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Coventry Road Dental Practice

Inspection Report

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Date of inspection visit: 9 October 2017

Date of publication: 16/11/2017

Overall summary

We carried out this announced inspection on 9 October 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.

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

Coventry Road Dental Practice is in Small Heath, Birmingham and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. The practice does not have a car park but patients are able to park in local side roads.

Summary of findings

The dental team includes 8 dentists (including the principal dentist), 7 dental nurses (including three trainee dental nurses), three receptionists and a practice manager. The practice has five treatment rooms, four on the ground floor and one on the first floor.

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 45 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the practice.

During the inspection we spoke with two dentists, two dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 1pm and 2pm to 5.30pm. The practice is also open on a Saturday from 9am to 1pm.

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 manager held the lead role for safeguarding at the practice.
- The practice had thorough staff recruitment procedures.
- 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, supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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 and complaints to help them improve.

One member of staff had not received training in safeguarding. The practice manager confirmed that this person was booked onto a training course in November 2017. All other 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.

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.

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 recognized guidance. Patients described the treatment they received as professional, efficient and gentle. 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 45 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, kind and friendly. They said that they were given detailed, genuine, honest explanations about dental treatment, and said their dentist listened to them. 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 had access to face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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.

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. A file was available which contained information and guidance documents regarding complaints, accidents and events. This file contained reporting forms and investigation records.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We saw that the practice had recorded one incident recently and we were told that there had been no staff or patient accidents within the last two years. The minutes of practice meetings seen supported that incidents were discussed. Appropriate action was taken when learning points were identified and any follow up action was recorded on incident records.

Reception staff told us that the practice manager was the lead for any accidents, incidents or complaints. These would be reported to the practice manager who would speak with the person involved immediately.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and 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. Details of how to report suspicions of abuse were available for staff as well as standardised letters to health visitors to report concerns regarding a child's oral health.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice manager

held the lead role regarding safeguarding, all staff spoken with were aware who held the lead role. We were told that the principal dentist was the next point of contact if the practice manager was unavailable.

The practice had a whistleblowing and underperformance policy. Staff told us they felt confident they could raise concerns without fear of recrimination. Staff said that initially they would speak with the practice manager. Staff confirmed that they were encouraged to speak out and discuss any issues or concerns. Staff were aware that their whistleblowing policy recorded contact details of external organisations that they could contact if they wished to raise concerns.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. We saw that the practice had robust procedures for staff to follow when a sharps injury occurred. However we noted that the sharps injury posters in dental treatment rooms did not record the local occupational health department telephone number. This information was available in the sharps injury policy and the practice manager confirmed that they would include this information on the posters immediately.

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 the practice would deal with events which could disrupt the normal running of the practice. A copy of the plan including emergency contact details was available to the practice manager and principal dentist on-line and these staff were able to access this information when they were off site.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training certificates were available to demonstrate that the last training was completed in July 2017.

Emergency equipment and medicines were available as described in recognised guidance apart from a self

Are services safe?

–inflating bag which was ordered by the practice manager during this inspection. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. The practice manager had identified some improvements required in recruitment systems and had implemented these to ensure that they reflected relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had introduced monitoring systems to ensure personnel information such as indemnity cover, training and disclosure and barring checks were all up to date.

Monitoring health & safety and responding to risks

The practice manager was the lead person with overall responsibility for health and safety at the practice. 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 manager had developed some risk assessment templates which were to be discussed with staff at a practice meeting prior to implementation.

We saw evidence to demonstrate that fire drills were completed on a monthly basis at the practice. Records seen did not show the names of staff members involved in the fire drill. Evidence was available to demonstrate that fire safety equipment was serviced and maintained on a regular basis.

The practice's five year fixed wiring report was last completed in 2011. During this inspection the practice manager booked a fixed wiring inspection for 23 October 2017.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice employed sufficient numbers of staff to ensure that dentists always worked with a dental nurse when they treated patients. The head dental nurse acted as a "float"

nurse to provide advice and guidance to staff as well as completing some administration tasks. Dental nurses also worked in the decontamination room on a rotational basis. The head nurse or the nurse rostered for decontamination duties would be able to provide cover if required.

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 head dental nurse was the lead for infection prevention and control and staff spoken with confirmed that they would speak with this person if they required any advice or support.

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 completed in June 2017 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 were shown the risk assessments completed in 2014 and 2016. No actions were required following the 2016 risk assessment.

We saw cleaning schedules for the premises. 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. We were shown email evidence to demonstrate that the autoclave had a service booked to take place on 10 October 2017; the previous service had taken place on 20 September 2016.

The practice had suitable systems for prescribing and storing medicines.

Are services safe?

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had some arrangements to ensure the safety of the X-ray equipment. We were unable to find annual maintenance information for X-ray equipment. The practice manager contacted the servicing engineers for X-ray equipment and they were booked to visit the practice and service the machinery the day following the inspection.

After our inspection, we were passed information to demonstrate that the X-ray machinery had received a routine service. The practice 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. We were shown the last audit completed in June 2017, actions had been noted and an action plan completed.

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 dentists 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 dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had an education programme on their computer system which they could show to patients. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. The practice manager had implemented a new health and safety section of the induction programme and all staff had completed this training. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans. Staff new to the practice also had probationary reviews in which support was provided as needed and staff were able to discuss any issues or concerns.

Working with other services

Dentists 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options, including private options and the risks and benefits of these so they could make informed decisions. Patients were given written treatment plans. These include details of costs of treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. We discussed this with the practice manager during the inspection who confirmed that they would ensure this policy was updated immediately. Following this inspection we received a copy of the amended consent policy which contained detailed information about the Mental Capacity Act 2005.

The team generally understood their responsibilities under the act when treating adults who may not be able to make informed decisions. However, we noted that not all staff had received training regarding the Mental Capacity Act. Following this inspection we were informed that the Mental Capacity Act was to be discussed with staff during a practice meeting to be held in October; all staff were to receive training regarding this before December 2017.

The policy also to Gillick competence and the dentists were aware of the need to consider this when treating young people 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 kind, supportive and caring. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. We found the layout of reception and the combined waiting area meant that privacy was difficult to maintain when reception staff were dealing with patients both face to face and on the telephone. We saw that staff took great care not to breach patients' confidentiality. 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, children's books and a television in the waiting room. The practice provided drinking water for patients upon request.

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, did not rush 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. Each treatment room had intra-oral cameras. Intra-oral cameras were used by dentists to show patients the inside of their mouth which enabled dentists to give a detailed explanation of the treatment required.

We were told that photographs were also used as a visual aid to explain to patients about treatment options.

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

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 orthodontics, veneers, bridges and crowns.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options.



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. Patients commented that they received timely reminders of their appointments. Staff told us that they prioritised children's appointments during half term holidays and Saturday mornings.

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. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Reception staff told us that they always tried to book appointments for anxious patients so that they could be seen first. The team would inform the dentist as soon as the patient arrived so that they could be seen as soon as possible after their arrival. Staff said that they would talk to anxious patients to reassure them. Anxious patients were able to bring a friend with them to their appointment if they wished.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a hearing loop and accessible toilet with hand rails and a call bell. There was step free access to the front of the practice but one internal step between the waiting area and ground floor treatment rooms. A portable ramp would be used as necessary so that patients who used wheelchairs would be able to access the treatment rooms. We were told that these patients could also enter the rear of the practice so that they did not have to use the ramp.

Staff said had access to interpreter services which included British Sign Language and braille. We were told that practice could provide any of their information such as complaints and the practice leaflet in large print to meet individual patients' needs.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

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

The practice was committed to seeing patients experiencing pain on the same day and kept at least 30 minutes per dentist free for same day appointments. Patients could also sit and wait to be seen when all same day appointment slots were full. They took part in an emergency on-call arrangement with some other local practices. The answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This was available to patients in the reception area and on the practice's website. The practice leaflet informed patients that they were able to request a copy of the complaint procedure from the practice manager. The contact details for the complaints lead at the practice were also recorded. The practice manager was responsible for dealing with complaints. Staff said that they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately. A final letter sent to complainants to "close down" the complaint gave the details of the organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns. The practice discussed outcomes with staff to share learning and improve the service.



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was 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. Practice policies were discussed with staff during practice meetings and these are freely available to staff as required.

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 practice manager 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 practice manager was approachable, would listen to their concerns and act appropriately. The practice manager 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. Staff were able to add items for discussion to the agenda for these meetings. Immediate discussions were arranged to share urgent information. As well as full team practice meetings, separate meetings were held for dentists. We were told that a meeting had been arranged for November 2017 for the dentists to discuss clinical audit and patient notes.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. We were shown the audits of dental care records for February 2017, X-rays for

February 2017 and infection prevention and control for January and June 2017. We also noted that the practice had completed a number of audits which included: cleaning audit (March 2017), waiting time audit (April 2017), a health and safety audit, oral cancer risk factors audit, waste pre-acceptance audit (July 2017) a sharps disposal audit and hand hygiene audit (August 2017). They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and receptionists had annual appraisals. 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 surveys, a comment book and verbal comments to obtain staff and patients' views about the service. Patients were able to leave feedback about the practice via the practice's website. We saw examples of suggestions from patients that the practice had acted on. For example, the chairs in the waiting area had been replaced and the reception area refurbished following patient comments. The practice also provided books for children and health education information on the television for children as a result of feedback left on NHS Choices. Comments made were fed back to patients in the monthly newsletter produced by the practice. A laminated copy of the newsletter was available in the reception area for patients to read. Patients were able to sign up on the practice's website to receive an email copy of the practice's newsletter.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to



Are services well-led?

allow patients to provide feedback on NHS services they have used. The practice audited the results of the FFT on a six monthly basis and discussed the results of the audit with staff.

We saw evidence that a staff satisfaction survey was completed on an annual basis.