

Rodericks Dental Limited

Purity

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 20 September 2022 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 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:

- The dental clinic was visibly 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 help them manage risk to patients and staff.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

The provider has 154 practices and this report is about Purity - Rodericks.

Purity – Rodericks is in Dudley and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 9 dentists, including 2 specialists and 1 foundation dentist, 7 dental nurses, (2 qualified and 5 trainee), 1 dental therapist, 2 receptionists and a practice manager who is also a qualified dental nurse. The practice has 6 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, 2 receptionists and the practice manager. The head of clinical compliance and a compliance manager employed by Rodericks were also in attendance during this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday from 9am to 8pm and Wednesday to Friday from 9am to 5.30pm.

The practice had taken steps to improve environmental sustainability. For example, stickers were in place to remind staff to turn lights off when they were not in the room. Sustainability was discussed during practice meetings; staff were encouraged to recycle as much as possible and only provide information in paper format where absolutely necessary.

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, ensure that hot water temperatures are within the required temperature range.

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. The practice manager was the safeguarding lead. All staff had completed safeguarding training to an appropriate level with the practice manager completing higher level training. Information regarding safeguarding vulnerable adults and children was on display throughout the practice.

The practice had infection control procedures which reflected published guidance. Staff completed training regarding infection prevention and control annually. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Staff were logging both hot and cold-water temperatures monthly. We noted that the hot water temperature was occasionally below the required temperature. The practice manager confirmed that the boiler had been adjusted to address this issue. The hot water temperature was checked on the day of inspection and was still below the required minimum. This issue was reported to the company's facilities department to be actioned.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. An external cleaning company completed the cleaning at the practice. Cleaning schedules and cleaning logs were available to demonstrate cleaning undertaken.

The practice 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. Documentation such as proof of identity, qualifications, disclosure and barring checks were available for both employed and agency/locum staff who worked at the practice. Risk assessments were in place where references had not been returned for staff and where hepatitis B immunity could not be demonstrated.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice's autoclaves had been serviced on 14 September 2022 and following this inspection we were sent certification to demonstrate this. The practice ensured the facilities were maintained in accordance with regulations. We were told that some refurbishment of the practice was planned in the future.

A fire risk assessment was carried out in line with the legal requirements in December 2021 and the management of fire safety was effective. Service and maintenance records were available for fire safety equipment in use at the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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, sepsis awareness and lone working. Staff had completed sepsis awareness training and sepsis posters were on display throughout the practice. An external company completed fire, health and safety and legionella risk assessments at the practice.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. The practice had two medical emergency kits for use in an emergency if required.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment to patients under sedation was also completed. Medical emergency simulation training was completed every three months.

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

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national two-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 annually.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. Staff completed training regarding significant events and an event reporting flowchart was available for staff. The practice had a system for receiving and acting on safety alerts.

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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

The Specialist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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 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 practice held "children's days" during the summer and half term holidays. Goody bags were provided for children including samples, vouchers, leaflets and toothbrushing charts. The practice manager was undertaking a paediatric preventative care course.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005 and had completed training regarding this. An easy read document was available for staff regarding consent and the Mental Capacity Act.

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 kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality and had completed training regarding data protection.

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.

Staff gave patients clear information to help them make informed choices about their treatment and always checked to ensure they understood the information given.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. We were told that staff took their time and explained everything to patients to try to alleviate anxiety.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Treatment rooms were available on the ground and first floor of the building. A ground floor disabled access toilet was also available.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Appointment slots were available each day for patients who required an urgent appointment.

The practice had an appointment system to respond to patients' needs. The practice provided extended opening hours until 8pm on a Monday and Tuesday.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service. Staff completed training on how to handle complaints.

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

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

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

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

Staff stated they felt supported and valued. We were told that there was a friendly, family atmosphere at the practice and they were proud to work there.

Staff told us that they discussed their training needs with the practice manager. We were told that nursing and reception staff would receive an annual appraisal later this year and that a new appraisal system had been launched companywide. Peer review meetings were held between clinicians and the area clinical advisor. Staff told us that the practice manager was approachable and supportive, and they could approach her at any time to discuss issues, concerns or aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The company were in the process of changing their on-line training provider. We were told that practice managers would have improved access to staff training information to ensure they were up to date with required training.

Governance and management

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were reviewed on a regular basis. Staff were able to log on to the company portal and access policies and procedures at any time and were therefore easily accessible to all members of staff.

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 these in protecting patients' personal information. Staff completed data protection training and we were told that information governance was discussed during practice meetings.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and a demonstrated commitment to acting on feedback.

Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Practice meetings were held monthly, meeting minutes seen demonstrated that agenda items included safeguarding, sepsis, medical emergency scenarios and quizzes were held during these meetings.

We were told about a new employee assistance programme which had been launched for staff. This enabled staff to access advice and services such as financial advice, counselling and welfare advice.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.