

Portman Healthcare Limited

Hawkins Dental and Implant Clinic

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 12 April 2023 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 practice 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 a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The provider is part of a corporate group, Portman Dental Care who have multiple practices, this report is about Hawkins Dental and Implant Clinic.

Hawkins Dental and Implant Clinic is in Longbridge, Birmingham and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including a dedicated parking space for disabled people, are available at the front and rear of the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, (including 2 specialists) 4 dental nurses, 1 trainee dental nurse, 2 dental hygienists, 1 dental therapist, 1 practice manager and 1 receptionist. The practice has 5 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, 1 dental hygienist, 1 receptionist and the practice manager. A quality lead from Portman Dental Care was present during this inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday, Wednesday, Thursday and Friday from 8am to 6pm, Tuesday from 9am to 6pm and alternate Saturdays from 9am to 1pm.

The practice had taken steps to improve environmental sustainability. For example, staff recycle general waste as appropriate, the practice have changed from the use of plastic to paper cups as requested by a patient.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had completed safeguarding training to the required level. The practice manager and lead nurse had completed training to a higher level.

The practice had infection control procedures which reflected published guidance. Staff completed infection prevention and control training on an annual basis. The head nurse was the infection prevention and control lead at the practice.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment carried out in October 2022. Logs were kept demonstrating that hot and cold water temperatures were in line with legionella guidance.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Cleaning logs were kept demonstrating areas of the practice cleaned including 'heavy traffic' areas which were regularly cleaned throughout the day.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in September 2022 in line with the legal requirements. Evidence was available to demonstrate that issues for action had been addressed. The management of fire safety was effective. Improvements had been made to fire safety systems within the last 12 months with the addition of fire alarms, emergency lighting and fire doors. Fire Marshals completed safety checks of the alarm system, emergency exits and fire extinguishers. Emergency lighting was checked monthly. Fire drills were completed and recorded the number of staff in attendance. It was not easy to identify from records whether all staff had been involved in a fire drill within the last 12 months. We were assured that going forward records would clearly indicate which staff had been involved in fire drills.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. Staff had completed sepsis awareness training and sepsis posters were on display throughout the practice.

Emergency equipment and medicines were available and checked in accordance with national guidance. Oxygen was available on both floors of the practice for ease of access in an emergency.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were discussed quarterly during practice meetings.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets and risk assessments were available for each product in use.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. The last audit was completed in June 2022.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. Staff reported these on 'Radar' which is a Portman Dental computer application that is available to all dental practices owned by Portman. Guidance was available detailing how to report an incident to the regulatory team, what should be reported and who it should be reported to. Learning outcomes were discussed within practice meetings and within the wider Portman group to share learning. The practice had a system for receiving and acting on safety alerts. Safety alerts were a standard agenda item for practice meetings. Any alerts that related to the practice were discussed at these meetings.

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. All staff had access to information such as policies and procedures, and the minutes of practice meetings. 'Port of Call' bulletins were sent to staff regularly, these updated staff regarding any changes, training events and focussed on special events or information.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with oral health campaigns. Staff received information, such as banners from Portman head office, regarding oral health campaigns. We were told about the 'blue lips' campaign which the practice was involved in recently. This was to boost awareness of oral cancer. Dentists were aware of local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. Staff completed Mental Capacity Act training. Consent policies gave information regarding mental capacity and Gillick Competence.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff had completed training regarding autism and learning disability awareness.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

The practice was a referral clinic for dental implants, orthodontics, endodontics and periodontics, we saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff completed equality and diversity training and were aware of their responsibility to respect people's diversity and human rights. Staff were observed to be kind, friendly and helpful to patients over the phone and in person at the practice.

Comments received on recent satisfaction surveys were that staff were helpful, friendly and polite. Patients also responded that they received a fantastic all-round experience.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. There were two waiting areas at the practice. The ground floor waiting area was close to the reception desk. Staff gave examples of how they maintained patient's privacy and confidentiality such as use of private areas for confidential discussions. Window film, used to prevent vision from both sides of glass had been put on windows of dental treatment rooms to protect the privacy and dignity of patients using these rooms.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

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

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. Staff would notify the dentist if a patient was anxious, and they would chat to them to put them at ease.

The practice had made reasonable adjustments, including a magnifying screen to aid patients who had visual impairments and a hearing induction loop for use by patients who wore a hearing aid. The practice also had access to interpretation services which included British Sign Language. There was step free access to the front of the practice. The practice was located over 2 floors. There was 1 reception area, a waiting area and dental treatment rooms which were wheelchair accessible on the ground floor. The patient toilet on the ground floor was not a disabled access toilet. There were also a waiting area and dental treatment rooms on the first floor of the building. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. Each dentist kept 2 emergency treatment slots free per day. When these were full, staff spoke with the dentist to try and find the best solution which may include offering an appointment just before lunch or at the end of the day. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. All complaints were logged on the Portman compliance system. Copies of correspondence were scanned onto the system and all conversations were logged. Staff discussed outcomes to share learning and improve the service. Learning from complaints was shared companywide. The complaints manager at head office provided support to the practice as necessary. They also assigned risk scores and monitored for trends. Risk scores helped staff decide on the action to take and whether any external bodies should be involved in the complaint.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve. The practice manager oversaw the day to day running of the practice. We received positive comments from the staff about support systems and the management team.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected and valued. They said that there was a positive, friendly atmosphere at the practice with good teamwork and communication systems. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals, 3 monthly review meetings and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Training was logged on to the 'Radar' system. The practice manager and staff received a notification when training was due. Staff had access to training using the Portman training academy, or by 2 other online training providers.

Governance and management

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

The practice had a governance system 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.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. Patient on-line reviews were monitored. The practice manager received an alert to notify them when a new review had been made and ensured that each review was responded to. At the time of our inspection the practice received 4.8 stars out of 5, based on 128 reviews. They had received 5 out of 5 on Facebook reviews recorded. Patients who

Are services well-led?

had consented were sent an email following each appointment asking them to complete a short survey. We were told that any negative feedback would be responded to by the practice manager. Responses to surveys were put on display in the practice and any comments or suggestions included in a 'you said, we did' poster which was put on display in the waiting rooms.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff satisfaction surveys were sent to staff every 12 months and an interim survey was sent to staff every 6 months. The last survey was sent to staff in March 2023. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. Feedback from the surveys was discussed at practice meetings. Practice managers received a survey regarding the support networks and the head office teams. Feedback from these surveys was discussed during the monthly management call. Meetings were held for the whole practice team monthly; separate nurse and reception meetings were held weekly. Minutes of meetings were available, and all staff received a copy by email.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The quality lead present during this inspection completed compliance audits at the practice annually.