

Walsall Family Dental Practice Partnership

Walsall Family Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 24 May 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.

As part of this inspection we 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:

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.

Are services well-led?

Summary of findings

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

Background

Walsall Family dental practice is in Walsall 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 six dentists, nine dental nurses, including seven trainee dental nurses, a practice manager (who is also the registered manager) and a receptionist. The practice has four treatment rooms.

The practice is owned by 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 registered manager at Walsall Family dental practice is the practice manager.

During the inspection we spoke with two dentists, one dental nurse, the registered manager and the practice manager from another practice associated with Walsall Family dental practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 6pm

Saturday from 9am to 2pm

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.
- The provider had systems to help them manage risk to patients and staff.
- 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 provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement. However, improvements could be made to appraisal processes.
- Staff felt involved and supported and worked as a team.
- The provider had information governance arrangements.

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

Summary of findings

- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

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)

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 and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect. Information regarding this was included in the practice's policy. We saw evidence that staff had received safeguarding training to the appropriate level.

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. These had been reviewed and updated in October 2020 and included Covid-19 management guidelines. 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. A dental nurse was the infection control lead and had completed additional training regarding this in March 2021. Additional measures had been implemented to the patient journey to reduce the spread of Covid-19 and protect staff and patients.

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 completed in August 2019. A further risk assessment was due for completion in August 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. Staff had completed legionella training in May 2021.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw that clinical waste was securely stored in a locked bin.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit completed on 18 December 2020 showed the practice was meeting the required standards and had achieved a score of 99%.

The provider had a whistleblowing policy which detailed both internal and external contact details should staff wish to raise a concern. Staff felt confident they could raise concerns without fear of reprimand.

Are services safe?

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. These reflected the relevant legislation. During the inspection we looked at two staff recruitment records and prior to this inspection we were sent recruitment information for all staff such as disclosure and barring service checks (DBS), indemnity insurance information, hepatitis B immunisation status and professional registration information. 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.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment had been carried out in line with the legal requirements in 2014, this had been reviewed on an annual basis and updated as necessary. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire safety systems were serviced and maintained as required; records showed that the fire alarm and emergency lighting was last serviced in March 2021 and fire extinguishers in November 2020.

A wiring safety check had been completed in March 2019, portable electrical appliances checked in June 2020 and staff completed a visual monthly check sheet to review fire extinguishers, fire escape routes, smoke alarms and emergency lighting.

The practice was not conducting fire drills with staff currently as this would be difficult to complete whilst maintaining social distancing. However, we saw evidence that fire drills had previously been completed twice per year. The practice manager now discussed a scenario with individual members of staff and questions them about the action they should take in the event of a fire to ensure their knowledge and understanding.

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 that rectangular collimators were available but were not attached to the X-ray and did not appear to be in use. The practice manager confirmed that they would ensure these were put into use immediately.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits with the last audit completed in December 2020.

Clinical staff completed continuing professional development in respect of dental radiography. We were shown evidence of training undertaken.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety. A range of risk assessments had been completed which identified risk and detailed mitigating action to reduce risk. We saw a copy of the practice risk assessment, sharps, legionella, Covid-19 and social distancing risk assessments.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance dated August 2020.

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.

Are services safe?

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.

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

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.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Material safety data sheets were also available for each product.

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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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

Antimicrobial prescribing audits had not been completed to ensure dentists were prescribing according to guidance. We were told that these audits would be completed immediately.

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.

We saw that a patient safety policy was available to guide staff and an incident/event log available to record any incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

Are services safe?

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. Patients' dental records were detailed and included evidence of comprehensive assessment, advice given, and details of the treatment provided.

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 practice engaged with a local mosque to promote oral health.

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

The dentists 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.

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.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

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 were 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.

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 practice also had a policy about the Mental Capacity Act 2005 and had patient capacity assessment forms for use if required.

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 had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. A high proportion of dental nurses at this practice were trainees. We discussed the support given to these staff members by the practice. Trainee dental nurses were enrolled on college courses.

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. This involved shadowing an experienced staff member, reading policies and procedures and undertaking training. Confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The practice had secured an additional emergency contract between January and April 2021 and was open on a Sunday to accommodate any extra patients.

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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care. Lead roles had been allocated to staff within the practice, but these were mainly held by the practice manager with support provided by a lead dental nurse who had worked at the practice for over 13 years.

The practice manager was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Staff told us they worked closely with management staff who were described to us as approachable and supportive.

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. We were told they always put patients' needs first and never turned a patient away if they were in dental pain.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders for dental nurses and the receptionist. We were told that appraisal meetings were overdue but would be completed by August 2021. There had been no appraisal meetings for dentists. We were told that these would be completed by December 2021.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware 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 registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was responsible for the day to day running of the service. Staff knew the management arrangements and their 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 and were reviewed on a regular basis.

Staff received regular updates by email or information was sent using a phone application. Communications sent to staff included any changes to policies and procedures, risk, safety information or training updates.

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.

Are services well-led?

Quality and operational information, for example NHS BSA performance info and audits, were used to ensure and improve performance. Performance information was combined with the views of patients.

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

The practice used surveys and comment cards to gain feedback about the service, however these had been suspended temporarily due to the Covid-19 pandemic. Patients were previously encouraged to complete the NHS Friends and Family Test (FFT). We were told that this would recommence in line with the timescales suggested in guidance. The FFT is a national programme to allow patients to provide feedback on NHS services they have used. Patients were encouraged to give verbal feedback to obtain their views about the service and to leave feedback using NHS Choices or Google reviews. We saw that the practice responded to all reviews about their service on the NHS Choices website.

Systems were in place to investigate and respond to any complaints made. We were told that verbal complaints would be dealt with immediately and any written complaints forwarded to the complaint lead (registered manager) for investigation.

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. Full practice meetings were not being held as this would be difficult whilst maintaining social distancing. Information updates were sent to staff using email or a phone application. Staff said that the practice manager was always available to provide help or support if needed.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

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

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We were told that all staff were encouraged to make suggestions for improvements which would always be tried and implemented if improvements were noted.

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