

Jubilee and Torcross Dental Partnership

Torcross Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 30 October 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.
- 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.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- 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 Partners), has multiple practices, and this report is about Torcross Dental Practice.

Torcross Dental Practice is in Coventry 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. The reception, a waiting area and 2 dental treatment rooms are available on the ground floor. The patient toilet, a separate waiting room and 2 further treatment rooms are located on the first floor of the building. 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, 7 dental nurses (1 qualified and 6 trainee), 1 dental hygienist, 1 practice manager and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 2 receptionists and the practice manager. The group compliance manager was also in attendance to support the team. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm.

The practice had taken steps to improve environmental sustainability. Staff are encouraged to incorporate power saving into daily routines such as turning off lights when not needed.

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

- 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

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. Staff completed infection prevention and control training at least annually. Hand hygiene audits were completed as well as six-monthly infection prevention and control audits.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment conducted in January 2023.

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.

The practice had a recruitment policy and procedure to help them employ suitable staff. 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 and serviced according to manufacturers' instructions. The practice had a new compressor fitted in 2021. A routine service was booked on the compressor for the day following this inspection.

A fire safety risk assessment was carried out in line with the legal requirements. Issues identified during the fire risk assessment had been reported to the facilities department. Evidence was available to demonstrate that the majority of issues had been addressed. 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.

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.

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

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. Stock control systems were in place for medicines on the premises. However, the practice name and address was not printed on all medicine dispensing labels. We were assured that this would be addressed immediately. Antimicrobial prescribing audits were 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. We saw clinicians assessed patients' needs in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance. There was no evidence of training certificates for the implantologist. We were assured that update training had been completed and were forwarded copies of certificates following this inspection.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. This included giving patients information regarding the effects of smoking, poor diet and alcohol on oral health and giving oral hygiene advice as needed.

Staff were aware of 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.

During the half term school holidays, the practice ran 'Kid's Clubs.' The Kid's Club was scheduled to take place on 31 October 2023, staff would dress up in costumes, the practice would run colouring competitions and try and engage the children, making it a more fun experience whilst they were at the practice.

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, although some minor improvements were suggested. The risk assessments on patient records did not always include tooth wear and the information regarding the risks and benefits of treatment options discussed was not always recorded.

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.

Are services effective?

(for example, treatment is effective)

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. Staff were kind, friendly and helpful to patients and we observed numerous positive interactions between staff and patients both in person and on the telephone.

On the day of inspection, we spoke with 1 patient and reviewed the results of all forms of patient feedback including online reviews and the 'Friends and Family' test'. These reflected a high level of satisfaction with the services of the dental practice. Positive feedback included, "great service all round," "all staff are very friendly and professional" and "I always fear the dentist but come out wondering why I get so upset about it and the results are well worth the effort".

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Systems were in place to ensure patient information was kept securely and confidentiality was maintained.

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 and gave patients clear information to help them make informed choices about their treatment.

The practice's website 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.

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. Systems were in place to notify the dentist if a patient was vulnerable or required additional support. Staff said that they tried to book appointments for patients with autism or learning disability at quieter times of the day if this was their choice. They also talked to the parents of autistic children to see if there was anything they could do to make the appointment more relaxing.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit in September 2023 and had formulated an action plan to continually improve access for patients.

The practice was located over 2 floors, the reception, waiting area and 2 dental treatment rooms were on the ground floor and were wheelchair accessible. The patient toilet, a separate waiting room and 2 further treatment rooms were on the first floor and were therefore not wheelchair accessible.

A selection of reading glasses was available to aid patients who had visual impairments, some information could also be made available in large print. There was a hearing induction loop for use by patients who wore a hearing aid. The practice also had access to interpretation services which included British Sign Language.

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 waiting time for a routine appointment was a few days. 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. When necessary, 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. Details of complaints would be sent to the Head Office Complaints Manager annually who audited complaints received. Staff would discuss outcomes to share learning and improve the service, including learning from complaints received from within the wider corporate group.

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. Staff told us they discussed their career prospects during appraisal meetings.

Culture

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

Staff commented that there was effective teamworking, and supportive leadership within the practice. They stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had some arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Copies of updates or training certificates regarding orthodontics and implants were forwarded to us for one clinician as these were not available at the time of inspection.

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.

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. The practice had received 4.5 stars out of 5 from 256 google reviews, with 211 of these being 5-star reviews.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service. Staff discussed the suggestions for change that they had made, and we were told that they had been acted upon.

Are services well-led?

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.