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Broad Lane Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 3 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. Systems to ensure that appropriate medicines and life-saving equipment were available required improvement.
- The practice's systems to manage risks for patients, staff, equipment and the premises could be improved, particularly in regard to legionella, fire safety and sharps risk management.
- 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

Broad Lane 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. 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 3 dentists, 5 dental nurses, (including 2 trainee dental nurses and a receptionist) 1 dental hygienist, 2 practice managers (one of whom is also a qualified dental nurse) and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 2 receptionists and the 2 practice managers. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Thursday from 8.30am to 6pm and Friday from 8.30am to 5pm. The practice is closed for lunch for 1 hour each day.

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

- Ensure there are systems in place to track and monitor the use of NHS prescription pads in the practice.
- Take action to ensure fire safety management is effective.

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 that were well embedded. Staff knew their responsibilities for safeguarding vulnerable adults and children and felt confident to report safeguarding concerns if necessary. Staff had completed safeguarding training to a higher level. Information regarding safeguarding was easily accessible to staff and was available in the patient information folder.

The practice had infection control procedures which reflected published guidance. Staff completed annual infection prevention and control training and also a quarterly cross infection questionnaire as part of ongoing training. Hand hygiene audits were completed every 6 months and ad hoc hand hygiene spot checks were conducted.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Action was taken to address an issue identified in the risk assessment of 2020 and 2022, however we found this was ineffective and alternative management options had not been tried. We were assured that further action would be taken, and the results reviewed to ensure effectiveness. We were sent evidence to demonstrate that another issue for action identified in the 2022 legionella risk assessment had been addressed.

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 as well as a pre acceptance waste audit.

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, including for agency or locum 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, maintained and serviced according to manufacturers' instructions. There were some systems to ensure that facilities were maintained in accordance with regulations. However, there was no Gas safety certificate. Following this inspection, we were sent a copy of a Landlords Gas Safety Certificate dated 5 October 2023 which recorded a pass and no issues for action.

A fire safety risk assessment was carried out in line with the legal requirements in June 2023. Some improvements were required to the management of fire safety. We saw records to demonstrate that weekly checks were being completed on emergency lighting. There was no records of monthly checks or annual servicing of this lighting. During the inspection the practice manager confirmed an annual service was scheduled to take place a few days following this inspection.

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. We identified scope for improvement in the assessment and mitigation of risk from fire, legionella and sharps.

Are services safe?

We saw that the date of opening was not recorded on all sharps bins, this was completed on the day of inspection. The sharps injury flow chart did not record the contact details for the occupational health or accident and emergency department. We were told that nurses were dismantling matrix bands. This was not included in the practice sharps risk assessment. The sharps risk assessment required updating to include details of all sharps in use at the practice.

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. They also completed a quarterly in-house training quiz regarding medical emergencies.

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 each product in use.

Information to deliver safe care and treatment

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 systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Prescriptions were securely stored and prescription numbers were recorded on patient records, however, there was no tracking system in place to ensure lost or missing prescriptions could be identified.

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 including provision of online learning, cascading regular information updates from the Chief Dental Officer, NHS England, The British Dental Association and newsletters from the Local Dental Committee.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. Oral health and gum disease support was provided by a dental hygienist. Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects alcohol consumption on oral health.

Staff were aware of and involved with 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.

The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, floss and toothbrushes.

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 had completed training regarding consent and mental capacity.

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.

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. This included ensuring appointments were made at quieter times of the day when the practice was less busy. Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

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.

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. There was no referral log for any referral sent outside of the electronic referral system. We were assured that a log would be implemented to ensure all referrals were recorded and monitored.

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 observed to be kind, friendly and helpful to patients over the telephone and in person at the practice. Patients were treated with dignity and respect at all times.

On the day of inspection, we reviewed patient feedback. These reflected a high level of satisfaction with the services of the dental practice. Patients commented "clean, tidy friendly", "good with my kids" "very helpful staff" and "easy to book online, nice nurse informed me of waiting time".

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.

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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options including 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. The dentist was informed if a patient was anxious. Staff told us that anxious patients were encouraged to bring headphones so that they could listen to music whilst having treatment. Reception staff chatted to patients to try and keep them calm; they offered reassurance. Calming images and music was playing on a television in the waiting room.

Some online reviews also contained positive comments from patients who were anxious such as, "thank you for helping me overcome my nerves to come to the dentist again", and "Fantastic treatment for a very nervous patient. Great job and my fears have definitely subsided".

The practice had made reasonable adjustments, including a fixed ramp with handrails to gain access to the practice, ground floor waiting and treatment room. A ground floor reception with a lowered counter for ease of access by wheelchair users. A selection of reading glasses was available as well as a hearing loop for patients who used a hearing aid. Staff had access to a translation services and staff at the practice spoke various languages such as Urdu, Portuguese and Spanish and were able to communicate with patients who spoke these languages. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

The patient toilet was on the first floor of the building and would not be suitable for patients with access requirements.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

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. Staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner; appointment slots were available each day to see patients with a dental emergency, when these were full patients would be offered a sit and wait appointment. 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. We reviewed 2 complaints received in the 12 months preceding our inspection. We saw these were investigated and responded to in line with the practice policy. Staff discussed outcomes 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 practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's 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 that the management team were "brilliant", they were very organised, and staff felt supported. They also reported good communications systems within the practice.

Culture

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

Staff stated they felt respected, supported, valued and involved at the practice. They said that they were able to contribute to how things were done and 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 arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The practice manager set the annual training requirements and courses for staff and monitored to ensure staff training was up-to-date and updated 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 governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Staff signed to confirm that they had read and understood these documents.

We saw there were clear and effective processes for managing risks, issues and performance. We identified scope for improvement in the assessment and mitigation of risk from fire, legionella and sharps.

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

Are services well-led?

Staff gathered feedback from patients and the public and demonstrated a commitment to acting on feedback. The Friends and Family Test was available in the waiting room for patients to complete. Patients were given a copy of a satisfaction survey asking them to answer questions about their appointment. Surveys could be completed anonymously if required and information left in the suggestions box in the waiting room. The results of surveys were correlated and fed back to staff.

We looked at the results of the Friends and Family Test for June and July 2023 and saw that positive responses were recorded.

Feedback from staff was obtained through meetings, and informal discussions.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice's systems and processes for learning, quality assurance, continuous improvement could be improved. We saw that audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control had been completed.