

Ward End Dental Practice

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 10 October 2022 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 adviser.

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:

- The dental clinic was visibly 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 but missing items were ordered on the day of inspection.
- The practice had systems to help them manage risk to patients and staff.
- 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 mostly reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff 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.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

The provider has 12 practices and this report is about Ward End Dental Practice. Ward End Dental Practice is in Ward End, Birmingham and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available at the front of the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 6 dentists, 8 dental nurses (including 6 trainee nurses), 3 receptionists and 2 management staff. The practice has 6 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 receptionist and the practice manager. A manager from Prestige Dental Care was also present to provide support to the practice manager during this 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 9am to 5pm and Saturday from 9am to 4pm.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. In particular, ensure that the appropriate level of disclosure and barring service checks have been completed for all staff.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, mechanical servicing is completed on X-ray machinery annually.

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. Evidence was available to demonstrate that staff had undertaken training regarding safeguarding vulnerable adults and children. However, certificates were not available for all staff on the day of inspection. We were assured that all staff had completed the course but had not provided certificates to demonstrate this. Following this inspection, we were sent dates of completed training for all staff. The practice manager, head nurse and a dentist at the practice had completed safeguarding training to a higher level.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with 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. Water temperatures were monitored, and records seen demonstrated that they were within the required temperature range. A further risk assessment was planned upon completion of building work at the practice.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Clinical waste was collected weekly and consignment notices were available to demonstrate this. A waste pre-acceptance audit had been completed.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. An external cleaner was employed to clean the practice Monday to Friday. Nursing and reception staff cleaned the practice each Saturday. Logs were kept demonstrating cleaning undertaken.

The practice had a recruitment policy and procedure to help them employ suitable staff. These mostly reflected the relevant legislation. Where staff were not able to obtain evidence to demonstrate immunity to hepatitis B there was no individual risk assessment in place. We were told that hepatitis B risk was covered in the main practice risk assessment, but individual risk assessments would be completed as appropriate going forward. We saw that the disclosure and barring service check for one staff member had not been completed at the correct 'enhanced' level. We saw that enhanced level checks had been completed for all other staff. We were assured that a new check would be completed immediately at the correct level.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. Staff said that any repairs were completed quickly and there was sufficient amounts of equipment at the practice. The practice ensured the facilities were maintained in accordance with regulations.

An internal fire risk assessment was carried out and was reviewed on a regular basis in line with the legal requirements. Following this inspection, we were told that an external professional had been booked to complete a fire risk assessment on the 25 October 2022. A discussion was held regarding fire drills, these were currently completed monthly during practice meetings. We discussed the benefits of holding these fire drills without staff being made aware that they were due to take place. We were assured that going forward not all fire drills would be held during practice meetings. Following this inspection, we were informed that emergency lighting would be fitted as soon as the building work was completed at the practice. Checks were completed on the fire safety equipment in place and logs were kept. Certificates were available to demonstrate that fire extinguishers were regularly serviced and maintained.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw that most of the required radiation protection information was available. However, there was no evidence of annual mechanical servicing of the X-ray machinery at the practice. Following this inspection, we were informed that a specialist engineer had been booked to carry out the mechanical servicing on 13 October 2022.

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.

Medicines to manage a medical emergency but not all emergency equipment was available. The size 0 oropharyngeal airway, clear face masks for self-inflating bags and the oxygen face mask with reservoir and tubing were missing. These were ordered on the day of inspection. Daily and weekly checks were completed on medicines and equipment in line with 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. On-line safety data sheets were also available for each product in use.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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.

The practice's social media pages gave information to patients about national oral health campaigns such as oral cancer awareness and smile month. Staff were aware of and involved with 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.

Staff 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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Appointments for these patients were scheduled at quieter times of the day to help ensure that they were seen immediately upon entering the practice.

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 and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment. Staff at the practice were able to speak and understand languages including; Urdu, Punjabi, Bengali and Romanian. Various other languages were spoken by staff at other practices within the group who could be contacted for assistance if required.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. Staff said that they chatted to patients to put them at ease. The dentists were made aware if a patient was anxious and they tried to ensure that these patients were seen immediately upon entering the practice. Longer appointment times could be given to these patients if required.

The practice had made reasonable adjustments for patients with disabilities. This included wheelchair accessible access to the ground floor reception, waiting room and treatment rooms. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. We were told that a further audit would be completed when the building work was completed at the practice.

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. Extended opening hours were provided each Saturday from 9am to 4pm.

Appointment slots were kept free to accommodate patients with a dental emergency. When these appointment slots were full patients requiring urgent care were asked to sit and wait to see the dentist.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Paperwork we reviewed in relation to two complaints demonstrated they had been managed in a timely way. Complaints were also forwarded to the company's head office to review and identify any learning for practices within the group. Complaints were discussed with staff 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. Staff demonstrated an understanding of the Duty of Candour and their obligations under it.

Systems and processes were embedded, and staff worked well together so that where the inspection identified areas for improvement these were acted on immediately.

The information and evidence presented during the inspection process was clear and well documented.

Culture

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

Staff stated they felt respected, supported and valued and felt that the practice was a friendly place to work. We were told that management staff were always available to provide support and advice if needed. Staff said that they really enjoyed working at the practice.

Dental nurses and reception staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. There was no formal appraisal processes for dentists but we were told that this was being considered for implementation across all practices within the group. Informal meetings were held with dentists to discuss issues and concerns and share key performance indicator data.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The practice had a 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. Staff told us communication systems in the practice were good and we saw that there were formal regular staff meetings where policies and other key information could be recorded and shared across the staff team.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Patients were able to complete the NHS Friends and Family Test. Comments seen were positive. The practice reviewed and responded to on-line reviews.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

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