

Coleshill Smile Care Limited

Coleshill Dental Centre

Inspection report

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Overall summary

We carried out this announced inspection on 24 March 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 CQC Inspection manager and 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.
- 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.
- Safeguarding processes were in place. Staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- The practice had recently reviewed staff recruitment procedures to ensure that they reflected current legislation. These had not historically been applied consistently as not all required pre-employment checks were available for all staff.
- The practice had systems to manage risks for patients, staff, equipment and the premises. We found shortfalls in appropriately assessing and mitigating risks in relation to legionella. Immediate action was taken within 48 hours of our inspection to address most of these shortfalls.

Background

The provider is part of a group and has 9 practices, and this report is about Coleshill Dental Centre.

Coleshill Dental Centre is in Coleshill, Birmingham, and provides NHS and private dental care and treatment for adults and children.

The practice is accessed via a step from the high street. A portable ramp is available for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 5 dentists, 1 dental hygienist, 1 dental nurse, 6 trainee dental nurses, 1 practice manager and 2 receptionists. The practice team are supported by an area manager, the group compliance officer, the practice owner and the chief clinical officer who all visit the practice on a regular basis. The practice has 5 treatment rooms.

During the inspection we spoke with the practice owner, 1 dentist, 2 dental nurses, 2 receptionists, the practice manager, the group compliance officer and the registered manager. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday to Thursday 8.30am to 5pm

Friday 8.30am to 2pm

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

- 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.

Summary of findings

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at 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 the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensure rectangular collimators are available for use in each treatment room.

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. Safeguarding flow charts were available in the surgery and in the practice waiting rooms.

The practice had infection control procedures which mostly reflected published guidance. We were shown a recent infection prevention and control audit; however, no historical audits were available to confirm that systems were embedded and effective.

The practice had recently implemented procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. The practice told us they were awaiting a repair on a handwashing sink tap due to it not reaching the required temperature. Records of regular monitoring of water temperatures and flushing of seldom used outlets was not available prior to a date two weeks before our inspection. As a result, we were unable to identify and staff could not confirm, the specific date which the tap had stopped working. Following our inspection, the provider submitted evidence that the practice had booked a legionella risk assessment to be undertaken by an external company, and the tap was due to be fixed as part of the planned building works.

The practice had policies and procedures in place to ensure clinical waste was segregated. We noted that the clinical waste bin outside of the practice was not stored securely. Following the inspection, the provider submitted evidence that this had been secured.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

Following a recent change in leadership, shortfalls in requesting pre-employment documentation had been identified by the compliance lead. They found that a full employment history with explanations for gaps in employment and Disclosure and Barring Service (DBS) checks had not been obtained for all new staff to give assurance that they were suitable for their role. As a result of these shortfalls, the compliance lead had implemented a robust recruitment policy, improved recruitment oversight and introduced enhanced recruitment procedures. At the time of inspection, the provider had applied for all missing DBS checks and was awaiting receipt of certificates.

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 was in a grade 2 listed building. We noted significant damage to a wall in the decontamination room and rising damp around the practice, making cleaning of these areas difficult. The provider was aware of these issues and had scheduled a refurbishment plan to include necessary repair works around the building with a predicted start date of April 2023.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The practice had X-ray equipment in all 5 treatment rooms. We found only 1 surgery was using a rectangular collimator. Rectangular collimators reduce radiation scatter and dose. The provider told us they had purchased 4 additional rectangular collimators which they could not find at time of our inspection. The provider assured us they would review their processes.

Risks to patients

Are services safe?

The compliance lead had strengthened 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.

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.

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. Antimicrobial prescribing audits were carried out.

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.

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.

Helping patients to live healthier lives

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

The practice sold a range of sundries including interdental brushes, mouthwash, and floss. A dental hygienist also worked at the practice to help patients maintain good oral health.

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 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 six-monthly following current guidance.

Effective staffing

The practice had experienced periods of staff shortages over the past 12 months and instability in leadership. Where possible the practice had used agency staff to address these shortages. At the time of inspection, the staff team consisted of mainly newly appointed staff including, receptionists, nurses, and the on-site management team. The previous instability had impacted on the practice governance. However, we did not see evidence of any negative impact on the availability of appointments for patients or waiting times. With the recent recruitment drive the practice felt it was stable and focused on striving for improvement.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

The dental hygienist worked with chairside support.

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 were aware of their responsibility to respect people's diversity and human rights.

Patients we spoke with, and the feedback we reviewed was wholly positive. References were made to specific staff for their kindness and support - both at reception and during treatments.

Patients said staff were compassionate and understanding when they were in pain, distress, or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The waiting area was close to the reception desk. Staff were clear about the importance of confidentiality and gave examples of how they maintained patients' privacy and confidentiality such as the use of digital medical history signature pads and private areas for confidential discussions.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely although these were not kept in a fireproof cabinet. The practice manager told us they were in the process of arranging for paper records to be archived securely as they now used digital records. There were window blinds in place at reception and treatment rooms to protect patients' privacy.

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 dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, videos, X-ray images and treatment information leaflets.

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 had made reasonable adjustments, including a ramp, translation services via an app and telephone, a magnifier, and information in different formats for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

At the time of the inspection the practice was accepting new NHS and private patients.

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. A text appointment reminder service was provided, and emergency appointment slots were available each day.

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 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 had introduced systems to acknowledge and respond to concerns and complaints in line with its own complaints policy. The practice had received 2 complaints within the last 12 months. We saw that the provider had responded to these concerns and complaints appropriately. The provider had also recently appointed a chief clinical officer across the group of dental practices to support with the investigation and learning from any clinical complaints. 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 staff and provider demonstrated a transparent and open culture in relation to challenges the practice had faced. For example, there had been a period of around 12 months of instability in the staffing and leadership at the practice. During this period systems and processes were not always followed and documentation was not always available or clear and well documented.

We found at this inspection that the provider had recently recruited a new practice manager. They were supported by an area manager and the group compliance officer who visited the practice at six weekly intervals and were available remotely at other times. The provider had also appointed a chief clinical officer to support clinicians.

Systems and processes were present, but required further embedding due to an increase in newly appointed staff. Staff worked together in such a way that where the inspection identified concerns or issues, these were responded to immediately.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. The provider had plans for staff to take on additional lead roles within the practice.

Culture

Staff talked about a difficult 12 months they had experienced, coping with staff shortages. Staff now felt with new leadership that they were supported, respected, and valued. The team was dedicated to improving the practice.

Staff discussed their training needs during annual appraisals, 1 to 1 meeting and during clinical supervision. 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.

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. Processes for regular review showed scope for improvement.

We saw there were clear and effective processes for managing issues and performance. There was further scope for improvement in risk management procedures.

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 a suggestion box, 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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control.