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Greenwood Dental Clinic - Birmingham

Inspection Report

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Overall summary

We carried out this announced inspection on 19 December 2017 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information for us to take into account.

To get to the heart of patients' experiences of care and treatment, we always ask the following five 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:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

Background

Greenwood Dental Clinic is in South Birmingham and provides NHS and private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice. There are no designated car parking spaces for patients who are blue badge holders; however, staff told us they will move their own cars in the practice car park to accommodate patients who require car parking immediately adjacent to the practice entrance.

The dental team includes two dentists, one dental nurse, one dental hygienist and one receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 18 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Monday, Tuesday, Thursday and Friday between 9am and 5pm. The practice is closed on a Wednesday.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures with the exception of documented references.
- 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had a system in place to manage complaints efficiently.

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

- Review the practice's arrangements for maintaining the fire extinguishers on an annual basis.
- Review the practice's systems for analysing the results of audits to identify, share and act on areas for improvement where appropriate.

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?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks with the exception of documenting references. The provider shared their reasons for not doing so and assured us they would obtain these when recruiting future staff.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. However, they were not checking one essential item of equipment as per guidance.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 18 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, professional and eager to help. They said that they were given professional treatment in a caring manner. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice did not have access to interpreter services but this was promptly arranged once we brought it to their attention. They had some arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and had a system in place to respond to complaints.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. The practice regularly audited clinical aspects; however, improvements were required to ensure, where applicable, audits had documented learning points with action plans.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We were told that relevant alerts were discussed with staff and acted on. We saw evidence that they had been stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

Staff shared anonymised examples of referrals that they made following safeguarding concerns about some of their patients. This demonstrated excellent team-working skills and appropriate discussions with relevant organisations.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year.

Staff followed relevant safety laws when using needles and other sharp dental items to reduce the risk of injury to themselves. The practice had a risk assessment for staff handling sharp instruments but this needed to be updated. Within one working day, the provider sent us evidence of an amended risk assessment which reflected safer handling procedures.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how it would deal with events which could disrupt its normal running.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order; however, they did not carry out regular checks of the Automated External Defibrillator (AED). Within one working day, the provider sent us evidence of a log sheet that they had implemented regular checks of the AED. Current guidance states that staff should carry out these checks at least weekly.

Staff recruitment

The practice had a recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The current provider bought this dental practice in 1979 and told us that they had recruited only four dental nurses and four receptionists since then. All staff were longstanding members so the opportunity to review recent recruitment records was very limited. We did, however, review three staff personnel files (one of which was the provider's file). These showed the practice documented records in accordance with current legislation. However, they had not sought any references for their staff which was not in line with their own recruitment policy. The provider explained that all staff that they had recruited had previously been known to him for at least ten years prior to their recruitment. Additionally, we were told they all had family connections to him or to existing staff members. Therefore, he had made the decision to not seek references as he felt this was not necessary, especially as they had carried out alternative checks such as identity verification and checks to ascertain whether staff had a previous criminal record. We discussed this with staff and the provider explained that he would follow the practice's recruitment policy in its entirety for any subsequent staff recruitment.

Are services safe?

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, but not with the dental hygienist when they treated patients.

A comprehensive fire risk assessment had been carried out in 2004 by a specialist company. No major changes had taken place to the building structure since then and this assessment has been reviewed internally regularly since then. Fire exit signage was prominently displayed at key locations and fire drills took place annually to ensure that staff were rehearsed in evacuation procedures. Staff carried out and recorded monthly checks of the smoke detector. Fire extinguishers were present, but there was no certificate to confirm their commissioning or annual maintenance. Staff told us that an ex-fireman inspected the fire extinguishers annually; however, the log sheet showed this was most recently carried out in May 2016.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We did not see any specific cleaning schedules for the premises. However, the practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The prescription pads were kept securely so that prescriptions were safely given by authorised persons only. The prescription number was recorded in the patients' dental care records. The practice was not keeping a log of issued prescriptions so they could not ensure that all prescriptions were tracked. Within one working day, the provider sent us evidence of a log sheet that they had implemented.

There was a separate fridge for the storage of medicines and dental materials. The temperature was monitored and recorded daily.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentist told us they discussed smoking and diet with patients during appointments. However, alcohol consumption was not always discussed with patients. The practice had a selection of dental products for sale to help patients with their oral health.

Staffing

There was no evidence of a structured induction programme for staff new to the practice. Within one working day, the provider sent us evidence of a thorough programme which would be used for newly recruited staff in future. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Appraisals of all staff had commenced in June 2017 – this opportunity was used for staff to discuss their training needs. We saw evidence of completed appraisals and the provider told us they would carry out appraisals on an annual basis.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. We were unable to review any current processes for referring and tracking urgent referrals as the practice had not identified any patients needing this.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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 young people's competence and the dentist was aware of the need to consider this when treating those aged under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, polite and eager to help. We saw that staff treated patients in a professional and caring manner and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate, understanding and child-friendly.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines and a television in the waiting room. The practice provided drinking water for patients. Information folders were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as facial aesthetics.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that at the time of our inspection they had some patients for whom they needed to make adjustments to enable them to receive treatment. They shared examples of how they managed patients with physical disabilities.

Promoting equality

The practice made some adjustments for patients with disabilities. These included step free access to the practice. The treatment rooms were on the ground floor and were both wheelchair-accessible; however, toilet facilities were on the first floor. The practice did not have a hearing induction loop but staff described methods they had used to accommodate patients with hearing impairments. The reception area had a dedicated area at a lower level so that staff could converse at eye level with patients in wheelchairs.

Staff did not have access to interpreter/translation services but said they had never needed to use these services as the vast majority of patients spoke fluent English. We were told that information was not available in different languages as this had not been requested by any of their patients.

Access to the service

The practice displayed its opening hours on the premises.

We confirmed the practice kept waiting times and cancellations to a minimum.

The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. The practice utilised a 'sit and wait' policy for their patients requiring urgent treatment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The provider was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had not received any complaints in the 12 months preceding this inspection.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the provider encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the provider was approachable, would listen to their concerns and act appropriately. The provider discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Informal meetings were held almost daily so that staff had the opportunity to discuss matters.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They did not always have clear records of the results of these audits along with the resulting action plans and improvements.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had received appraisals for the first time in 2017. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. Staff could not recall any examples of suggestions from patients/staff the practice had acted on as they told us that all feedback was positive.

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