

Rodericks Dental Limited

High Street Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 7 June 2023 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. However, pouched instruments in dental treatment rooms had not all been dated to show a use by date. Hot water temperatures were below the required minimum due to an issue with the hot water boiler. This had been reported and was awaiting the repair to be completed on 9 June 2023.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- 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

The provider is part of a corporate group Rodericks Dental Limited and has multiple practices, and this report is about High Street dental practice.

The practice is in Burton on Trent and provides NHS and private dental care and treatment for adults and children.

There is step free 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, 3 trainee dental nurses, 1 dental hygienist, 2 dental therapists, 1 practice manager and 2 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. A compliance manager was also in attendance to assist during this inspection. 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 and alternate Saturdays from 9am to 4pm.

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. Staff had completed safeguarding training to the required level. The practice manager and a dentist had completed higher level training. Staff felt confident of the processes to report safeguarding concerns and were aware that the practice manager was the safeguarding lead.

The practice had infection control procedures which reflected published guidance. There was a nominated infection control lead. Infection control procedures were audited. Staff completed infection prevention and control training at least annually and received regular updates. We noted that staff were not consistently following procedures regarding storage of pouched instruments, for example we saw that not all pouched instruments had been dated or signed. The trainee dental nurse we spoke with on the day of inspection was aware that pouched instruments should have a date recorded. Following this inspection, we were sent evidence to demonstrate that a lunch and learn session had been held with dental nurses to refresh their learning regarding pouching dental instruments.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment which was completed on 25 April 2023. Some issues for action were identified. Evidence was available to demonstrate action had been taken to address these apart from the ongoing issues with the hot water system. Hot water was not reaching the required minimum temperature. An engineer had recently visited the practice and work was ongoing to address the issue. Following this inspection, we were informed that work was scheduled to be completed on 9 June 2023.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Consignment notices were available for each waste collection.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. An external cleaning company provided cleaning services at the practice. Logs were in place demonstrating tasks undertaken. The practice manager completed visual checks of cleaning and signed logs once satisfied with the standard of cleaning.

The practice had a recruitment policy and procedure to help them employ suitable staff. We reviewed a sample of staff recruitment records and found that appropriate pre-employment checks were carried out including Disclosure and Barring Services checks, identity confirmation, and evidence of conduct in previous employment. These reflected the relevant legislation.

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. The practice had been re-wired in 2018 and a fixed electrical wiring check was due to be completed in August 2023. Systems were in place to report issues identified to the facilities department at the head office. This helped to ensure that facilities and equipment were maintained in accordance with regulations.

A fire safety risk assessment was carried out in April 2023 in line with the legal requirements. Some issues for action were identified and evidence was available to demonstrate that appropriate action had been taken to address these. Staff completed regular checks to help ensure that the management of fire safety was effective. However, there was no weekly test of the fire alarm system as this was linked to other buildings adjoining and above the practice. A discussion was held regarding this, and we were assured that a system would be implemented to ensure weekly fire alarm tests took place. All

Are services safe?

staff had completed fire safety training within the last 12 months. Some staff had completed additional training to become fire marshals. Following this inspection, we received confirmation from the practice manager that they had contacted the property and estate manager regarding the weekly fire alarm test and would ensure that these tests were completed going forward.

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. The practice followed guidance regarding sharps safety and risks associated with the handling and disposal of dental sharps were assessed and procedures implemented to mitigate risk. Policies and risk assessments were regularly reviewed and updated. Staff had completed sepsis awareness training and sepsis information posters were on display throughout the practice. Lone working policies and risk assessments were available. A separate risk assessment was available for the external cleaner employed. The practice had completed various other risk assessments including, DSEAR (Dangerous Substances and Explosive Atmospheres Regulations 2002), health and safety, manual handling, first aid and display screen equipment.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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 risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also available for products in use. A separate file of information was available for the cleaning products in use and kept within the cleaning cupboard for ease of access.

Information to deliver safe care and treatment

Patient care records were 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 had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out with the resulting action plan and improvements. NHS prescription pads were kept secure, and a log was in place to monitor and track their use.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. Incidents and accidents were reported to head office who monitored for trends and gave advice to staff as required. Learning from incidents and accidents was shared between all practices within the group. The practice had a system for receiving and acting on safety alerts. Alerts received were discussed with staff during monthly practice meetings. A file of information was kept demonstrating any necessary action taken.

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 including regular practice meetings, management meetings and regular update bulletins. Urgent information was shared with staff by email. There was also a weekly clinical communication with dentists.

We saw the provision of dental implants was in accordance with national guidance. Although dental implants were rarely placed by the implantologist.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of tobacco and alcohol consumption. Free samples of toothpaste were available for patients in the waiting room. Written patient information leaflets were also available.

Consent to care and treatment

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Staff spoken with were aware of Gillick competency (Gillick competence is *the principle used to judge capacity in children to consent to medical treatment*) and had completed training regarding the Mental Capacity Act.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance. However, not all of the records reviewed for 1 dentist evidenced that treatment plans including verbal or written consent had been completed. Following this inspection, we were sent evidence to demonstrate that a 1 2 1 meeting had been held with the dentist to discuss consent and printing and saving treatment plans on patient records.

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. A disco ball with colour changing lights was available for use when autistic children were seen at the practice. This was used in the reception area before the child saw the dentist and was used as a calming distraction. Rainbow signs were also available and would be put on the door to identify when someone was being seen by the dentist and could not be disturbed. Patients with autism, a learning disability or dementia could be booked in at the last appointment of the day, if this was their preference, so that the waiting room was less busy.

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. The three dental nurses at the practice were trainees. They had completed in-house training and were either completing or waiting to be registered on the dental nurse training course.

Are services effective?

(for example, treatment is effective)

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. Staff had access to online continuous professional development training provided by the company. A “deliverables calendar” was used to remind staff when training updates were required. The practice manager monitored completion of training to ensure staff were up to date.

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.

The practice was a referral clinic for dental implants and minor oral surgery, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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 feedback from patients recorded in the practice's September 2022 patient satisfaction survey. Positive comments were recorded and action had been taken to implement any suggestions made by patients.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The waiting area was close to the reception desk. The receptionist we spoke with gave examples of how they maintained patient's privacy and confidentiality. Doors to dental treatment rooms had glass panels which had partial frosting to maintain privacy and dignity. A discussion was held about privacy and dignity as patients were clearly visible in the dental chair through the top of the glass panel. The practice manager confirmed that they would look into this matter.

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 dentist explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, and X-ray images. Information regarding fees was on display within the practice and available on the practice website.

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 told us that they often held a patient's hand during treatment to reassure them. They chatted to patients to put them at ease. A note could be put on patient records to alert the dentist if a patient were anxious so they could be seen as soon as possible upon entering the practice. Information would be sought from the parents of autistic children to find out if there were any issues that needed to be addressed or taken into consideration to help ensure that the appointment was less stressful for the child.

The practice had made reasonable adjustments, including step free access, ground floor treatment rooms, reception, waiting area and disabled access toilet for patients with access requirements. The practice had purchased a hearing induction loop and had access to translation services including British sign language and written information available in a range of formats. Staff at the practice also spoke languages other than English including Punjabi, Arabic, Polish, Urdu and Bulgarian. A range of reading glasses were available for use if a patient had forgotten their own glasses. Staff had carried out a disability access audit in March 2023 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.

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. Patients with a dental emergency would be offered a sit and wait appointment. When the practice was unable to offer an urgent appointment, they referred patients to another local practice within the group. This helped 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. Details of the practice's complaint procedure were on display for patients. Staff had completed complaints handling training. Complaint information would be sent to the complaints manager at head office who monitored for trends and provided support to the practice as necessary. Complaints would be discussed during practice meetings and learning from complaints shared companywide to enable service improvement.

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 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.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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 practice meetings, annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. To assist staff, a professional development topic was chosen each month and staff were able to access this training. A 'deliverables calendar' highlighted when training was due for staff and the practice manager was able to monitor and support staff if required. The dental training system enabled the practice manager to review training completed by staff, reminders were sent to staff when training was due.

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. These had been uploaded onto the practice's compliance system and were accessible to all members of staff on computer desktop and in paper format. Staff received emails informing them of any changes to policies and were required to sign confirmation when they had read updates.

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. Staff told us communication systems in the practice were good and they were kept up to date with any changes.

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

Are services well-led?

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. The Friends and Family test was available in the waiting area. The practice also sent out a patient satisfaction survey annually. The last survey was completed in September 2022. A 'you said, we did' poster in reception recorded any changes made as a result of patient comments.

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.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, 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. The results of audits were discussed with staff during regular 1 2 1 meetings.