

Tamworth Dental Practice Partnership

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Inspection report

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Overall summary

We carried out this announced inspection on 12 May 2021 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 Care Quality Commission, (CQC), inspector who was supported by an additional CQC inspector and a specialist dental adviser.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Summary of findings

Are services well-led?

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

Background

Tamworth Dental Practice Partnership is in Tamworth, Staffordshire and provides NHS and private dental care and treatment for adults and children.

There was ramped access to the rear of the practice for people who use wheelchairs and those with pushchairs. At the time of our inspection the practice was undergoing a large build project to enhance the facilities for patients, this has resulted in the wheelchair access being temporarily unavailable. Patients who require wheelchair access are signposted to a local sister practice that is fully accessible. Car parking spaces, including dedicated parking for people with disabilities, are available in a pay and display car park opposite the practice. The railway station is less than a five-minute walk from the practice.

The dental team includes 10 dentists, nine dental nurses (seven of whom are trainee dental nurses), four receptionists and a practice manager. The practice has six treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered. A statutory notification advising of changes to a registered manager was submitted to CQC by the provider on the day of our inspection.

During the inspection we spoke with three dentists, three dental nurses (two of whom were trainees), two receptionists 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 to Friday from 8am to 8pm

Saturday from 8am to 3pm

Our key findings were:

- The practice was undergoing extensive renovations and building works at the time of our inspection. The provider had invested in a significant build project to expand services and facilities available to include improved access, additional waiting facilities, three additional treatment rooms, a treatment coordinator consultation room, a digital scanning room, a training suite and additional staff areas.
- Comprehensive procedures had been implemented to reduce the spread of Covid 19.

Summary of findings

- Staff told us they felt involved and supported and worked as a team. At the time of our visit we were unable to review any appraisal documents due to many staff members being newly recruited and longer standing team members not receiving them due to the pandemic restrictions and priorities. The provider sent us a copy of their appraisal schedule within 48 hours of the inspection.
- We identified several minor shortfalls during our inspection. However, the provider responded swiftly to these and following our inspection we were sent evidence to demonstrate that many of them had been addressed. This assured us that the provider took our concerns seriously. The provider must ensure that these improvements are embedded and sustained in the long term.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement. However, at the time of our inspection the practice did not have a CQC registered manager, a statutory notification to notify CQC of a change to the registered manager was submitted during the inspection.

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

- Take action to ensure the regulated activities at Tamworth Dental Practice Partnership are managed by an individual who is registered as a manager.
- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Improve the practice's protocols for medicines management and ensure all medicines are dispensed safely.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Flowcharts containing relevant local authority safeguarding contact details were on display throughout the practice. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within electronic dental care records.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed in December 2021 showed the practice achieved a compliance score of 98% and was meeting the required standards.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in February 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. On the day of inspection clinical waste was stored securely.

The provider had a Speak-Up policy which detailed several internal and external contacts staff could raise concerns to. Staff told us they felt confident that they could raise concerns without fear of recrimination.

The dentists used dental rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we were told this was documented in the dental care record and a risk assessment completed.

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

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

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice used digital X-rays fitted with rectangular collimators which reduced the dose and scatter of radiation.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The latest audit had been completed in January 2021.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

Staff had completed sepsis awareness training in March 2021. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff triaged appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Training for the full team had been completed through an interactive video call from an external training provider in March 2021.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. The practice was part of a group of ten local practices and staff were moved between the practices to provide chairside and reception support as required.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

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

Are services safe?

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a 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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines. However, we found that the practice name and address were not detailed when medicines were dispensed in accordance with legal requirements when dispensing medicines. The provider gave assurance that this shortfall would be immediately rectified and sent evidence that labels containing the practice details had been ordered.

Antimicrobial prescribing audits had not been completed. We were advised that these would be completed once an appropriate audit tool had been sourced.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been four incidents recorded. Where there had been safety incidents, we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice and a visiting clinician who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

As part of the build project the provider had purchased intra-oral cameras and a cone beam computed tomography (CBCT) scanner to enhance the delivery of care. The practice build project also included an additional three treatment rooms, a digital scanning room and a treatment coordinator consultation room.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Dentists told us they would refer to a specialist if additional treatment was required.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

Are services effective?

(for example, treatment is effective)

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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. The latest record keeping audit had been completed in March 2021.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice manager told us that they had lost a large number of staff over the past year for various reasons. They had recruited and filled all the vacancies. At the time of our inspection the practice manager was forward planning to recruit qualified dental nurses that would be required when the build project had been completed.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Trainee dental nurses were enrolled on college courses for dental nursing and were supported by the qualified dental nurses, the practice manager and the dentists.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment. This practice had been mobilised as an urgent dental centre at the start of the first lockdown in March 2020 and staff here supported patients to receive emergency dental care.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. A statutory notification advising of changes to a registered manager was submitted to CQC by the provider on the day of our inspection.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

The practice manager was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. The practice manager demonstrated a transparent and open culture in relation to people's safety. There was a strong emphasis on driving improvement, a significant build project was in progress at the time of our inspection which consisted of a large three storey extension to the rear of the building. We were told the extension would provide improved access, additional waiting facilities, three additional treatment rooms, a treatment coordinator consultation room, a digital scanning room, a training suite and additional staff areas.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership. Trainee dental nurses that we spoke with told us that they felt supported by the team and enjoyed working at the practice.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Specific tasks were delegated to team members and a monthly job sheet had been laminated so that staff could sign when they completed their tasks to ensure none had been missed or overlooked.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

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

Staff discussed their training needs at one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and plans for future professional development. At the time of our visit we were unable to review any appraisal documents due to many staff members being newly recruited and longer standing team members not receiving them due to the pandemic restrictions and priorities. The practice manager sent us a copy of their appraisal schedule within 48 hours of the inspection.

We saw the provider had systems in place to deal with staff poor performance.

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 could raise concerns and were encouraged to do so. They told us that they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

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

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys and audits were used to ensure and improve performance. Performance information was combined with the views of patients.

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

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. At the time of our inspection building works were in progress which included implementing a training suite to support staff development further.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.