

Whitecross Dental Care Limited

Stafford Dental Centre

Inspection report

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Overall summary

We carried out this announced inspection on 12 October 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 ask the following 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?

We found this practice was providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Stafford Dental Centre is in Stafford, Staffordshire and provides NHS and private dental care and treatment for adults and children.

A portable ramp is used to gain 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 near the practice in pay and display car parks.

The dental team includes four dentists, five dental nurses, including three trainee dental nurses, one dental hygienist, four receptionists and a practice manager. The practice has three treatment rooms.

The practice is owned by an organisation 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 Stafford Dental Centre is the practice manager.

During the inspection we spoke with three dentists, one receptionist and the practice manager. Managers from the area support team such as the regulatory officer, area manager and clinical support manager attended to provide support to 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 from 8am to 8pm.

Saturday from 9am to 2pm.

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 had information governance arrangements.

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

Summary of findings

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, in particular update the sharps risk assessment to include details of all sharp objects in use at the practice.

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. Staff were aware that the practice manager was the safeguarding lead and the first point of contact should they have any safeguarding concerns. Staff from the company's patient support service supported the practice manager with any safeguarding issues or concerns. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. These were available in paper format and on the 'wisdom' computer portal. Contact details for local safeguarding teams were easily accessible in various locations throughout the practice. These details were checked six-monthly to ensure they were up to date. We saw evidence that staff had received annual safeguarding training up to level three. 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. Scenario training took place every three months and children not brought to appointments was included in recent scenario training.

Detailed recruitment procedures including 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. The practice safeguarding policies contained information regarding modern-day slavery and female genital mutilation and safeguarding training included this information.

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. Staff completed infection prevention and control training and received updates as required.

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 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 conducted in June 2020. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

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.

Are services safe?

The infection control lead carried out infection prevention and control audits twice a year. A review took place after three months to ensure any issues for action had been addressed. The latest audit showed the practice was meeting the required standards.

The provider had a whistle-blow policy which was regularly reviewed. Both internal and external contacts were recorded on the policy should staff wish to report any issues or concerns. Staff told us that management were accessible and supportive and they felt confident that they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. We were told that in instances where dental dam was not used, such as for example refusal by the patient, other methods would be used to protect the airway, and this would be documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. Flow charts were available detailing the responsibility for recruitment. Human resource staff from head office provided support to practices and could complete initial application sifting and telephone interviews. Prior to our inspection we were sent staff recruitment information, and on the day of inspection we looked at three staff recruitment records. These showed the provider followed their recruitment processes.

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 gas safety check was completed in May 2021 and electrical fixed wiring check in November 2020. Portable electrical appliances were checked annually.

A fire risk assessment was carried out on 1 October 2020 in line with the legal requirements. This risk assessment was subject to annual review by the practice manager. Issues for action identified had been addressed, these issues formed part of the annual review. Information regarding actions taken was input on to the computer system and this was monitored by staff from the health and safety team at head office. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Checks were made and documented to ensure equipment was in good working order and fire exits were kept clear. Service and maintenance of fire safety equipment took place in line with requirements. Fire drills were completed at least three times per year and records kept. Staff 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 six-months following current guidance and legislation.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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 dated April 2021.

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. This risk assessment required updating to include details of all sharp objects in use at the practice. We were told that this would be addressed immediately.

Are services safe?

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. A risk assessment was in place for a staff member who was a non-responder to the vaccination (a person who does not develop protective surface antibodies after completing two full series of the hepatitis B vaccine).

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. Scenario training also took place every three months during practice meetings.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. An effective daily checking regime was in place; however, this did not include checks on the oropharyngeal airways.

A dental nurse worked with the dentists and the dental hygienist when they treated patients, in line with General Dental Council Standards for the Dental Team. The only lone working staff would be the cleaner and occasionally reception staff. A risk assessment was in place for when these staff worked alone in the practice.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Material safety data sheets were available. A separate file was available for cleaning products for easy access to the cleaner employed at the practice. The head nurse held the lead role for control of substances hazardous to health.

The practice had not used agency staff for over two years. However, induction documentation was available should the need arise to use agency staff to ensure they were familiar with the practice's procedures.

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.

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.

Are services safe?

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.

Where there had been an incident or significant event, we saw these were 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 discussed during practice meetings.

Accident records were kept. Incidents and accidents would be reported to the company health and safety team who would undertake any appropriate action and offer support to the dental practice.

The provider had a system for receiving and acting on safety alerts. Safety alerts were received at head office and any relevant information would be forwarded to each practice. Evidence was available demonstrating that safety alert information was available to staff and we were told that these had been discussed at a meeting. This helped ensure that staff learned from external safety events as well as patient and medicine 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 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 updates concerning any changes to policies or working practices. Support was available to clinical staff from the Clinical Support Manager.

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 were discussed and treatment plans available, this was evidenced in patient records.

A portable ramp was used to gain access to the premises. There was an accessible toilet and a treatment room on the ground floor for those patients who were unable to access stairs. The practice had access to translation services to assist those whose first language was not English and British Sign Languages interpreters for those who were hard of hearing. A hearing loop was also available. This helped to ensure that patients were able to understand the information given regarding their care and treatment. Information could be provided in languages other than English or large print if required.

Out of hours contact details were available to patients on the practice website, telephone answerphone message and in the window of the practice. Patients were advised to call NHS 111.

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.

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 and provided leaflets to help patients with their oral health.

The dentists 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 severe 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.

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 practice's consent policy gave information regarding the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists told us that they gave patients information about

Are services effective?

(for example, treatment is effective)

treatment options and the risks and benefits of these, so they could make informed decisions. However, we could not see evidence that treatment options were always recorded in patient records. The Clinical Support Manager was aware of this. They confirmed that discussions were being held with dentists to ensure this was recorded on patient notes going forward.

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. Separate easy read documentation was available regarding the Mental Capacity Act.

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. Record keeping and antimicrobial prescribing audits were completed annually. Six-monthly radiography and infection prevention and control audits were also completed. Staff kept records of the results of these audits, the resulting action plans and improvements.

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. Staff were reminded when training was due and were encouraged to undertake training over and above the mandatory training requirements. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff new to the practice including agency staff had a structured induction programme. Although we were told that agency staff were rarely used at the practice as staff from neighbouring practices covered vacancies. Standardised induction processes were available. Trainee dental nurses were allocated with a mentor who would provide support and they would shadow until they were deemed competent to work alone. Computerised records were kept for the induction process including details of training undertaken. Probationary meetings were held at the end of the six-month probationary period.

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 provider 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. The information and evidence presented during the inspection process was clear and well documented. They could show how they provided high-quality sustainable services and demonstrate 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 the registered manager was excellent, supportive and helpful. We were told that support was always available from the area management team or staff from head office.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. We were told about the 'flourish' virtual workshops for practice managers and dental nurses. Staff said they were encouraged to progress within the company.

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

Dental nurses and reception staff discussed their training needs at an annual appraisal and during one to one meetings. Dentists and the hygienist had regular one to one meetings where performance and performance indicators were discussed. During all of these meetings discussions were held regarding learning needs and general wellbeing. We saw evidence of completed one to one meetings in the staff folders. We were told that one to one meetings were not always documented but a new computerised one to one tool was available and would be used going forward. Appraisals were slightly overdue but had been scheduled to take place.

We saw the provider had systems in place to deal with staff poor performance. These included personal improvement plans, regular one to one meetings, clinical support and if needed disciplinary meetings. Support was available from company human resources staff and the clinical support manager as needed.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Duty of candour information was on display for staff in the office and was available on the 'wisdom' computer system. The registered manager discussed the reporting of incidents and complaints following duty of candour principles in which patients would be contacted and open transparent discussions held. Incidents and complaints were reported to head office using the incident line. Complaints were monitored by head office staff to identify any themes or trends.

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

Governance and management

Are services well-led?

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 was responsible for the day to day running of the service. 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. The 'my comply' system alerted the practice manager when any tasks were due for completion. For example, staff training, equipment maintenance or policy reviews. Monitoring was completed by senior staff from the area team who supported where necessary to ensure tasks were completed.

Staff had signed policies and procedures, staff read and signed on an annual basis when policies were reviewed or more frequently if there were any updates.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

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 BSA performance information, audits and external body reviews were 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. Staff completed annual data security training and the Information Governance Toolkit had been completed in June 2021.

Engagement with patients, the public, staff and external partners

Staff involved patients, staff and external partners to support the service

The provider used surveys and encouraged verbal comments to obtain staff and patients' views about the service. Patients who have given authorisation, were sent a text or email following their appointment to request feedback. At the time of our inspection the practice had scored three point three stars out of five from a total of 28 online reviews. There were also seven positive five-star reviews on the NHS Choices website.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were asked to complete the annual 'good place to work' survey anonymously. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We were told that dental nursing uniforms had been changed as a result of feedback from staff.

Practice meetings were held on a regular basis. We saw that an agenda was produced for these meetings. The registered manager was aware that improvements were required to ensure that the minutes of these meetings details information regarding discussions held. Staff who were not in attendance at these meetings signed to confirm that they had seen a copy of the minutes. The registered manager confirmed that these staff were updated regarding discussions held.

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.

Continuous improvement and innovation

Are services well-led?

The provider had systems and processes for learning and continuous improvement. We were told that any learning from significant events, complaints, inspections and any innovation or good practice was shared with all dental practices within the company.

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. Clinical newsletters and bulletins were sent regularly to staff providing information and updates. Practice manager and dental nurse forums were available. Dental nurses held quarterly meetings with nurse champions to discuss issues and updates. Staff told us that training was easily accessible and they were reminded when training was due. Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.