

Nationwide Healthcare

# Portland Road Family Dental Centre

## Inspection report

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Date of inspection visit: 1 November 2022  
Date of publication: 24/11/2022

### Overall summary

We carried out this announced comprehensive inspection on 1 November 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.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.

# Summary of findings

- 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. Hepatitis B titre levels were not available for one member of staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- 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.
- 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 16 practices and this report is about Portland Road Family Dental Centre.

Portland Road Family Dental Centre is in Hucknall, Nottinghamshire 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 at the rear of the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 7 dentists, 7 dental nurses (including 5 trainee dental nurses), 3 receptionists and a practice manager. The practice has 14 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. The clinical quality and care manager attended this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</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)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had completed safeguarding training to the appropriate level. Information relating to safeguarding and the contact numbers for the local safeguarding agencies were on display at the practice making it easily accessible to staff.

The practice had infection control procedures which reflected published guidance. Training certificates were not available to demonstrate that 2 staff had completed infection prevention and control training within the last 12 months. Certificates were sent following this inspection to demonstrate that 1 staff member had completed update training on 25 August 2022 and another on 2 November 2022. 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. Monthly water temperature checks were completed and logged. Those seen were within the required temperature ranges.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Clinical waste was stored in locked bins which were secured to a fixed structure.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. Cleaning logs were available for each area of the practice. Spot checks were completed to ensure effective cleaning was undertaken at the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Staff records we reviewed demonstrated that appropriate pre-employment information had been obtained. Hepatitis B vaccination information seen for 1 member of staff did not demonstrate immunity. We were assured that this information would be obtained.

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. The practice ensured the facilities were maintained in accordance with regulations. Certification to demonstrate that air conditioning had been serviced was not available on the day of inspection. We were assured that this had been completed. A copy of the certificate dated 24 January 2022 was forwarded immediately following this inspection.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Certificates were available to demonstrate that fire safety equipment had been serviced and maintained.

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. Some staff had completed training regarding sepsis and sepsis awareness posters were on display in the practice. Risk assessments and policy documentation were also available regarding lone working and sharps safety.

# Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. Separate emergency equipment and medicines were kept on each floor where dental treatment was carried out for ease of access in case of a medical emergency.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were discussed quarterly to help staff keep their knowledge and skills up to date.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Products in use were standardised throughout all practices within the group. Staff from head office provided control of substances hazardous to health (COSHH) information to all practices including risk assessments and safety data sheets.

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

Dental care records we saw were complete, 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 annually.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating incidents and accidents. Incidents were reported in a logbook which also recorded information for staff to assist them to identify and guide them regarding the action to take in the event of a significant event. These were reviewed quarterly to identify any learning and discussed with the team as required. 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 emails and practice meetings. We saw clinicians assessed patients' needs in line with current legislation, standards and guidance supported by clear clinical pathways and protocols

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. Information leaflets were available to patients as recommended by the dentist or upon request.

Staff were aware of and involved with national oral health campaigns for example, National Smile Month and Mouth Cancer Action Month. The practice was 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.

### **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 and the requirements of Gillick competency in relation to younger patients. Policies seen contained information regarding capacity and Gillick competency. Staff completed training regarding Mental Capacity.

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 in line with recognised guidance. The dentist we spoke with was aware of the British Society of Periodontology (BSP) guidelines but were not recording periodontal information on each occasion. We were assured that dentists would receive further training regarding periodontology professional guidance. Following this inspection, we were told that all clinicians had been provided with a copy of the BSP 'The Good Practitioners Guide to Periodontology' guidelines which had also been discussed with them. All clinicians were also completing an online Periodontology Course with a deadline of 11 November 2022.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance 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.

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. Staff had completed equality and diversity training.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Training certificates seen demonstrated that staff had completed training regarding autism and dental care and dementia awareness.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality and we were told about the methods adopted 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.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment. A sign behind the reception desk informed patients that interpretation and translation services were available. We were told that this service included British Sign Language. Staff at the practice were also able to speak and understand languages including; Polish and Arabic. 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 dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, X-ray images and treatment plans.

# 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. A member of reception staff told us that they tried to put patients at ease by chatting to them and by maintaining a relaxing atmosphere. Dentists were made aware if a patient was anxious and would greet them in the waiting area before their appointment.

The practice had made good adjustments for patients with disabilities. This included level access, a fully accessible toilet, ground floor waiting rooms and 5 downstairs treatment rooms. There was a hearing induction loop to assist those patients with hearing aids. 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 1 week. The practice was accepting new NHS patients.

The practice had an appointment system to respond to patients' needs. Emergency appointments were available each day and the practice also offered a 'sit and wait' service for patients in dental pain who needed an urgent appointment.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service. We were told that there had been no formal complaints recently. Staff told us that they tried to resolve any complaints immediately. Complaint information was on display in the waiting room for patients. This included contact details for NHS England and the patient relations team at the practice's head office. Patients would be referred to the patient relations team as required. We discussed the structured learning programme which included complaints training and were told that any recent complaints would be discussed as part of the training.



# 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.

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, supported and valued. They said that everyone worked well together and was friendly, helpful and supportive.

Staff discussed their training needs during annual appraisal meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice confirmed that they had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Although we were unable to confirm this as not all training certificates requested on the day of inspection were available to demonstrate recent training undertaken for 1 staff member regarding infection prevention and control and another member of staff for radiography. Copies of these certificates were forwarded following this inspection which demonstrated that staff had completed update training the day after this inspection.

### **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.

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.

Communication systems in the practice were good with regular staff meetings, informal meetings and a social media group to ensure key information was shared.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. QR codes (a two-dimensional bar code used to provide easy access to online information through the digital

# Are services well-led?

camera on a smartphone or tablet) were on the wall in two of the dental treatment rooms. These codes enabled patients to leave feedback about the service received. The patient relations team were responsible for reviewing and responding to patient feedback. Each dentist requested feedback from their patients. The patient surveys we saw contained positive feedback. The NHS Friends and Family Test (FFT) was also available for patients to complete.

The practice gathered feedback from staff through meetings and informal discussions. Practice meetings were held monthly. Staff told us that they were able to raise items for discussion during these meetings. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

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

## **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation. Any learning from other practices within the provider's 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. We discussed the timescale for re-audit where issues were identified. We were assured that these audits would be completed within a shorter deadline going forward. Following this inspection, we were told that the Internal Audit Team had been informed and had amended review dates accordingly and shared these with the relevant clinicians.