

Robin Hood Dental Practice Partnership

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Inspection report

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Date of inspection visit: 26 September 2023
Date of publication: 10/10/2023

Overall summary

We carried out this announced comprehensive inspection on 26 September 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.
- There were shortfalls in the practice infection control procedures.
- Staff knew how to deal with medical emergencies. Not all life-saving equipment was 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 did not have staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- 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.
- 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.
- There was effective leadership, however there was scope for improvement with the clinical audits and recruitment.

Background

Robin Hood Dental Practice is in Hall Green, Birmingham 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 spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes 6 dentists, 4 dental nurses, 2 dental hygienists and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 dental hygienist and 2 receptionists. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 6pm.

Friday from 8.30am to 5pm.

Saturday from 9am to 2pm.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Take action to ensure audits of radiography, infection prevention and control and antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve the practice's infection control procedures and protocols 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'.

Summary of findings

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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 had a safeguarding lead and staff training was carried out to an appropriate level. Flowcharts showing the safeguarding reporting procedure were displayed in the staff area.

The practice had infection control procedures, although we noted that staff had not been undertaking the recommended soil and protein residue testing for both of their ultrasonic baths. We identified healing caps used for implant treatment which were single use items, had been through the decontamination process and were prepared and ready for re-use. Dental burs were not pouched in sterilisation bags. We found some sterilised pouched instruments to be out of date and some that were not dated. Following our inspection, evidence was received to show a new log had been implemented for the ultrasonic baths, healing caps had been discarded and new dental bur blocks had been ordered to enable sterilisation and pouching.

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 January 2021.

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 practice had a recruitment policy and procedure to help them employ suitable staff however, this was not followed. We viewed 8 staff files and found a number of documents and information missing for example, Disclosing and Barring Service (DBS) information, references and immunity for vaccine preventable infectious diseases. No interview records were kept on file for newly appointed staff. Following our inspection evidence of missing documents were submitted.

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 February 2023 in line with the legal requirements. The management of fire safety was effective and staff had carried out fire training.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The location of the isolation switch in surgery 5 required moving to a safe distance as stated in the Radiation Protection Report. Following our inspection this work had been completed.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. There was scope to expand the risk assessments for sharps safety and lone working to ensure they assessed and included the risks associated with all sharp's instruments and the risks of those staff working without chairside support or working alone in the building.

Are services safe?

Most emergency equipment and medicines were available and checked in accordance with national guidance. Salbutamol aerosol inhaler, used to relieve symptoms of asthma and chronic obstructive pulmonary disease (COPD), was out of date and the aspirin was not dispersible. Clear face masks for self-inflating bag (sizes 0, 1, 2, 4) were missing. Self-inflating bag with reservoir for both adult and child were open therefore not sterile. The mercury spillage kit was out of date. Evidence was seen following the inspection to show all these items had been ordered.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data information was available for all materials used.

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 two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. However, antimicrobial prescribing audits were not carried out to assess if the clinicians were prescribing according to national guidelines.

There was no system in place for the security of NHS prescriptions pads to identify lost or missing prescriptions. Following our inspection evidence was submitted of a log which was to be used to track prescriptions.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts and sharing with staff if appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

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

The practice had access to digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives

Oral health care products were on sale for patients such as toothbrushes, floss, interdental brushes and mouthwash. Information leaflets about dental treatments, gum disease and oral hygiene were available to patients as recommended by the dentist or upon request.

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.

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 and evidence was seen to show training had been carried out.

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 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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits annually however, these were not clinician specific and not carried out 6 monthly as stated in 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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. We noted systems were not in place to ensure that non-NHS referrals were actively followed up to ensure their timely management. Evidence was submitted following the inspection to show a referral log had been implemented.

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. Staff described to us some of the ways they enabled nervous patients to access their treatments and the additional measures they implemented to support them, for example, arranging appointments during quieter times of the day. Staff were observed to be friendly, caring and helpful to patients when speaking with them in person and over the telephone.

Patient feedback we reviewed indicated staff were compassionate and understanding when they were in pain, distress or discomfort. They also mentioned the friendliness and professionalism of staff.

Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Computer screens were not visible to the public at reception and there was an available area away from reception where patients could have a private discussion if requested.

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

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 dentists explained the methods they used to help patients understand their treatment options. These included 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice was not able to make reasonable adjustments for patients with access requirements related to their mobility, due to the layout of the building. However, staff had carried out a disability access audit to continually improve where possible. There was one downstairs surgery and renovations were in progress to provide another surgery and a wheelchair accessible toilet.

Timely access to services

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. Patients had enough time during their appointment and did not feel rushed.

The practice's 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 were directed to the appropriate out of hours service.

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.

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

There was leadership with emphasis on peoples' safety and continually striving to improve.

The provider was committed to safety and improvements for patients and staff. Staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice team took action to address them.

Following our inspection, the provider submitted information addressing the shortfalls we identified, demonstrating the providers commitment to improving the service for both staff and patients.

Culture

Staff stated they felt respected, supported and enjoyed their work. They described the principal dentist as approachable and understanding if they raised any concerns.

Staff discussed their training needs during annual appraisals and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

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.

Processes for managing risks, issues and performance required strengthening. Shortfalls were identified with the medical emergency equipment, recruitment and radiography. These were rectified following our inspection.

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.

Feedback from staff was obtained through meetings 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.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of record keeping, disability access, radiographs and antimicrobial prescribing. We found the infection prevention and control and radiography audits were not carried out in the recommended 6 monthly time frame. Radiography audits were not clinician specific and not of a sufficient sample size. The resulting findings, action plans and improvements were not always recorded.