

# Nationwide Healthcare Providers Limited

# Seven Dental

## Inspection report

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## Overall summary

We carried out this announced focused inspection on 27 June 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available, though we noted that one medicine was not being stored in the fridge as per recommendations, and its expiry date had not been reduced to allow for this.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

# Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

## Background

The provider has 16 practices and this report is about Seven Dental Practice.

Seven Dental is in Hyson Green Nottingham 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. Seventeen of the treatment rooms are located on the ground floor with easy access to them for people with mobility difficulties. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes one specialist oral surgeon, two oral surgeons, nineteen general dentists, thirty dental nurses, including twenty trainee dental nurses, twelve receptionists and four practice management staff. The practice has twenty treatment rooms.

During the inspection we spoke with two dentists, three dental nurses, the practice Manager, the Registered Manager, the Clinical Quality Care Manager and the Group Practice Manager. 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.

There were areas 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.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure audits of radiography 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.

# 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?	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 infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Risk assessments were in place for staff who were non-responders to the hepatitis B vaccination and for staff whilst awaiting the results of any criminal record check.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. The head office property maintenance team provided support to the practice to ensure that facilities and equipment were in good repair and working order.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Maintenance certificates for fire safety equipment were kept at head office and not available on the day of inspection. These were forwarded within 48 hours of this inspection. We were told that some staff had completed fire safety training and others were trained fire marshals and that there was always a fire marshal on duty each day. Training certificates to demonstrate this were not available at the time of inspection. Following this inspection, we were forwarded copies of training certificates for some staff demonstrating that they had completed fire safety and fire marshal training.

The practice had arrangements to ensure the safety of the X-ray equipment, although the practice was not completing all quality assurance checks at the recommended frequency. We were told that these were being completed but not recorded and would be recorded going forward. We saw the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. One medicine used to treat low blood sugar was not being stored in the fridge as per recommendations, and its expiry date had not been reduced to allow for this. We were assured that this would be addressed immediately.

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

# Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Material safety data sheets for the dangerous products were also available.

## **Information to deliver safe care and treatment**

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

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

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. The practice kept a log of NHS prescriptions, although improvements were required to this log for security and audit purposes.

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

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts. A log was kept, any action taken recorded and staff signed to confirm that they had read the alert.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

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

The practice offered dental care and treatment using conscious sedation for patients. The sedation was provided by a visiting sedationist. We were told that the required equipment and documentation were not available at the practice as these were bought in by the visiting sedationist. Staff had recently completed sedation nursing examinations and were in the process of becoming qualified sedation nurses. Staff providing treatment to patients under sedation had completed both Basic Life Support training and Immediate Life Support training with airway management.

Patients who have a learning disability or autism are able to book an appointment to have a look around the practice and meet the dentist before any routine appointment or treatment is carried out. Appointments can be made at quieter times such as the start or end of the working day. Patients are able to choose whether they see a male or female dentist. The practice has provided dental treatment and support to refugees who are staying in nearby hotels.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns, for example, Stoptober and Cancer Awareness Month 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.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance.

Staff completed training regarding dental care and autism, mental capacity and dementia and conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits at the frequency suggested by current guidance. Management staff confirmed that six-monthly audits would be completed going forward.

### **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**

# Are services effective?

(for example, treatment is effective)

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 minor oral surgery and a referrals' management team monitored and ensured the dentists were aware of all incoming referrals.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

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

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

Systems and processes were embedded, and staff worked well together.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

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

Staff stated they felt respected, supported and valued, and we were told that training was paid for by the provider. Facilities for staff at the practice were comfortable and included a prayer room to be used by staff as required and an outdoor seating area. Staff were proud to work in the practice.

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

We were told that the practice support manager reviewed training to ensure that staff completed relevant training and that this was updated at the required intervals. Staff who were unable to attend in-house training at the practice attended another practice within the group to complete this training.

### **Governance and management**

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. For example, chairs in the waiting room were changed as a result of feedback. A 'you said we did' poster was put on display giving details of patient suggestions and any actions taken as a result.

The practice 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.

The practice was also a member of a good practice certification scheme.



# Are services well-led?

## **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation. Any issues identified at other practices within the group would be discussed companywide to share learning. Staff undertook refresher training during practice meetings and were given fun quizzes to complete to help with this training. Medical emergency scenario training was also completed during practice meetings. Practice meetings were held monthly.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. Staff were not completing radiograph audits six-monthly as recommended. We were told that this would be addressed immediately, and audits would be completed six-monthly going forward.