

The Westbury Group Practice

White Horse Health Centre Dental Department

Inspection Report

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Overall summary

We carried out this announced inspection on 29 August 2018 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 second inspector and 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

White Horse Health Centre dentistry department provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including allocated parking for disabled patients, are available in the car park at the front of the practice.

Summary of findings

The dental team includes two dentists, one dental hygienist, three dental nurses, a receptionist and a manager. The practice has three treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at White Horse Health Centre is the health centre manager.

On the day of inspection, we collected 16 CQC comment cards filled in by patients and obtained the views of eight other patients.

During the inspection we spoke with a dentist, hygienist, receptionist, two practice nurses and the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open 7.45am to 5pm Monday to Wednesday, 7.45am to 7pm Thursday and 7.45am to 4pm on Friday. The practice closes for lunch between 12 noon and 1pm daily.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.

- Staff knew how to deal with emergencies.
- 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice could not demonstrate effective clinical leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements. They should:

- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

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 generally followed national guidance for cleaning, sterilising and storing dental instruments. We noted the frequency of infection prevention and control audits did not follow national guidance. We have since received evidence this shortfall has been addressed.

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

Are services effective?

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

The dentists assessed patients' needs and generally provided care and treatment in line with recognised guidance. We noted one dentist did not follow NICE guidelines when prescribing antibiotics. We have since been provided evidence which confirms this shortfall is being addressed.

Patients described the treatment they received as professional and efficient. 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.

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 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were supportive, professional and friendly.

They said that they were given honest and 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.

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.

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.

The practice took patients views seriously. They valued compliments from patients and had systems in place to respond 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 appreciated. It was evident that improvements were required to the governance at the practice. Specifically, the lack of clinical leadership at the practice which would impact on the frequency of audits and risk assessments, peer review and the regard of national guidance. We have since been provided evidence which confirms this shortfall is being addressed.

Are services safe?

Our findings

Safety systems and processes including staff recruitment, equipment, premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

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, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had written assurance from agencies that checks were in place for agency and locum staff provided. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure except for the recording of investigation into gaps in applicant's employment history. We spoke with the dental manager who assured us they would review their procedure as soon as practicably possible.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

We noted the five-year fixed electrical wiring test was overdue. We have since been provided evidence which confirms this shortfall is being addressed.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors, emergency lighting and fire extinguishers were regularly tested. A fire risk assessment was carried out in May 2018 and an action plan was attached. We noted the action to improve escape route signage remained outstanding. We have since been provided evidence which confirms this shortfall has been addressed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. Radiography (X-Ray) audits were not carried out which meant the practice could not demonstrate that the dentists were following current guidelines. We have since been provided evidence which confirms this shortfall has been addressed.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been carried out which meant the practice was not compliant with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We have since been provided evidence which confirms this shortfall has been addressed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that checks of emergency medicines and equipment were carried out monthly. Guidance states these should be carried out weekly. Two pieces of equipment were missing from the emergency bag. We have since been provided evidence which confirms this shortfall has been addressed.

One of the emergency medicines was stored outside the fridge but did not have its expiry date adjusted to accommodate its storage arrangements. We have since been provided evidence which confirms this shortfall is being addressed. A replacement medicine has been ordered and a written protocol for the storage arrangements is now available.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We noted the hygienist was not supported by a nurse. We have since been provided evidence which confirms this shortfall has been addressed. A lone worker risk assessment has been undertaken and a chaperone poster has been created which we have been told is now on display in the patient waiting area.

The provider had a risk assessment to minimise the risk that can be caused from substances that are hazardous to health. There was not a sign on the door to the room where oxygen was stored. We have since been provided photographic evidence which confirms this shortfall has been addressed.

The practice occasionally used agency staff. These staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. 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 and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits once a year. We advised the staff that audits should be carried out six monthly. We have since been provided evidence which confirms this shortfall has been addressed and assured that future audits will be carried out twice yearly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete.

Dental care record audits were not carried out which meant the practice could not demonstrate that the dentists were following current guidelines. We have since been provided evidence which confirms this shortfall has been addressed.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Are services safe?

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice kept records of prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were not carried out which meant the practice could not demonstrate that the dentists were following current guidelines. We have since been provided evidence which confirms this shortfall has been addressed.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and responded to and discussed all incidents to reduce risk and support future learning in line with the framework.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. We were told about a faulty tag on the emergency medicines. Once discovered this was remedied and shared with all other locations owned by the provider.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice did not have systems in place to keep dental practitioners up to date with current evidence-based practice. Specifically, the lack of knowledge about NICE guidelines for prescribing antibiotics and extraction of wisdom teeth. We have since been provided evidence which confirms this shortfall is being addressed.

Helping patients to live healthier lives

The practice was providing preventive 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.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. Dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

We spoke with the dentist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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 the legal precedent (formerly called the Gillick competence) by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people less than 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice team kept complete patient dental care records. We noted this was not always the case. We were shown an electronic consent recording pad which appeared to address the issue of not recording consent in notes.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example,

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Are services effective?

(for example, treatment is effective)

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for 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 all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients were positive about all aspects of the service the practice provided. They told us staff were supportive, professional and polite.

Patients commented positively that staff were friendly and welcoming. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

An information folder with patient feedback was available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. Back up discs were removed daily from the practice. Consideration needs to be made about security of these whilst away from the practice. We have since been provided evidence which confirms this shortfall has been addressed. We have advised the practice to risk assess the location of the security device specifically with regard to emergency access should an incident occur.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act. Interpretation services were available for patients who did not have English as a first language.

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.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for disabled patients. This included step free access, wheelchair accessible toilet and a lift.

The practice had a hearing loop available for patients and visitors who were hearing aid wearers and the ability to increase text size on the electronic patient pad for patients with poor or impaired sight.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in their new patient information and on their website.

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.

They took part in an emergency on-call arrangement with the 111 out of hour's service for NHS patients and an internal on-call rota for private patients.

The practice website, information leaflet and answerphone provided a telephone number 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.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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 complaints. 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.

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

Are services well-led?

Our findings

Leadership capacity and capability

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Improvements were needed to ensure leaders had the capacity and skills to deliver high-quality, sustainable dental care and treatment. The registered manager fully acknowledged that a principal dentist was required to oversee the clinical areas of the practice but recruiting one had been unsuccessful to date. We have since been provided evidence which confirms this shortfall is being addressed.

Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

The provider and practice manager had systems in place to act on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The provider had a system of governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The health centre deputy manager had overall responsibility for the management and clinical leadership

of the dental practice. This person was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The management arrangement indicated that the practice fell short of effective clinical leadership. This became apparent when we found that clinical audits, risk assessments and knowledge of current NICE treatment guidance was not in place. We have since been provided evidence which confirms this shortfall is being addressed.

The manager acknowledged they were not up to date with current clinical protocols and guidance which meant the practice did not have the effective management oversight of this area. We have since been provided evidence which confirms this shortfall is being addressed.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice introduced electric toothbrushes. Following staff feedback the practice purchased clinipads for patients to record consent for treatment.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

We saw systems for seeking and learning from patient feedback. We noted most recent patient survey was carried out in 2016. We were told the current one was overdue. We have since been provided evidence which confirms this shortfall has been addressed.

Continuous improvement and innovation

The dental manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff but it was evident that improvements were required. Peer reviews were not carried out. Clinical staff appeared to work in isolation from other clinicians outside the practice. We have since been provided evidence which confirms this shortfall is being addressed.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.