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# Wolverhampton Dental Care

## Inspection report

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### Overall summary

We carried out this announced inspection on 8 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

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

## Background

Wolverhampton Dental Care is in Wolverhampton 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 people with disabilities, are available in the practice car park.

The dental team includes five dentists, seven dental nurses, including one trainee dental nurse, one dental hygienist, a practice manager and two receptionists. A visiting implantologist attends the practice once per month. The practice has four treatment rooms.

During the inspection we spoke with two dentists, two dental nurses, one dental hygienist, two receptionists, the practice manager and the Clinical Quality Manager from Colosseum Dental. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Thursday and Friday from 8.30am to 5.30pm,

Tuesday and Wednesday from 8.30am to 7pm

and once per month on a Saturday for implants only from 9am to 2pm. The practice is closed Monday to Friday for lunch from 12.30 to 1.30pm.

The practice had taken steps to improve environmental sustainability. For example, where possible, items were recycled, staff were instructed to turn the power off to equipment and lighting when not in use.

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

- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service.

# 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. Newly employed staff were in the process of completing safeguarding training.

The provider had infection control procedures which reflected published guidance. The infection prevention lead had had completed infection prevention and control training in June 2020 and further training was completed following this inspection. 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.

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. Where references had been requested and not received, we were told that a risk assessment was completed but this was not documented. Where evidence of hepatitis B immunity levels were not available or staff did not have immunity, risk assessments had been completed.

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.

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 all apart from newly employed staff had completed training in emergency resuscitation and basic life support every year. Medical emergency scenario training had not been completed within the last 12 months. The newly employed practice manager had plans for completing quarterly scenario training.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Control of substances hazardous to health information for the cleaning products in use were stored within the main folder and consideration was being given to storing this information separately for ease of access by the cleaner.

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

# Are services 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.

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

The provider 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 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.

We saw the provision of dental implants was in accordance with national guidance.

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

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

### **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, but these were not conducted at the frequency suggested in 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.

### **Leadership capacity and capability**

The provider 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.

### **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 annual appraisals and one to one meetings. 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.

### **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, the public, staff and external partners to support the service.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Feedback was gathered from patients using the NHS Friends and Family Test, satisfaction surveys, comments left on internet review sites and verbal comments.

### **Continuous improvement and innovation**

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

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. Radiography audits had not been completed on a six-monthly basis. The newly appointment practice manager was aware of this and the required frequency of completing these audits.

Staff kept records of the results of these audits and the resulting action plans and improvements.