

Envisage Dental UK Limited

# Blossomfield Complete Dental Care

## Inspection report

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## Overall summary

We carried out this announced inspection on 29 November 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.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

- 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.

# Summary of findings

## Are services well-led?

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

## Background

Blossomfield Complete Dental Care Dental Practice is in Solihull and provides 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. The practice has a car park and unrestricted parking on local roads is also available.

The dental team includes three dentists, twelve dental nurses (including the practice administrator, two trainee nurses and a receptionist), one dental hygienist, six hygiene therapists, three receptionists and a practice manager. The practice has four treatment rooms.

The practice is owned by a company 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 Blossomfield Complete Dental Care is the Clinical Director of Envisage Dental UK Limited.

During the inspection we spoke with one dentist, one dental nurse, the practice administrator, who is also a registered nurse, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Tuesday from 8.15am to 5.30pm.

Wednesday from 8.15am to 7.30pm, Thursday from 8.15am to 8pm, Friday from 8.15am to 3.30pm and Saturday from 9am to 1pm.

## 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 treated patients with dignity and respect and 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.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

# Summary of findings

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

- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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, reporting and dealing with suspected abuse. These were available in paper format on display in the staff room and reception area and were available on the practice's compliance portal on each computer. The practice's safeguarding policies also gave staff information to assist them to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The practice manager was the safeguarding lead. Staff were aware that the practice manager was the first point of contact should they have any safeguarding concerns. The practice manager had downloaded the NHS safeguarding application on their phone. This gave up to date information about safeguarding, including contact details for safeguarding authorities, both locally and out of the area. We saw evidence that the majority of staff had received safeguarding training. We were told that following this inspection evidence would be provided to demonstrate that all staff were up to date with this training but did not receive this information. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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 which were reviewed and updated at least annually or more frequently if required. 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. Effective standard operating procedures and measures had been implemented to reduce the spread of Covid-19. Air filtration was in place to reduce the fallow time following completion of an aerosol generating procedure.

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. Ultrasonic cleaners were scheduled for routine maintenance. 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. Staff were aware that the practice administrator, who was also a registered dental nurse, was the infection control lead and was responsible for completing six monthly infection prevention and control audits. The latest audit completed in June 2021 showed the practice was meeting the required standards.

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 which was completed in April 2017. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. The risk assessment had been reviewed by staff at the practice in March 2021. Logs were kept of water temperatures. Air conditioning units had been serviced in September 2021.

# Are services safe?

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. The waste acceptance audit seen was dated 24 November 2021, consignment notes were available and clinical waste was securely stored in a locked waste receptacle.

The provider had a Whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination. Both internal and external contacts were recorded on the policy should staff wish to report any issues or concerns. Staff told us that the practice manager and administrator were both helpful and approachable and staff would always raise any concerns or queries with them in the first instance.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff. Human resource staff from the provider's head office completed the job advertisement and initial application shortlisting, the remaining recruitment processes were completed at the practice. Human resource staff could provide support to the practice if required. On the day of inspection, we were given a matrix detailing staff recruitment information, and we looked at three staff recruitment records. These did not demonstrate that the provider had followed their recruitment processes on each occasion. Staff recruitment records did not have all of the information that Schedule 3 of the Health and Social Care Act 2008 Regulations say they should. For example, satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health and social care or children or vulnerable adults.

Disclosure and barring service (DBS) checks were completed for all staff. We saw that a risk assessment was in place regarding DBS checks and were told that all long-term staff were in the process of having their DBS checks renewed.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. An electrical fixed wire safety check had been completed in June 2021 with a satisfactory outcome. Portable electrical appliances were checked by an external professional every two years and certification was available to demonstrate this. Visual checks were completed on electrical appliances but there was no documentary evidence to demonstrate this.

A fire risk assessment had been carried out in line with the legal requirements by external professionals in April 2019. We were told that actions had been taken to address issues identified and a copy of the action plan was forwarded to demonstrate actions taken. We saw that action was required to address one issue identified. The provider had contacted the landlord of the premises regarding this action. An in-house risk assessment had been completed in September 2021 and was to be reviewed annually. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. A fire checklist detailed actions to be taken and dates due, for example fire risk assessments and weekly fire checks. Logs were kept of other checks completed such as weekly checks of the emergency lighting, fire extinguishers, fire exits and fire alarms. The last fire drill had been completed in June 2021. Staff had undertaken fire safety training and a number of staff were designated fire marshals and had completed appropriate training. Servicing of fire safety equipment was completed regularly; emergency lighting was booked for service in December 2021.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Evidence was available to demonstrate that routine quality assurance measures on intra-oral equipment was carried out every three years.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

# Are services safe?

Clinical staff completed continuing professional development in respect of dental radiography and training certificates were seen demonstrating this.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures, business continuity plan and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance which was on display in the reception area.

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. A sharps risk assessment had been undertaken and was updated annually.

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. A risk assessment was in place for staff who were non responders to the vaccination. Two part-time staff had not provided appropriate information to demonstrate immunity to the virus, the practice manager confirmed that this information would be obtained immediately.

A policy regarding sepsis was available for staff, and discussions were held at practice meetings to update staff. Sepsis prompts for staff and patient information posters were displayed in the waiting room and in the patient information folder. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred 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. Two clear face masks for self-inflating bags were out of date for safe use, however replacement items were ordered on the day of inspection.

A dental nurse worked with the dentists, the dental hygienists and the hygiene therapists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygienists and hygiene therapists worked without chairside support.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. A control of substances hazardous to health (COSHH) folder was available which detailed all COSHH products in use at the practice with risk assessments and material safety data sheets available for each product. A separate folder was available with information for cleaning products in use, this was kept by the external cleaner employed by the practice.

The gloves available for use by staff were not natural latex free. To reduce the risk of allergic reaction, the practice should not use natural latex rubber products.

The practice very occasionally used locum or agency staff. We were told that these staff received an induction to ensure they were familiar with the practice's procedures. A shorter version of the practice's induction would be used but this had not been documented previously. The practice manager confirmed that should the need arise to use agency or locum staff in the future, the induction process would be documented.

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

Staff had the information they needed to deliver safe care and treatment to patients.

# Are services safe?

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.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit completed in November 2021 indicated the dentists were following current guidelines.

## **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 were told that in the previous 12 months there had been no safety incidents. Systems were in place to ensure that safety incidents could be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Alerts were sent to the practice by staff from the provider's head office using the compliance system. Relevant alerts had been printed off and discussed with staff. Alerts had been shared with the team and acted upon if required. Various methods were being used to communicate with staff regarding external safety events and patient and medicine safety alerts including email, a huddle meeting and a private social media group communication.



# 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.

Patient records demonstrated that a comprehensive assessment was completed to establish patients' individual needs and preferences. They were given information and an explanation as to the purpose of the appointment. Details of any treatment including costs were discussed and treatment plans available, this was evidenced in patient records.

All treatment rooms, reception and waiting areas and an accessible toilet were located on the ground floor for ease of access to those patients who were unable to access stairs. The practice had access to translation services to assist those who did not speak or understand English. A hearing loop was also available for those with hearing difficulties and a Braille keyboard could be accessed for those who were visually impaired. This helped to ensure that patients were able to understand the information given regarding their care and treatment. Information could be provided in large print if required.

Out of hours contact details were available to patients on the practice website, telephone answerphone message and in the window of the practice.

The practice offered dental implants. These were placed by the clinical lead at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care.

### **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 clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Staff were aware of local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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 either written or verbal 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 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 had systems in place to help those patients understand the information provided to them in order to give informed consent.

# Are services effective?

(for example, treatment is effective)

Staff understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions and Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 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. Staff had access to internal and external training including discussions during practice meetings. The company had also paid for staff subscription to a service that provided online continuous professional development training courses.

Staff new to the practice staff had an orientation to the practice on the day they commenced employment. New dental nurses, including trainees shadowed a senior nurse. Tasks completed included working on reception, completing decontamination processes and providing chairside assistance in the treatment rooms. New staff were assigned a mentor to give advice and guidance. We were told that the learning process was tailored to the individual staff member and could be extended if required. Policies and procedures were available using the practice's compliance system. Staff recorded when they had read these policies, new staff were required to read policies as part of the induction process. Probationary reviews were held regularly, sometimes as often as weekly. However, we were told that these meetings were not recorded but would be going forward.

We 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 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.

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. The information and evidence presented during the inspection process was clear and well documented. They could show how they delivered high-quality sustainable services and demonstrated improvements over time.

### **Leadership capacity and capability**

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

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 and told us that everyone worked well together as a strong cohesive team. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. Appraisal meetings were slightly overdue. However, the practice manager had completed some and had arranged other appraisal meetings with staff. Regular one to one meetings were also held, the practice manager had recently started to record brief details of these meetings for follow up if required.

Staff had access to online training which was paid for by the provider. We were told that staff were encouraged to complete training and prompted to ensure their continuing professional development was kept up to date. The practice's compliance system alerted staff when training was due for update/completion. The practice manager also reminded staff when training was due.

We were told that systems were in place to deal with staff poor performance and support could be provided by head office human resource staff if required.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Duty of candour information was available for staff and patients. Staff discussed the reporting of incidents and complaints following duty of candour principles.

### **Governance and management**

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

# Are services well-led?

The clinical lead and practice manager had overall responsibility for the management and clinical leadership of the practice. The practice 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 had completed data security training. Computerised records were password protected; the company aimed to move to paperless records in the near future. Any paper records currently held at the practice were securely stored.

The practice was part of a corporate group which had a support centre where teams including human resources, finance and clinical support services were based. These teams were available to offer support, advice and updates to the practice when required.

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.

Quality and operational information, for example surveys, audits and external body reviews 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**

Staff involved patients, staff and external partners to support the service.

The provider used surveys and encouraged verbal comments to obtain staff and patients' views about the service. A receptionist sent weekly 'working feedback' questionnaires to patients who had visited the practice the previous week. Responses received were generally positive, and any neutral or negative feedback was discussed with the patient. Issues for improvement had been documented and put in the practice 'improvement jar' ready for review and action. We saw examples of suggestions from patients the practice had acted on. For example, chairs with arms had been made available in the waiting room in addition to the sofas. These had been requested by patients with mobility difficulties who said that they would benefit from these.

Paper patient satisfaction surveys were also available in the waiting area for patients to complete if they wished.

A summary of the feedback was recorded in the patient information folder in the waiting room. This recorded that between 1 March 2021 and 27 November 2021, the practice received an average score of 96% giving them a five-star rating. At the time of our inspection the practice had scored five out of a possible five stars from a total of thirty-five online reviews.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff told us that they were encouraged to leave any suggestions for change or other feedback, anonymously if preferred, in a jar in the staff room. Staff said that although they were able to leave comments in this manner, they felt confident and able to discuss any issues or concerns with the practice manager. Staff told us about the 'huddle' meetings which were held to discuss urgent information as needed. These would be followed up with full practice meetings if required. Information was also forwarded to staff by email or using the practice private social media group.

## **Continuous improvement and innovation**

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

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

# Are services well-led?

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

Leaders showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

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