

Portman Healthcare Limited

Parkdale Dental and Implant Clinic

Inspection report

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Date of inspection visit: 26 October 2021

Date of publication: 07/12/2021

Overall summary

We carried out this announced inspection on 26 October 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 a specialist dental adviser.

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

- 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.

Are services well-led?

Summary of findings

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

Background

Parkside Dental and Implant Clinic is in Wolverhampton and provides private dental care and treatment for adults.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear of the practice.

The dental team includes one dentist, six dental nurses (including two treatment co-ordinators), one dental hygienist, one receptionist, a dental technician, a business manager and a practice manager who also works at another local practice owned by Portman Healthcare Limited. An endodontic specialist visited the practice if required once per week. The practice has three treatment rooms.

The practice is owned by a company 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. An application has been submitted for the recently employed practice manager to become registered manager.

During the inspection we spoke with a treatment co-ordinator, a dental nurse, the dental hygienist, the receptionist and the practice manager. A quality lead for Portman Healthcare was also in attendance at this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5pm. The practice is closed for lunch for one hour each day.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- 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 treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

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

Summary of findings

- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely, ensuring the correct information is recorded on medicine dispensing labels, such as the name and address of the practice.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam (Computed Tomography). In particular ensure that all relevant staff have completed continuous professional development training in the use of intra-oral and Cone Beam (Computed Tomography).
- 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 hot and cold-water temperatures are within the required temperature range.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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|-------------------------|-----------|---|
| 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. Staff had signed documentation to demonstrate that they had read and understood the policies. We saw evidence that staff had received safeguarding training. The practice manager was the safeguarding lead and had completed training to a higher level. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. All staff had downloaded the NHS England safeguarding application onto their phones. This gave up to date information about safeguarding including contact details for local safeguarding authorities. Contact details were also on display in the staff kitchen and in policy folders. We were told that safeguarding was a regular topic of discussion during practice meetings. Any changes to safeguarding policies or procedures would be discussed at these meetings and staff would receive urgent updates by email. Disclosure and Barring Service (DBS) checks were completed for all staff.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within 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. Effective standard operating procedures and measures had been implemented to reduce the spread of Covid-19. Air filtration was in place to reduce the fallow time following completion of an aerosol generating procedure.

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. A dental nurse was the designated infection prevention and control lead and was responsible for completing six monthly infection prevention and control audits.

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 carried out in November 2017. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. However, we saw that hot water temperatures logged were below the required minimum temperature of 50 degrees Celsius and this had not been escalated for action.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean. We saw that cotton wool was being stored in an open container in a drawer in one treatment room. The practice manager confirmed that they would action this immediately to ensure this was stored correctly.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Waste consignment notices were logged onto the company's compliance system.

Are services safe?

The infection control lead carried out infection prevention and control audits twice a year. The latest audit carried out in September 2021 showed the practice was meeting the required standards.

The provider had a Whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. Staff told us that the newly employed practice manager was approachable and supportive, and they would not hesitate to raise any issues or concerns with them.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. To reduce the risk of allergic reaction, the practice did not use natural latex rubber products. The dental dam used was natural latex free.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. The provider sent us recruitment and training information for all staff prior to our visit and on the day of inspection we looked at two staff recruitment records. These showed the provider followed their recruitment procedure. Human resources staff from head office provided support to the practice as needed with recruitment, training and any human resources related issues. Recruitment and training information was recorded on the compliance system in use companywide. This helped senior staff monitor to ensure correct pre-employment information was obtained and training kept up to date. Quality Lead staff undertook random desk top reviews to ensure information had been uploaded on to the compliance system correctly.

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 Landlords Gas Safety Certificate was available dated May 2021. A fixed wire check had been completed in September 2016 and a new check was booked for 2 November 2021. Portable electrical appliances were regularly tested, and stickers were in place on equipment to demonstrate this.

A fire risk assessment was carried out in line with the legal requirements in October 2019. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records of fire detection and alarm inspection were available. Actions were identified from the previous inspection and work was scheduled to take place in November 2021 to address these issues. All issues for action were included in the practice's planned maintenance schedule. Six staff had completed training to be a fire warden and we saw records to demonstrate that six monthly fire drills took place.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every month following current guidance and legislation.

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

The practice had a cone beam computed tomography X-ray machine. Evidence was available to demonstrate that in-house training had been completed by staff in 2015. There was no evidence of practice or theory training certificates or refresher training every five years in radiography for cone beam computed tomography and intraoral X-ray. We were told that this would be forwarded following this inspection, but this was not received.

Risks to patients

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

Are services safe?

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. Risk assessments included lone working, fire, legionella, Covid-19 and a practice risk assessment. Health and safety updates were sent to staff regularly using the company's 'Port of Call' system. The provider had current employer's liability insurance, a copy of which was on display in the reception area.

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.

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care. We were told that staff had not completed sepsis awareness training but that this would be included in the continuous professional development training requirements for all clinical staff. A copy of the training would be emailed to staff the week following this inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. The next training was scheduled for November 2021.

Emergency equipment and medicines were available as described in recognised guidance. We saw that there was no razor in the emergency equipment kit. We were told that a razor would be available immediately. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

Two staff had also completed first aid training in 2019.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. A lone worker risk assessment was in place regarding any staff that worked in the practice alone.

A dental nurse was the designated lead for control of substances hazardous to health (COSHH). Material safety data sheets were available for each hazardous product in use at the practice as well as risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Cross checking product information in the COSHH folder with the annual stock take of products in use, helped to ensure that information was up to date. A separate COSHH folder was kept in the cleaning cupboard with risk assessments and material safety data sheets for cleaning products in use. This gave easy access to information for the external cleaner employed at the practice.

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 dental care records with clinicians to confirm our findings and observed that individual records were written or 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

Are services safe?

The provider had systems for appropriate and safe handling of medicines. However, we noted that not all required information was recorded on medicine dispensing labels. For example, the practice name and address. The practice manager confirmed that this would be addressed immediately.

Medicines were securely stored and there was a 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 current guidance with regards to prescribing medicines was discussed and we were told that all dentists had been made aware of the Faculty of General Dental Practice guidelines.

Antimicrobial prescribing audits were due to be carried out, but these were not as yet available.

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.

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. All incidents would be logged on to the compliance system to be reviewed by the relevant person at head office. Reviews took place to identify themes and trends and ensure that relevant action was taken and staff companywide were updated as required. The practice manager had oversight of incident reporting.

The provider had a system for receiving and acting on safety alerts. A weekly email was sent to all staff from head office detailing any safety alerts or product recalls. The practice manager was responsible for ensuring that checks were made, and action taken if required. Staff learned from external safety events as well as patient and medicine 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. This included regular clinical and other updates, webinars, peer review meetings and regular training. 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. Treatment co-ordinators employed at the practice completed an initial triage over the phone, patients completed medical history forms prior to any consultation, and these were kept on patient records. Patient records demonstrated that comprehensive assessment was completed to establish patient's individual needs and preferences.

Those patients who used wheelchairs used the rear entrance to gain access to the premises. There was an accessible toilet and ground floor treatment rooms for those patients who were unable to access stairs. The practice had access to translation services to assist those whose first language was not English. A hearing loop was also available. This helped to ensure that patients were able to understand the information given regarding their care and treatment. Information could be provided in large print if required. The Business Marketing lead was working with the practice manager to produce audio information for patients and a large print practice information leaflet.

Out of hours contact details were available to patients on the practice telephone answerphone message. A rota was in place for dental nurses to answer emergency calls when the practice was closed. The dental nurse would forward information to the dentist who would allocate emergency appointments as required.

The practice offered dental implants. These were placed by the principal dentist 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.

Helping patients to live healthier lives

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

The dentists/clinicians 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.

A dental nurse had completed an oral health education course and staff were aware of 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 dental hygienist 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.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

The practice team understood the importance of obtaining and recording patients' consent to treatment. 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 had systems in place to help those patients understand the information provided to them in order to give informed consent.

The practice had a Mental Capacity Act 2005 policy which included information regarding consent, proof of legal guardianship or Power of Attorney for patients who lacked capacity. 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. Mental Capacity assessment forms were available for completion as required. All information regarding capacity and assessments completed would be recorded on the company's compliance system. Staff had completed training regarding the Mental Capacity Act and information such as flow charts were on display in the staff room and available in the policy folder.

Monitoring care and treatment

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. Record keeping audits were completed six-monthly. The last audit was dated October 2021 and no actions were required as a result of this audit. We were told that staff would keep records of the results of audits, the resulting action plans and improvements. The practice, who were a dental implant clinic, were not completing an audit of implant success and failure rates, we were advised that this audit would be completed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff had access to internal and external training including discussions during practice meetings and updates and training provided by the company. The company had also paid for staff subscription to a service that provided online continuous professional development training courses.

Staff new to the practice had a structured induction programme. We reviewed the induction programme and found it provided an effective period of training to ensure that new members of staff quickly become confident and competent in their new roles. For example, it equipped new staff members with an understanding of the practice and the general day-to-day systems that were in place, essential health and safety requirements, including practice risk assessments and formal practice policies. Induction information was recorded on the compliance system and could be reviewed and monitored by senior staff as needed. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

A sufficient number of staff were employed at the practice to ensure that the dentist and dental hygienist always worked with a dental nurse. The practice employed two treatment co-ordinators who were also qualified dental nurses. These staff could assist with dental nursing if required. We were told that the practice had not used agency or locum staff. If required staff from the local 'sister' practice could be used to cover staff shortages.

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.

The practice was a referral clinic for dental implants, and we saw staff monitored and ensured the dentist was aware of all incoming referrals daily. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

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. The practice manager present on the day of inspection confirmed that they had begun the application process to become the registered manager.

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 and said that they enjoyed working at the practice. The new practice manager had identified issues for action and was addressing these. Staff praised the new practice manager, stating that they were supportive and approachable. The information and evidence presented during the inspection process was clear and well documented. They could show how they delivered high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

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.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. We were told that there was a strong, stable staff team who had worked at the practice for many years. The dentist had worked at the practice for over 30 years. Staff were sent weekly email updates from the 'Port of Call' service. This included information regarding health and safety, updates or any learning. There was also a practice social media group to provide urgent updates or information.

Staff could enrol with the employee assistance programme which gave staff access to free counselling sessions and other wellbeing information.

Appraisal meetings were overdue as the practice manager had only recently been employed. Appraisal meetings were scheduled to take place in March 2022. These were to be held three monthly initially and then annually. The regional clinical lead would hold appraisal meetings with dentists. Dentists were also involved in regular webinars and peer review. The practice manager was having regular informal supervision meetings with staff. Appraisal information would be recorded on the compliance system. Staff would discuss their training needs, general wellbeing and aims for future professional development. Appraisal meeting discussions would be linked to the vision and values of the company. The vision and values were to be patient focussed, people centred, pioneering and passionate.

We saw the provider had systems in place to deal with staff poor performance. Support would be provided by head office human resources staff as needed.

Are services well-led?

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, and 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.

The practice manager had overall responsibility for the management and clinical leadership of the practice with support provided by a regional clinical lead as needed. 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. Staff had signed policies to demonstrate that they had read and understood them.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required. A risk and governance committee met regularly to report on complaints trends and analysis, incidents trends and analysis and to identify each individual practice compliance with completion of information on the compliance system (Radar).

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, audits and external body reviews 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. Staff had completed training regarding data security as part of their mandatory training. The practice had an information governance folder to keep staff up to date with current guidance. Paper records were kept securely, and computer records were password protected. The practice aims to move to paperless records in the near future.

Engagement with patients, the public, staff and external partners

The provider asked patients to complete online reviews and encouraged verbal comments to obtain patients' views about the service. The practice manager confirmed that they would be responsible for responding to any online reviews. At the time of our inspection the practice had scored four out of a possible five from five reviews left on social media and four point seven out of five from a total of thirty-nine online reviews.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff had completed the company's 'Your Voice' staff survey in September 2021. The results of the survey would be made available to each practice along with a 'you said, we did' poster to put on display. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

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

Are services well-led?

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. Clinical staff were involved in reviews with Regional Clinical Leads and Directors of Dentistry for the company. The principal dentist was a member of the British Dental Association who provide education, advice and information to its members.

Refurbishment plans were in place with work planned to take place in dental treatment rooms and general redecoration.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records which were completed six-monthly, monthly radiograph audits and six-monthly infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. Staff were not completing an audit of implant success and failure rates. Implants were the main dental activity completed at this practice. We were also told that antimicrobial prescribing audits were due to be carried out in the very near future.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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