

Clacton Dental Care Ltd

Together Dental Norwich (Blenheim Road)

Inspection report

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Overall summary

We conducted this announced comprehensive inspection on 18 July 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.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- 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.

Background

Together Dental Norwich (Blenheim Road) is part of Together Dental Care, a group dental provider. The practice provides both NHS and private dental care for adults and children. In addition to general dentistry, the practice offers dental implants.

The practice has made reasonable adjustments to support patients with mobility requirements including level access, ground floor surgeries and a fully accessible toilet.

The dental team includes 6 dentists, 6 dental nurses, a dental hygienist, a practice manager and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, the practice manager, 2 compliance officers, 2 nurses and reception staff. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open on Mondays from 8am to 8pm; on Tuesdays, Wednesdays and Thursdays from 8am to 6pm; on Fridays from 8am to 5pm, and on Saturdays from 8.15am to 3pm.

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. All staff had undertaken appropriate training and there was helpful information about safeguarding procedures around the practice, making it easily accessible to both patients and staff. The practice had introduced a system to allow vulnerable patients to alert staff confidentially to abuse.

In addition to a whistle blowing policy, information about how staff could raise any professional concerns was on display in the staff area.

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.

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, which reflected the relevant legislation. Files for recently employed staff we reviewed showed that appropriate checks had been undertaken prior to staff commencing their employment, although two references had not always been obtained, which was not in line with the practice's own procedure.

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.

Staff had received appropriate fire training and fire safety equipment was checked and maintained. Recommendations from the fire risk assessment had been implemented, such as the removal of portable heaters.

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. We viewed risk assessments which covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce them.

Emergency equipment and medicines were available and checked in accordance with national guidance. The emergency kit had been packed with specific 'grab bags' depending on the type of incident. Posters were displayed in the staffroom, outlining responses to different medical emergencies to help keep staff's knowledge and skills up to date.

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 assessments to minimise the risk that could be caused from substances that are hazardous to health.

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 had robust systems for appropriate storage and safe handling of medicines.

Antimicrobial prescribing audits were carried out to ensure clinicians were prescribing according to national recommendations.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents, and these were discussed by staff at practice meetings. Incidents were also logged centrally with the provider, so that learning from them could be shared across all their practices to help drive improvement. Following a recent medical emergency, the practice had obtained an additional oxygen bottle for the premises, demonstrating that staff had learned from the incident.

The practice had a system for receiving and acting on national 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 and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We found that the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives.

The practice provided preventive care and supported patients to ensure better oral health. A dental hygienist worked at the practice to support patients with their oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We found that staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick Competency guidelines.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice conducted radiography audits six-monthly following current guidance.

Effective staffing

We found that staff had the skills, knowledge and experience to carry out their roles. They told us they had plenty of time for their role and did not feel rushed in their job. The hygienist worked with chairside support. Additional staff could be obtained from other dental practices in the provider's group if needed.

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

Patient feedback we reviewed indicated that staff were friendly, caring and empathetic to their needs. Staff gave us specific examples of where they had been particularly caring towards patients. This included providing an older patient a lift to their appointment and a dentist delivering lab work for a patient. One dental nurse described some of the practical ways they helped nervous patients undertake their treatment.

Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions, and training in recognising domestic violence had been planned.

Privacy and dignity

Staff were aware of the importance of privacy and all patient notes were held digitally. Staff password protected patients' electronic care records and backed these up to secure storage.

The waiting room was slightly separate from the reception, and staff played a radio to help distract from what was happening at the reception desk.

Blinds were on windows on downstairs treatment rooms to prevent passers-by looking in.

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 the use of visual aids, dental models and X-rays.

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 was accessible to wheelchair users and had ground floor surgeries and a fully accessible toilet. A portable hearing loop was available to assist patients who wore hearing aids. Reading glasses and a magnifying glass were available to help patients read any paperwork. Information about translation services was available for patients who did not speak or understand English.

The practice offered patients an email appointment reminder service.

Timely access to services

At the time of our inspection the practice was not able to take any new NHS patients. Waiting times for current patients were about 2 to 3 weeks. Emergency slots for patients in dental pain were available each day, and the practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Listening and learning from concerns and complaints

Information about how patients could raise their concerns was easily available at reception. The receptionist spoke knowledgeably about how they dealt with patients' concerns.

We reviewed paperwork in relation to two recent complaints and saw they had been dealt with in a professional and empathetic way. Complaints were also monitored and tracked centrally by the provider and discussed at staff meetings so that learning from them could be shared. However, information about how patients could raise their concerns was not easily visible or accessible to them.

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 registered manager for the service also oversaw two other practices within the group. She was supported by a team leader, a head nurse and a head receptionist on site. The manager also had access to the provider's senior staff for support including a compliance officer who attended our inspection. We received positive comments about the practice manager's competence, organisational skills and personal support from staff.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

The information and evidence presented during the inspection process was clear and well documented. Records required by regulation for the protection of staff and patients and for the effective running of the service were maintained, up to date and accurate.

Culture

The practice demonstrated a transparent and open culture in relation to people's safety. Staff stated they felt respected and valued. The provider supported their welfare, with access to a free counselling services and specific staff who had been trained in mental health first aid. Staff received additional annual leave in response to meeting certain attendance targets.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings with the manager. They also discussed learning needs, general wellbeing and aims for future professional development.

Communication systems in the practice were good, with regular monthly meetings for all staff and the use of social media groups used to communicate key information. Minutes of practice meetings we viewed were detailed and were used to keep staff up to date with the latest guidance and practice policies.

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 effective 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?

At the time of our inspection the practice had scored 4.9 out of 5 stars based on 422 on-line reviews. These reviews were monitored and responded to by the provider's marketing team. In response to patients' requests, the practice had extended its opening hours to include Saturdays and weekday lunchtimes. Staff had also implemented a charity collection box for Ukraine following one patient's suggestion.

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. Their suggestions for a bigger lunch table in the staff room had been implemented, allowing them to eat together more communally.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, staff uniform, radiographs, oral cancer risk, antibiotic prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Every quarter the dentists attended a forum with the CEO of the company to share learning. There were also specific training days for practice managers and reception staff across the whole company.