

Rodericks Dental Limited

Cottam & Cottam Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 18 October 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 always ask the following five 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 was visibly clean and well-maintained.

Summary of findings

- The practice had infection control procedures which reflected published guidance. Although evidence was not available to demonstrate that 2 staff had completed infection prevention and control training within the last 12 months.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- 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. Although evidence was not available to demonstrate that some staff had completed safeguarding training to the required level.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. Some improvements were required to patient's dental records to ensure all relevant information is recorded.
- 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.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team. Systems were in place for the appraisal of staff, but appraisal meetings were overdue for completion.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has 155 practices and this report is about Cottam & Cottam.

Cottam & Cottam is in Harborne, Birmingham 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 disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 5 dentists (including one specialist), 8 dental nurses (including 4 trainee dental nurses), 3 dental hygienists, 2 receptionists and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 dental hygienist, 1 receptionist and the practice manager. The Head of Clinical Compliance for Rodericks also attended this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 8.45am to 5.30pm, Tuesday, Wednesday and Thursday from 8.45am to 5.45pm and Friday from 8.45am to 3pm.

The practice had taken steps to improve environmental sustainability. For example, staff were requested to turn lights off when they were not in the room and were encouraged to recycle as much as possible.

Summary of findings

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular ensure that the surgical drill used during dental implants is serviced in line with manufacturers requirements.

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. Staff had completed training regarding safeguarding vulnerable adults and children, although some staff had started but not finished the training course and one staff member had not completed training to the required level. The practice manager and a dental nurse had completed this training to a higher level.

The practice had infection control procedures which reflected published guidance. Evidence of up to date training was not available for two staff on the day of inspection. The room used to decontaminate dental instruments appeared cluttered. The practice manager assured us that they would review this and ensure that items were appropriately stored. 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. Hot and cold water temperatures were monitored and logged on a monthly basis. Those seen were within the required temperature levels.

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. An external cleaning company provided cleaning services. Logs recorded cleaning tasks undertaken. Monthly checks were completed by management of the company and spot checks by the manager of the dental practice to help ensure that the practice was appropriately cleaned.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Where references were not available for staff, risk assessments had been completed. The practice had a long-standing staff team with 9 of the 19 staff employed having worked at the practice for over 5 years.

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. Servicing and maintenance information was not available on the day of inspection for the surgical drill used for dental implants. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Staff had completed fire safety training and the practice manager was a fire marshal.

The practice had arrangements to ensure the safety of the X-ray equipment and 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. Sepsis posters were on display throughout the practice and staff could refer to a sepsis policy when necessary. Risk assessments and policy documentation were also available regarding lone working and sharps safety.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Are services safe?

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 sheets were also available for each product in use. A separate folder was available containing risk assessments and data sheets for the cleaning products in use. This was kept within the cleaning cupboard for ease of access.

Information to deliver safe care and treatment

Dental care records we saw were 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. We saw staff stored NHS prescriptions as described in current guidance. A prescription log was available which recorded the individual number for all prescriptions on the premises for audit and security purposes.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. Local Safety Standard for Invasive Procedures posters were on display in each dental treatment room. 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. This included regular information updates in bulletins, emails, clinical updates and practice meetings.

We saw the provision of dental implants was in accordance with national guidance. An implant audit was carried out on a regular basis.

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 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 practice organised 'children's days' during half term holidays. The practice was decorated with a Halloween theme during the October half term holiday and children who attended appointments were given stickers and tooth brushing charts.

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. Not all staff had completed training regarding Mental Capacity. We were assured that this would be completed as soon as possible.

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 dental care records in line with recognised guidance. However, patient records did not always record details of discussions held regarding options, benefits and risk of treatment. All dentists spoken with were aware of the British Society of Periodontology guidelines but were not recording periodontal information on each occasion.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Patients were offered appointments at quieter times of the day such as the first appointment of the morning or after lunch.

We saw evidence the dentists justified and reported on the radiographs they took. The grading of radiographs was not recorded on each occasion. The practice carried out radiography audits six-monthly following current guidance and legislation.

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.

Are services effective?

(for example, treatment is effective)

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 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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality and adopted methods to ensure confidentiality was maintained at all times.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. Information was scanned on to computerised records and the paper copy appropriately destroyed.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment. Where required, formal translation services were available. Staff at the practice were also able to speak and understand languages including; Polish and some Asian languages. Staff always checked with patients to ensure they understood the information given to them.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. Anxious patients who found it unsettling to wait in the waiting room for their appointment, waited outside or in their car. Staff went outside to inform them when the dentist was ready to see them. Staff said that they tried to maintain a calm and relaxing atmosphere and spent time chatting to patients to try and put them at ease.

The practice had made reasonable adjustments for patients with disabilities. Automatic doors were at the entrance of the practice and there was a ground floor treatment room which was used one day each week for those patients who had mobility difficulties and were unable to use the stairs. In case of urgent dental treatment or if a patient required an appointment on a different day, we were told that the dentist would swap rooms to see these patients. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. We were told that the wait for routine appointments was approximately one week. The practice was accepting new NHS patients.

The practice had an appointment system to respond to patients' needs. The practice did not provide extended opening hours. Appointment slots were kept free to accommodate patients with a dental emergency. When these appointment slots were full, patients with a dental emergency were asked to sit and wait to see the dentist.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Paperwork we reviewed in relation to recent complaints demonstrated they had been managed in a timely way. Complaints were discussed with staff to share learning and improve the service. These were also forwarded to the company's complaints manager to monitor for any trends and identify any learning for practices within the group.

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. Staff demonstrated an understanding of the Duty of Candour and their obligations under it. Staff said that Duty of Candour was discussed during practice meetings.

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

Systems and processes were embedded, and staff worked well together so that where the inspection identified areas for improvement these were acted on immediately.

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 and valued. Staff said that the atmosphere at the practice was friendly and supportive. They were proud to work in the practice.

Staff said that they discussed their training needs during annual appraisals but confirmed that these had not taken place recently. They also discussed learning needs, general wellbeing and aims for future professional development. A new appraisal system had been launched companywide. The manager was aware that appraisal meetings were overdue for completion and confirmed that these were to be scheduled within the near future. We were told that the manager could be approached at any time to discuss training or any other issues, concerns or suggestions.

The practice's arrangements to ensure staff training was up to date was changing and a new system was being implemented. We were told that access to previous training information was no longer available. The manager was in the process of reviewing all training to ensure staff were up to date. A nurse trainer employed by Rodericks visited the practice upon the request of the practice manager to provide training or to discuss issues and support needs of nursing staff.

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. Both paper and on-line copies of policies, procedures and other documentation were available for staff. Staff were able to log on to the company portal and access policies and procedures at any time. Staff had individual log in details to access 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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Patients were able to complete the NHS Friends and Family Test. Comments seen were positive. The practice also conducted their own patient satisfaction survey. The results of surveys were discussed during a monthly business review meeting. The practice reviewed and responded to on-line reviews.

The practice gathered feedback from staff 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. Practice meetings were held monthly, meeting minutes seen demonstrated that as well as standardised agenda items such as safeguarding, incidents and complaints, staff were able to raise issues for discussion. Separate nurses' meetings were held when required. Practice managers also attended area and business meetings on a regular basis.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. Any learning from other practices within the providers group, was shared company wide.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.