

Firs Premier Limited

# Firs Premier Limited

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 4 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.
- 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.

# Summary of findings

- 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 dental group with multiple locations, and this report is about Firs Premiere Limited.

Firs Premiere Limited is in Birstall, Leicestershire and provides NHS and 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 is available near the practice on local side roads. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 7 dentists, 6 qualified dental nurses, 4 trainee dental nurses, 1 dental hygienist, 1 practice manager, 1 support staff (Clinical Compliance Manager) and 4 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist, the clinical compliance manager, and the practice manager. The Clinical Quality Manager from Colosseum Dental was also present throughout this inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday, Wednesday and Friday from 9am to 5.15pm, Tuesday and Thursday from 9am to 7.15pm and Saturday from 8am to 3pm.

There was an area where the provider could make improvements. They should:

- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. Staff had completed safeguarding training to the required level. Safeguarding information was easily accessible to staff throughout the practice.

The practice had infection control procedures which reflected 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 which was completed in October 2022.

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. The clinical manager completed spot checks to ensure the practice was clean and signed documentation to demonstrate this.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency 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 line with the legal requirements. Evidence was available to demonstrate that issues for action had been addressed. The management of fire safety was effective. The dates of fire drills were logged along with the time taken to evacuate the building and any additional comments. The names of staff present during the fire drill had not been recorded. We were assured that this would be included for all future fire drills.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT).

### **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 posters regarding sepsis were on display throughout the practice. Safer sharps were used at this practice and a sharps risk assessment had been completed.

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. Two staff members were due to complete training. We were told that these staff would initially complete online training and then attend the next face to face training planned at the practice in June.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. A separate file of information was available for the cleaning products in use and was kept within the cleaning cupboard.

# Are services safe?

## **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. The practice had a log and stock control system of antibiotic medicines on the premises and these medicines were securely stored. However, dispensing labels did not record the practice name and address. We were assured that labels would be ordered which recorded the correct dispensing information including the practice details. Antimicrobial prescribing audits were carried out. The latest audit was dated September 2022.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. Incident records seen recorded the incident and action taken to mitigate future risk. Incidents were a standard agenda item for staff meetings and would be discussed as necessary. 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. A weekly bulletin was sent out to staff with information updates. 'The Hub' is a Colosseum Dental Group computer application that is available at every practice owned by the Colosseum Dental Group. This application, for example, gives staff easy access to information updates, policies, compliance news and weekly learnings.

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 national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. Reception staff also had contact details for other services, for example, narcotics anonymous and, alcoholics anonymous and 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 learning difficulties and autism. The practice manager discussed some recent patient feedback and confirmed that they would telephone the patient to discuss any changes that could be practically made to make the patient's visits to the dentist more comfortable.

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.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff had completed equality and diversity training and were aware of their responsibility to respect people's diversity and human rights. Staff were observed to be friendly, caring and helpful to patients when speaking with them in person at the reception and over the telephone.

Responses from the practice survey conducted between January and April 2023 gave positive responses. Patients commented that all staff were friendly, professional and polite.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Although closed-circuit television (CCTV) had previously been installed, this had been disconnected. We were told that there were plans to re-connect the CCTV. There were signs in place to inform patients and we were told that there were relevant policies and protocols in place which would be reviewed when the CCTV was again operational.

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. Information regarding fees was on display within the practice and available on the practice website.

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, study models and an intra-oral camera. Photographs, videos and X-ray images could be shown on the televisions available in each dental surgery.

# 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 would chat to them to put them at ease. Televisions were available in each waiting area and dental treatment room. The televisions in treatment rooms could be used to help relax patients by showing television whilst patients were having any treatment.

The practice was located over two floors. There were 2 reception areas, waiting areas and dental treatment rooms which were wheelchair accessible on the ground floor. The patient toilet was also on the ground floor, and we were told that this was wheelchair accessible but not suitable for patients with large wheelchairs due to the size of the room. There were also dental treatment rooms on the first floor of the building. A selection of reading glasses and a magnifying glass was available to aid patients who had visual impairments. There was 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.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The waiting time for a routine appointment was approximately three weeks. The practice had an appointment system to respond to patients' needs. The practice was open Monday, Wednesday and Friday 9am to 5.15pm, Tuesday and Thursday 9am to 7.15pm Saturday 8am to 3pm. These extended opening hours helped to ensure that patients who worked 9am to 5pm Monday to Friday had access to dental services. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. 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. Staff discussed outcomes to share learning and improve the service. Discussions regarding complaints was a standard agenda item for practice meetings and any complaints received would be discussed at this meeting. We saw that the practice had received 3 complaints. A complaints tracker recorded dates of correspondence and actions taken. Complaints information was kept on file for monitoring and review.



# 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.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant 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. Staff told us that they were encouraged to progress within the company and further their career.

### **Culture**

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

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

Staff discussed their training needs during annual appraisals 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. A training matrix recorded when training was due, whether it had been partially completed or was overdue for completion. The clinical manager reviewed the training matrix regularly and supported staff to ensure their training was kept up to date. Staff told us that training was paid for by the company.

### **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. Policies were stored on 'The Hub' on the company's computer portal and all staff had access to this information.

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. Patients were sent a survey after each appointment at the practice. Responses were reviewed every 3 months and information fed back to staff during a practice meeting. The practice manager telephoned any patient who had left a neutral or negative response to identify any issues and discuss action that could be taken to improve the patient experience at the practice.

# Are services well-led?

Feedback from staff was obtained 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 where appropriate. Colosseum Dental Group were a part of the 'Great Place to Work' initiative. 'Great Place to Work™' is a global authority on workplace culture, providing employers with meaningful and verified employee feedback. All staff are prompted to anonymously answer 64 questions about their place of work. The Firs was recognised as a Great place to work, and Colosseum were paying for a staff night out in recognition of this.

## **Continuous improvement and innovation**

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