teaching and one of the practice managers had recently completed a Master's in Business Administration. 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.

The practice had introduced new technology such as digital X-rays and computer operating software to improve its services to patients.

We noted that managers took immediate and effective action to rectify the minor shortfalls we identified during our inspection.

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

The practice had developed its own patient survey, which incorporated the NHS's Friends and Family Test, the survey asked patients what they liked about the practice and what would have made their visit better, and patients were entered into a prize draw for to encourage them to complete the survey. Results of the survey were analysed closely by one of the practice managers and regularly shared with staff and patients. We were given examples of suggestions from patients the practice had acted on. For example, practice now purchased daily local papers for the waiting room, had introduced email and text appointment reminders and provided patients with detailed instructions on how to bathe their mouth with salt water following a tooth extraction.

Are services well-led?

The practice also listened to its staff and implemented their suggestions. For example, medical histories were

completed in treatment rooms to promote better patients' confidentiality and ease pressure on reception staff, and non-slip surface had been laid on the back ramp to prevent patients slipping.