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D&P Brindley Place Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 6 April 2023 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. Not all appropriate medicines and life-saving equipment were available. The provider ordered these following our inspection.

Summary of findings

- Systems to manage risks for patients, staff, equipment and the premises were in place. We found minor shortfalls in appropriately assessing and mitigating risks in relation to the control of substances hazardous to health, medical emergency equipment and prescription monitoring. Immediate action was taken within 48 hours of our inspection to address most of these shortfalls.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Not all required recruitment checks had been carried out, in accordance with relevant legislation to help employ suitable staff.
- 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.
- The practice's arrangements for ensuring good governance and leadership needed embedding. The provider needed to sustain these improvements in the longer term.
- 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

D & P Brindley Place Dental Practice is in Walsall and provides NHS dental care and treatment for adults and children.

Due to the layout of the building, the practice is not fully accessible for wheelchair users, patients with mobility limitations and patients with pushchairs. The practice can only be accessed by steps. The provider referred these patients to a fully accessible clinic in the area.

The dental team includes 2 dentists, 4 dental nurses (including 1 trainee), 1 practice manager, 1 support member of staff and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses 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

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

- Take action to ensure the availability of medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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 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. A new risk assessment had been completed the day prior to our inspection. The provider was awaiting an action plan which they said they would implement immediately.

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.

Not all required recruitment checks had been carried out, in accordance with relevant legislation to help them employ suitable staff. For example, one trainee nurse who started working at the practice in 2022 did not have a disclosure barring service check or references in place.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

An internal fire safety risk assessment was carried out in line with the legal requirements. The provider had scheduled an external risk assessment to be completed the day following our inspection to ensure the management of fire safety was effective.

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.

Most of the emergency equipment and medicines were available and checked in accordance with national guidance. The glucagon injection was stored in the fridge but there was no daily log of fridge temperatures. The portable suction, oropharyngeal airways (sizes 0 to 4), clear face masks (sizes 0, 1 and 4) and the child oxygen face mask with reservoir and tubing were missing. The eye wash was out of date and the self-inflating adult bag with reservoir was open and not dated. The provider sent us evidence these items had been ordered following our inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had not carried out risk assessments to minimise the risk that could be caused from substances that were hazardous to health. The provider gave assurance that these would be completed.

Information to deliver safe care and treatment

Are services safe?

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 two-week wait arrangements.

Safe and appropriate use of medicines

The practice did not have all the required systems for appropriate and safe handling of medicines. There was no tracking system in place for prescriptions. The provider said, going forward they would log all prescription numbers. This reduced the risk of prescription theft or misuse. Antimicrobial prescribing audits were not 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.

Helping patients to live healthier lives

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

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

Consent to care and treatment

Staff obtained 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.

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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-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 dentist 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.

We reviewed a range of patient feedback. Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 provider did not have a website or a practice information leaflet, however they said these would be introduced this year. The practice details and opening hours were updated on the NHS choices website annually.

The dentist explained the methods they used to help patients understand their treatment options. These included videos and X-ray images.

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.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. However, due to the layout of the building they were unable to offer a fully accessible service. The provider would refer such patients to a fully accessible practice in the area.

Timely access to services

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 answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service.

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

There was strong leadership with emphasis on peoples' safety and continually striving to improve. Not all systems and processes were embedded. For example, not all medicine and equipment was in place to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council. Appropriate checks were not completed prior to new staff commencing employment at the practice and antimicrobial audits were not being carried out.

The information and evidence presented during the inspection process was generally 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.

The practice did not have systems in place to adequately support staff.

We were not provided with evidence that the provider had arrangements for staff to discuss their training needs, general wellbeing and aims for future professional development through formal appraisals. The provider said they completed these but did not keep the records.

The providers arrangements to ensure staff training was up-to-date and reviewed at the required intervals was not robust. The practice manager did not have oversight of staff training.

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.

We saw there were clear and effective processes for managing risks, issues and performance. However, we found minor shortfalls. For example, systems were not in place to track and monitor the use of prescriptions and risk assessments for substances hazardous to health were not in place.

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

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Are services well-led?

Feedback from staff was obtained 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 where appropriate.

The practice was also a member of a good practice certification scheme.

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, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The provider said they would implement an antimicrobial prescribing audit going forward.