

Pennington Dental Care Limited

# Pennington Dental Care Ltd Elta House

## Inspection report

Suite A Elta House  
Birmingham Road  
Stratford-upon-avon  
CV37 0AQ  
Tel:

Date of inspection visit: 7 February 2024  
Date of publication: 27/02/2024

## Overall summary

We carried out this announced, comprehensive inspection on 7 February 2024 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Some items of medical emergency life-saving equipment were missing or did not have an expiry date recorded. These items were ordered immediately following this inspection. Appropriate medicines were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

# 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, 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 practice had information governance arrangements.

## Background

Pennington Dental Care Ltd Elta House is in Stratford Upon Avon and provides private dental care and treatment for adults and children.

A portable ramp can be used to gain access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 4 dental nurses, including 2 apprentices and 2 who also act as treatment co-ordinators, 2 dental hygienists, 1 dental therapist, 1 support staff, 1 practice manager and 4 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, including the provider, 2 dental nurses, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

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

The practice had taken steps to improve environmental sustainability. For example, reducing printing of documents, turning electricity off when not required and recycling where possible.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council and implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.

# 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.

The practice had infection control procedures which reflected 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.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Logs were available to demonstrate cleaning tasks completed.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

Staff were using a time, steam, temperature strip to validate the first cycle of the day when using the autoclave. However, there was no other system in place to validate any other cycle of the autoclave throughout the day. During this inspection we were assured that this would be addressed immediately. All equipment was serviced according to manufacturers' instructions.

The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. We discussed the management of fire safety and saw records to demonstrate that staff at the practice tested the fire alarm once per fortnight. We were told that the other occupants of the building tested the fire alarm on alternate weeks. Evidence was not available to demonstrate that the fire alarm was tested weekly. Following this inspection, we were assured that this issue would be addressed, and records kept demonstrating weekly fire alarm tests.

The practice had arrangements to ensure the safety of the X-ray equipment and 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. Following this inspection, the practice's sharps risk assessment was updated to include details of all items in use at the practice which could cause a sharps injury.

Emergency medicines were available and checked in accordance with national guidance. Not all items of medical emergency equipment were available. The self-inflating bag with reservoir for an adult did not have an expiry date and clear face masks for the self-inflating bag sizes 0, 3 and 4 were missing. These items were ordered immediately following this inspection.

# Are services safe?

Glucagon was being stored in the medical fridge. Temperatures recorded did not demonstrate that this was stored within the correct temperature range. Following this inspection, we were assured that the fridge temperature had been corrected and staff instructed to report any deviance from the required temperature range.

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 also discussed during practice meetings.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

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

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

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

We identified scope for improvement in the practice's systems for appropriate and safe handling of medicines. There was no stock control system in place regarding antibiotics held on the premises and dispensing labels did not record the name and address of the dental practice. Following this inspection, we were assured that these issues had been addressed.

Antimicrobial prescribing audits were carried out.

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

The practice had systems to review and investigate incidents and accidents. 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.

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.

The dentists, therapist and hygienists provided oral health advice and preventative care. Clinicians discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

The practice sold dental sundries such as interdental brushes, dental floss, mouthwash and toothpaste to help patients manage their oral health.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance. Patient record audits highlighted any omissions in dental records which could then be discussed and addressed as required.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

### **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.

On the day of inspection, we reviewed patient feedback including online reviews. These reflected a high level of satisfaction with the services of the dental practice. We observed positive interactions between staff and patients. The atmosphere at the practice was relaxed and friendly.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos, X-ray images and a 3d scanner. Images were shown to patients on the television available in the treatment room.

# 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. We discussed the methods used by staff to try and calm anxious patients. This included the use of televisions in treatment rooms which could display calming images or play music playlists. Reception staff said that they talked to anxious patients and gave reassurance. Staff gained as much information from patients regarding their needs to make the experience as pleasant as possible.

The practice had made reasonable adjustments including the use of a portable ramp, when needed, to gain access to the practice. All areas of the practice including reception, waiting area, accessible toilet and treatment rooms were on the ground floor. Knee break dental chairs were available in dental treatment rooms. A selection of reading glasses was available as well as a hearing loop for patients who used a hearing aid.

Reception staff told us that whilst in treatment rooms, staff had access to a translation services. Other online methods could also be used to communicate with patients who were unable to speak or understand English. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

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

The practice responded to concerns and complaints appropriately. Staff were aware of complaint processes and their responsibilities regarding duty of candour. Staff discussed outcomes to share learning and improve the service.

# 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 staff and provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, these were immediately addressed.

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**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development. A compliance system was used at the practice which included training requirements and courses for staff. Training was monitored to ensure staff were up-to-date and completed at the required intervals.

### **Governance and management**

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Information was available on the practice compliance system.

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 protecting patients' personal information.

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

Patient satisfaction survey forms were available on reception for patients to complete.

Feedback from staff was obtained 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 where appropriate.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.