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Knowle and Dorridge Dental Practice

Inspection report

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Overall summary

We carried out this announced inspection on 25 November 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 asked the following three 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.

Summary of findings

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Downing Dental is in Knowle, Solihull 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 people with disabilities, are available near the practice.

The dental team includes three dentists, three dental nurses, with one trainee dental nurse, three visiting clinicians (a dental surgeon, a dental hygiene therapist and a endodontist), three receptionists and one practice manager. The practice has four treatment rooms.

The practice is owned by Knowle & Dorridge Dental Practice which is a partnership 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. The director of the practice had applied to the CQC be the registered manager at Downing Dental.

During the inspection we spoke with two dentists, two dental nurses, two receptionists, the human resources manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: from 8.45am to 5pm Monday to Friday.

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 with some exceptions. Missing items were ordered by staff the day after our inspection.
- The provider had some systems to help them manage risk to patients and staff. We found shortfalls in appropriately assessing and mitigating risks in relation to electrical wiring testing, prescription monitoring, clinical audit and fire safety management. Immediate action was taken within 48 hours of our inspection to address most of these shortfalls.
- 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 appointment system took account of patients' needs.
- 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 dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

Summary of findings

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- The provider should consider updating their sharps policy to cover the whole range of sharps such adrenaline vials.
- The provider should consider displaying sepsis prompt posters in the practice for both adults and children.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

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. However, the provider's policy did not include female genital mutilation and modern-day slavery. We raised this with the provider, and they provided us with an updated policy the next day including these areas. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.All staff had access to the NHS safeguarding application. This provided 24-hour, mobile access on up to date legislation and guidance including local authority contact details.

A safeguarding chart provided staff with a visual representation of the practice's procedure for reporting, and responding to, safeguarding concerns.

The director was the safeguarding lead and a receptionist was the deputy safeguarding lead for the practice. They had completed level three training which was above the level two training which was required.

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.

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.

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. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. An external cleaning company carried out an annual deep clean.

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

However, the provider had not carried out infection prevention and control (IPC) audits twice a year. This meant the provider could not assure themselves that they were managing IPC systems and mitigating risks. We raised this with the provider, and following our inspection they provided us with evidence these audits had commenced.

Are services safe?

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination. However, the policy had passed its review date in 2018 and did not include details of both internal and external contacts. We raised this with the provider, who advised that they would update their policy.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider 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. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure.

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. However, a five-year fixed electrical wire check had not been completed. We raised this with the provider and the following day they provided evidence that they had scheduled the test with an external company.

The provider said a fire risk assessment had been carried out by an external company in line with the legal requirements. However, the provider did not keep a copy of the assessment. This meant we did not see evidence that based on the findings of the assessment, the provider had ensured that adequate and appropriate fire safety measures were in place to minimise the risk of injury or loss of life in the event of a fire. However, following our inspection, the provider sent us evidence they had booked an external company to complete a fire risk assessment on 16 December 2021. They said they would forward us the report. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Portable electrical appliances were regularly tested, and stickers were in place to demonstrate this.

Two members of staff were fire marshals and fire drills were carried out every three months.

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 year following current guidance and legislation.

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

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. These included legionella, Covid -19 and health and safety. The provider had current employer's liability insurance.

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. However, the policy did not cover the whole range of sharps such as matrix bands and adrenaline vials. We raised this with the provider, and they said they would rectify this. However, the updated policy had only added matrix bands. We spoke with the provider and explained then policy should cover the

Are services safe?

whole range of sharps used in the practice. The provider assured us they would re visit the policy and provide us with a copy upon completion. A sharps risk assessment had been undertaken and was updated annually. However, there were no posters displaying the general safe handling and disposal of sharps in the practice. We raised this with the provider and they immediately rectified this.

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.

Staff had not completed sepsis awareness training. A sepsis prompt for paediatric patients only was displayed in the staff room. We raised this with the provider and the following day they provided us with evidence that they had organised sepsis training for all staff on 2 December 2021. This ensured clinical staff would be provided with knowledge of the recognition, diagnosis and early management of sepsis.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we found two pieces of equipment, a child size self-inflating bag and self-inflating face mask were missing from the medical emergency kit. We raised this with the provider and the following day they provided us with evidence they had ordered these.

A dental nurse worked with the dentists and the hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental therapist worked without chairside support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The provider had systems in place to prevent or reduce staff member's exposure to hazardous substances by finding out what the health hazards were and deciding how to prevent harm to health (risk assessment). A policy supported this risk.

The practice occasionally used locum and or agency staff. These staff received an induction to ensure they were familiar with the practice's procedures.

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 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

The provider had systems for appropriate and safe handling of medicines.

There was a stock 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.

Are services safe?

We saw staff did not store and keep records of NHS prescriptions as described in current guidance. We raised this with the provider and the following day they provided evidence they had pre populated prescription numbers on the prescription log. This meant the provider now had a system in place to assure themselves they were managing prescription security effectively.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not carried out annually. This meant the provider did not have systems in place to review current antibiotic prescribing to ensure best practice guidance was being followed and to implement changes to meet guidance recommendations, if required. We raised this with the provider, and they assured us they would carry these out in the future.

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.

Where there had been a safety incidents we saw this was investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. The provide shared learning with staff through a variety of communication channels including daily meetings, team meetings and through social media.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Patient records demonstrated that staff completed comprehensive risk and needs assessment to establish patient's individual needs and preferences.

The practice was located on the ground floor of a self-contained building and was wheelchair accessible. Staff could access translation services to assist those whose first language was not English. A hearing loop was also available for patients who were hard of hearing and used hearing aids. This helped to ensure that patients were able to understand the information given regarding their care and treatment.

Out of hours contact details were available to patients on the practice telephone answerphone message and on the website and on the patient information leaflets.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care. These were used by dentists to show patients the interior of their mouth, as an alternative to using a mirror.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The 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.

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 dentist 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.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. 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.

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 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 did not have formal quality assurance processes in place to encourage learning and continuous improvement. The provider said they would implement an audit schedule going forward.

Effective staffing

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

Staff new to the practice including locum and agency staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council (GDC).

Staff shortages were planned for in advance. Staff rotas were completed a week in advance and an online tool was used for staff to request log annual leave.

Staff new to the practice completed a structed induction programme. These were tailored to the specific role. We confirmed clinical staff completed the continuing professional development required for their registration with the GDC.

Staff were supported to deliver care through training, learning and development opportunities. The provider funded an online training website which provided dental nurses with everything that they needed to comply with enhanced continued professional development recommended topics from the GDC.

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 well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

At the time of inspection there was no registered manager in post as required as a condition of registration. However, the director provided evidence they had recently applied to the Care Quality Commission for registered manager status. A registered manager is legally responsible for the management of services for which the practice is registered.

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. There had been a recent history of staff performance management issues and a high turnover of staff, therefore systems and processes were not yet embedded. Although the practice manager was new in post, they were clearly committed to overseeing the non-clinical and business side of the practice to ensure that their patients received the highest standard of care possible. 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

Although we found leaders had the capacity, values and skills to deliver high-quality, sustainable care, formal systems for improving standards of clinical practice were not yet embedded.

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.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

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.

Staff discussed their training needs at an annual appraisal and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. Many staff were new to the practice and were not yet suitable for their annual appraisal, however the provider had held regular conversations with staff to discuss their performance. The provider used an external human resources (HR) company that provided support with all HR functions including recruitment, staff performance and induction.

The staff focused on the needs of patients. For example, the practice manager said they helped receptionists answer telephone calls when the practice was busy to ensure customer safety and satisfaction.

We saw the provider had systems in place to deal with staff poor performance.

Are services well-led?

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the provider received complaints from patients that they were waiting too long for their telephone calls to be answered since the start of the pandemic. The practice manager introduced a system where one of the three receptionists was dedicated to answering and responding to telephone calls every day. The provider said the complaints had since decreased. The provider wasaware 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 director had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. A flow chart in the staff room detailed the staff structure, lead 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. Due to a change in staff these were currently under review by the practice manager with support from the Human Resources department who were an external consultancy provider.

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, were used to ensure and improve performance. Performance information was combined with the views of patients. However, the provider did not demonstrate that they had consistent, clear and effective processes for managing risks. For example, there was a lack of audits.

Staff could find the information they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example:

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

We reviewed feedback left by patients on NHS Choices. One review had been left in March 2021. This was five stars out of five.

The provider gathered feedback from staff 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. Staff wellbeing was prioritised throughout the lockdown periods of the pandemic. For example, staff had a direct access to the HR department, the directors closed the practice for a day and took staff out for a meal and staff kept in touch through a social media group.

Continuous improvement and innovation

Are services well-led?

The provider did not have all the necessary embedded systems and processes for learning, continuous improvement and innovation. However, the provider was open to discussion and feedback and took urgent action where required.

Although the leaders demonstrated the capacity, values and skills to deliver high-quality, sustainable care, they did not have quality assurance processes to encourage learning and continuous improvements such as audits of dental care records, radiographs and infection prevention and control. This meant the provider did not have systematic ways of assessing, evaluating and improving care of their patients.

The leaders showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, the directors said they often asked new members of staff if they had identified areas for improvement appreciating they brought a 'fresh pair of eyes' to the practice. Staff were encouraged to add to team meeting agendas and managers allocated time for a questions and answers session at the end of meetings.

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17** **Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • There were limited systems for monitoring and improving quality. The provider could not demonstrate any audit activity of radiography, antimicrobial prescribing, record keeping, or infection prevention and control were undertaken to improve the quality of the service. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The provider had not ensured that the electrical fixed wiring had been tested every five years. • The provider did not have systems in place to track and monitor the use of NHS prescriptions.

This section is primarily information for the provider

Requirement notices

- The provider was unable to demonstrate that a fire risk assessment had been completed to ensure ongoing fire safety management was effective.