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Pennwood Dental Practice

Inspection report

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Date of inspection visit: 21 March 2023
Date of publication: 03/04/2023

Overall summary

We carried out this announced comprehensive inspection on 21 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 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 and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Most medicines and life-saving equipment were available.
- Systems to manage risks for patients, staff, equipment and the premises were not always in place. Procedures to manage risk from legionella were not effective or embedded.
- 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.
- 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.
- There was effective leadership and a culture of continuous improvement. However, required audits were not always completed within recommended timescales.
- Staff felt involved, supported and worked as a team.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The provider has 1 practice, and this report is about Pennwood Dental Practice.

Pennwood Dental Practice is in Wolverhampton and provides NHS and private dental care and treatment for adults and children.

Due to the location of the practice, there is no step free access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes 1 dentist and 4 dental nurses. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist and 3 dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday, Thursday and Friday from 9am to 6pm

Wednesday from 9am to 1pm

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

- 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.
- 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.
- Take action to implement and document any recommendations in the practice's fire safety and Legionella risk assessments to ensure ongoing risk management is effective.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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. We saw that all staff had completed safeguarding training to a level appropriate to their role and that information on how to identify and raise safeguarding concerns was displayed in the office and waiting area.

The practice had infection control procedures which reflected published guidance.

The practice did not have an up-to-date risk assessment to reduce the risk of Legionella, or other bacteria, developing in water systems. The last assessment had been carried out in 2013 with no information on its recommended actions having been completed. The provider took immediate action to address this and submitted further evidence to show a full risk assessment had been arranged.

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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 ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment had not been carried out in line with the legal requirements. Although the fire extinguishers were serviced annually, monthly checks were not put in place to ensure they were fit for purpose. Following our inspection evidence was shown that a full fire risk assessment had been arranged.

The practice had arrangements to ensure the safety of the X-ray equipment and 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 and sepsis awareness.

Most emergency equipment and medicines were available and checked in accordance with national guidance. Oxygen masks and tubing for both adults and children were missing and there were no 1ml syringes for administering adrenalin. These were all ordered at the time of inspection.

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

Are services safe?

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 although justification for prescribing was missing. There was no system in place to identify any lost or missing prescriptions. Evidence was submitted showing a log for prescriptions had been implemented following our inspection.

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

There were no systems in place to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Dental nurses who required an annual appraisal had not received one within the last year. Following our inspection evidence was seen that this had been actioned.

Helping patients to live healthier lives

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

Staff supported patients to live healthier lives, for example, by providing information about 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. 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. We noted that the practice carried out radiography audits every 12 months as opposed to 6 monthly as recommended in current guidance. However, following our inspection an audit schedule was provided to show this had been rectified.

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.

The dentist confirmed he referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Systems were in place to monitor these referrals.

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.

Feedback we reviewed indicated that patients were satisfied with their treatment and support they received from the provider.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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 dentist explained the methods they used to help patients understand their treatment options. These included for example 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including support for nervous patients by accompanying them into treatment rooms and offering appointments at the beginning of a session to avoid waiting time.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice's location made it difficult for staff to improve access for wheelchair users and those with push chairs.

Timely access to services

The practice displayed its opening hours outside the practice.

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. 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 answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

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

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection highlighted only minor shortfalls.

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

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Dental nurses who required an annual appraisal had not received one within the last year. Following our inspection evidence was presented that a plan had been put in place to ensure annual appraisals were carried out. Staff discussed learning needs, general wellbeing and aims for future professional development during staff meetings.

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 and were reviewed on a regular basis and discussed during staff meetings.

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 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 where appropriate.

Continuous improvement and innovation

The practice had some systems and processes for quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. However, audits did not have documented learning points or evidence to show where improvements had been made or recommendations actioned.