

# FB Dental

# T & T Dental

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 1 February 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 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 always ask the following three 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:**

- 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 risks associated with Legionella and tracking of prescriptions requires review.
- 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.

# Summary of findings

- 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 dealt with any complaints positively and efficiently.
- The provider had information governance arrangements.

## Background

T & T Dental is in North Liverpool and provides NHS and some 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 via a ramp. Car parking spaces are available in residential roads near the practice.

The dental team includes two dentists, and three dental nurses, one of whom is a trainee. The practice has three treatment rooms, one at ground floor level and the other two at first floor level.

During the inspection we spoke with both dentists and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Wednesday from 9am to 5.30pm and on Thursday and Friday from 9am to 5.00pm.

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

- Review the scope of the current Legionella risk assessment taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular that the hot water cylinder on the premises, which is working and for use in emergencies, is considered in the current Legionella risk assessment and that appropriate mitigations are in place as required.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term. In particular, that policies, for example the practice whistleblowing policy is updated to include all contact details for relevant organisations.

# 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)**

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.
- The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.
- A risk assessment had been undertaken in respect of Legionella. We observed that the risk assessment schematic drawing and risk analysis did not take account of a hot water cylinder, for use in emergencies. The provider confirmed they would take action to resolve this immediately.
- The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.
- The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.
- 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 and gas appliances.
- A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.
- 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 provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety and sepsis awareness.
- Emergency equipment and medicines were available and checked as described in recognised guidance.
- Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.
- The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

### **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 provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

### **Safe and appropriate use of medicines**

- The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

# Are services safe?

- We saw NHS prescriptions were stored as described in current guidance. However, the system in place did not allow for tracking and tracing of prescription sheets, as required by recognised guidance.

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

- The provider had implemented systems for reviewing and investigating when things went wrong.
- The provider 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.

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

- The practice provided preventive care and supported patients to ensure better oral health
- Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

- Staff obtained consent to care and treatment in line with legislation and guidance.
- Staff 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 dental care records in line with recognised guidance.
- Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.
- 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.

### **Effective staffing**

- Staff had the skills, knowledge and experience to carry out their roles.
- 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 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. Although the practice partnership and staff were newly established, overall systems and processes were embedded. The information and evidence presented during the inspection process was clear and well documented. Where we found a small number of areas that could be improved, the practice responded immediately to this. They demonstrated a commitment to sustaining high-quality services for all patients using the practice.

### 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.
- Overall, we found systems and processes were embedded among staff.
- The inspection highlighted some minor omissions, for example the whistleblowing policy did not provide details of organisations to contact for staff raising concerns. The provider acted immediately to address this on the day of inspection.
- The information and evidence presented during the inspection process was clear and well documented.
- We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership and development of the practice.

### 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.
- Staff discussed their training needs at meetings, or during clinical supervision of trainees. They also discussed learning needs, general wellbeing and aims for future professional development.

### Governance and management

- Staff had clear responsibilities roles and systems of accountability to support good governance and management.
- 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.
- We observed that contact details of relevant organisations were not included in the practice whistleblowing policy and brought this to the attention of the provider.

### Appropriate and accurate information

- Staff acted on appropriate and accurate information.
- 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 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.

### Continuous improvement and innovation

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

# Are services well-led?

- The provider 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.