

Rodericks Dental Limited

Swadlincote Dental Practice

Inspection report

Blueberry Worx
Blueberry Way
Woodville
DE11 7GX
Tel: 01283219221
www.rodericksdental.co.uk

Date of inspection visit: 28 September 2021
Date of publication: 20/10/2021

Overall summary

We carried out this announced inspection on 28 September 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 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:

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

Swadlincote Dental Practice is in Swadlincote, Derbyshire 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 are available at the front of the practice and on local side roads.

The dental team includes five dentists, four dental nurses, including two trainees and one apprentice, two dental hygienists, two 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 Swadlincote Dental Practice is the practice manager.

During the inspection we spoke with one dentist, two dental nurses, one receptionist, the practice manager, and a 'stand in' practice manager who was working at the practice on a short-term basis. The Head of Clinical Compliance attended the practice during the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am – 5.30pm.

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

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. There was a designated safeguarding lead at the practice and support could be provided by staff at a senior level within the organisation. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact details for local safeguarding teams were easily accessible in the staff room and in policy files. These details were regularly checked to ensure they were up to date. We saw evidence that staff had received safeguarding training to the appropriate level. We were told that safeguarding was discussed, and scenario training completed at staff meetings which were held on a regular basis. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Systems were in place to identify and monitor children who were not brought to their dental appointments. Disclosure and Barring Service (DBS) checks were completed for all staff.

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 also had a system 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 provider had an infection prevention and control policy and procedures. 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. The policy was reviewed regularly with the date of last review being March 2021. Effective standard operating procedures and measures had been implemented to reduce the spread of Covid-19.

Staff completed infection prevention and control training and received updates as required. The practice manager was the infection control lead and had received role specific training for this.

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.

Staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

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 carried out in January 2021. There were no recommendations identified in the assessment. The practice manager was the nominated individual for legionella and staff had completed training regarding legionella. Records of water testing and dental unit water line management were maintained. We were shown evidence to demonstrate that work had been completed on the boiler to ensure that hot water was reaching the required temperature. The practice manager checked the water temperatures during the inspection, and these were within the required temperature range.

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. Clinical waste bins were locked and kept in a secured area. Information was available for staff such as policies, consignment notes and acceptance audits.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit was completed in September 2021 and evidence was available to demonstrate that actions identified had been addressed.

Measures had been introduced to minimise the risks to patients and staff related to the spread of Covid-19. These included the use of personal protective equipment for staff, reduced patient numbers in the practice, social distancing, hand sanitizing stations and face coverings for patients. Increased cleaning regimes had been introduced for all patient areas, such as waiting rooms and corridors.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination. The speak up hotline information was on display in the staff room and included both internal and external contact details should staff wish to report any issues or concerns.

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.

The provider had a recruitment policy and procedure to help them employ suitable staff. We were told that recruitment of clinicians was completed by Human Resources staff at the organisation's head office. Dental nurses and reception staff were interviewed by the practice manager with support provided by Human Resources staff. Prior to our inspection we were sent staff recruitment information, and on the day of inspection we looked at four staff recruitment records. These showed the provider's recruitment processes reflected relevant legislation. 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 and gas appliances. A Landlord's Gas Safety Certificate was available dated January 2021. We saw that regular portable appliance testing was completed as well as six-monthly visual checks on portable electrical equipment. A five-year fixed wire check had been completed in November 2017, and no issues for action had been identified.

A fire risk assessment was carried out in line with the legal requirements in January 2021. Evidence was available to demonstrate that the issue for action identified had been addressed. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records were available to demonstrate regular servicing and maintenance of fire safety equipment. Logs demonstrated regular daily, weekly and six-monthly checks of fire detection systems. Staff fire drills were completed six-monthly, with the last drill conducted on September 2021. Records were available to demonstrate that staff had completed fire safety training.

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 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.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

Are services safe?

The provider had implemented systems to assess, monitor and manage risks to patient safety. An external company had conducted a health and safety risk assessment at the practice in January 2021, evidence was available to demonstrate that issues identified had been addressed. Other risk assessments completed included lone working, Covid-19, display screen equipment and moving and handling.

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.

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.

Staff had completed sepsis awareness training. 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 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 daily checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists 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. The control of substances hazardous to health (COSHH) folder seen contained risk assessments and material safety data sheets for hazardous products in use at the practice. We saw that staff had signed documentation to demonstrate that they had read the COSHH policy. The COSHH file was reviewed six-monthly or when any new product was introduced at the practice.

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.

Are services safe?

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

Antimicrobial prescribing audits were carried out annually. The most recent audit 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. Significant events and incidents were logged on the organisation's computer system. These would be reviewed by the area manager and other senior staff such as the compliance manager who would review and monitor to identify any trends and to extract any learning.

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. Information regarding local safety standards for Invasive Procedures (LocSSIPs) was available in each dental treatment room.

The provider had a system for receiving and acting on safety alerts. Safety alerts were forwarded to each practice from head office. Monitoring systems were in place to ensure that these safety alerts were read and acted upon. Systems helped to ensure that staff learned from external safety events as well as patient and medicine safety alerts. The practice received regular updates and advisory information regarding Covid-19. Information was on display in the waiting room for patients, update information was disseminated to staff and acted upon as 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. The organisation had an on-line learning platform to keep staff up to date with mandatory and other training and staff received regular bulletins for updates or changes to policies or working practices.

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, options and choices were discussed, this was evidenced in patient records.

The practice had access to digital X-rays to enhance the delivery of care.

There was level access, accessible toilets and treatment rooms on the ground floor for those patients who were unable to access stairs.

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. Prior to the Covid-19 pandemic, we were told that the practice held children only days during the school holidays and completed oral health education in small groups.

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

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale to help patients with their 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. Information regarding local smoking cessation was on display in the waiting room.

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 gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Patients could also be referred to the dental hygienist at the practice or with severe gum disease patients could be referred to a periodontal specialist.

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. This information was included in the practice's consent policy. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw

Are services effective?

(for example, treatment is effective)

this documented in patients' records. A number of staff at the practice were multi-lingual and spoke, for example Spanish, Russian, Urdu, Punjabi and Polish. Translation and interpretation services were available including British Sign Language. Staff from the organisation's marketing team could be requested to translate information into various languages. This helped to ensure that patients understood the information given to them.

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 policy also referred to 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.

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. Annual record keeping audits were completed to ensure records met Faculty of General Dental Practice (FDGP) guidance. Staff kept records of the results of these audits and the resulting action plans and improvements if required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff had access to both internal and external training including discussions/training during practice meetings and on-line training using the organisation's training platform 'Wisdom'. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff new to the practice had a detailed induction programme. This was structured to the specific role and was adapted for qualified or trainee/apprentice dental nurses. Newly employed staff had an induction buddy to help them through their phased induction. Probationary meetings were held at the end of the probationary period. Induction information was available for staff on the Wisdom training platform.

Staff worked between practices to cover vacancies when required. This helped to ensure that staffing levels were not affected by the Covid-19 pandemic.

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. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. 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. Staff told us that support was provided by the practice manager, area manager and other staff within the organisation whenever needed.

The organisation had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice manager induction process included on-line training modules, regular practice management virtual meetings and allocation of a practice manager buddy.

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 told us that it was a friendly, supportive working environment. They felt respected and valued and were encouraged to progress. Staff told us that they were proud to work in the practice. Each staff member had an individual log on to the online portal 'Smile Hub' provided by the organisation. This gave staff weekly information update bulletins, access to policies and procedures, medicine and equipment safety alerts and information regarding staff wellbeing. We were told that recently information has been included for staff regarding cooking and healthy eating and smoking cessation.

Dental nurses and receptionists discussed their training needs at six monthly appraisals. Staff recorded their learning needs and aims for future professional development on an on-line platform and reviewed this every six-months. Discussions were then held with the practice manager to discuss progress. Peer review meetings were held between practice nurses on a regular basis. The practice manager held informal one to one meetings with clinical staff. Dentists were also part of a peer review process but did not have appraisal meetings.

We saw the provider had systems in place to deal with staff poor performance, including review of training, personal improvement plans and formalised disciplinary processes with support provided by head office human resources staff.

Staff had completed training regarding complaints. Staff were aware that they must be open, honest and transparent when responding to incidents and complaints. We were told that there had been no formal complaints at the practice recently. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Information regarding Duty of Candour was on display in the staff room.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Are services well-led?

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 and the day to day running of the service. The practice was part of a corporate group which provided support to practices by teams including human resources, finance and clinical support. We were told that these teams supported and offered advice and updates to the practice when required. 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.

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 NHS business services authority performance information was 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 Covid-19 pandemic had restricted the measures the practice used to gather patient feedback. The provider used verbal comments and patients were encouraged to complete on-line feedback to provide views about the service. At the time of our inspection the practice had scored three point four stars out of five from a total of 32 online reviews. There was also one negative and one positive reviews on the NHS Choices website. We were told that patient satisfaction surveys were to be re-introduced at the practice within the next few months.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

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.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care.

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.

The registered manager 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. Staff told us that training was easily accessible and they were encouraged to develop their skills and learning.