

Rai Dental Surgery

# The Cottage Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 13 September 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.

# Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines, although improvements were required to patient dental care records.
- 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 Cottage Dental Practice is in Nuneaton, Warwickshire and provides NHS and private dental care and treatment for adults and children.

There is a portable ramp to gain 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 6 dentists, 4 dental nurses (including 2 trainees), 2 dental hygienists and 2 receptionists. A dental nurse is currently supporting the provider with practice management duties. The practice has 3 treatment rooms.

During the inspection we spoke with 3 dentists (including the principal dentists), 2 dental nurses, 1 dental hygienist and 2 receptionists. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday, Wednesday and Thursday from 9am to 5.30pm, Tuesday from 9am to 7pm and Friday from 8.30am to 5pm. The practice is open for 1 Saturday every 2 months by appointment only from 9am to 1pm.

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. One staff member was overdue to complete safeguarding training. The day following this inspection, we were provided with evidence to demonstrate that this training had been completed. All other staff had completed safeguarding training, with 7 staff completing this training to a higher level. Information regarding safeguarding procedures was on display within the practice for staff to refer to.

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, in line with a risk assessment completed in July 2023.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Clinical waste was securely stored and relevant documentation, including consignment notices were available for review.

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. Files that we reviewed showed that appropriate pre-employment checks were completed on staff such as disclosure and barring service checks, proof of identity and evidence of conduct in previous employment.

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.

A fire safety risk assessment was carried out in August 2023, in line with the legal requirements. Evidence was available to demonstrate that some issues identified had been addressed. We were told that suitable fire safety checks including fire alarm, emergency lighting, exit route doors and extinguishers had been completed. We saw the weekly log which included the fire alarm, emergency exit checks and this was also completed to confirm that the fire alarm and equipment was in good condition. We were told that this related to the fire extinguishers and emergency lighting. However, there was no evidence to demonstrate the routine monthly checks of emergency lighting took place. Following this inspection, we were sent evidence to demonstrate that monthly checks had been implemented.

The practice carried out fire drills on an annual basis.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We discussed electromechanical servicing of intraoral radiograph machines, the provider confirmed that they would review manufacture's guidance regarding this. Following this inspection, we received confirmation that manufacture's guidance had been checked and electromechanical servicing booked for week commencing 25 September 2023.

### **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. The sharps risk assessment did not record information in line with practice procedures. This was amended on the day of inspection to include the use of safer sharps which were currently in

# Are services safe?

use. The risk assessment should also include the processes for disposal of matrix bands and a review of the risk level particularly if this is to be completed by a nurse. We noted that nurses were disposing of sharps when working with the hygienist. Following this inspection, we were received evidence to demonstrate that safe disposal of sharps had been discussed during a practice meeting.

Sepsis posters were on display throughout the practice and staff had completed sepsis awareness training. We were told that there was no lone working at the practice, however a risk assessment was in place to reduce any risk should lone working take place.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted that the practice had a 425 litre portable oxygen cylinder, resuscitation council guidelines recommend a full 'CD' size integral valve cylinder which contains 460 litres of oxygen and can deliver a flow rate of 15 litres per minutes for approximately 30 minutes.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were discussed during practice meetings.

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 as well as risk assessments. These were kept in a file in alphabetical order for ease of use.

## **Information to deliver safe care and treatment**

Patient care records were 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 2-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 systems to review and investigate incidents and accidents and records we reviewed were detailed. 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. Dentists were part of local peer review groups, any updates received from the Chief Dental Officer or Local Dental Committee were shared with staff and discussed during informal huddles or formal practice meetings as necessary.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of tobacco and alcohol consumption. The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, dental floss and toothbrushes. Leaflets regarding oral health and various dental treatments were on display in the waiting area.

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. Information posters regarding smoking cessation were on display in the waiting room.

### **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. Information regarding Gillick competence was available in the reception area. Staff completed Mental Capacity Act training.

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**

Patient dental care records seen were not always completed in line with current guidance, Basic Periodontal Examinations for children over 7 were not recorded as necessary on each occasion. We saw risk assessments for oral cancer but there were not always risk assessments for tooth wear, caries and periodontal disease. We saw that records stated that treatment options had been discussed but did not record what these options were, the diagnosis was not always recorded. The provider assured us that they would ensure that the dentist record template included necessary details. Following this inspection, we received evidence to demonstrate that this had been discussed with dentists at a practice meeting.

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. Systems were in place to notify the dentist of vulnerable patients.

Staff had completed training in autism and learning disability awareness to improve their understanding of patients living with these conditions. We were told that extra time would be taken if needed for patients with a learning disability or autism and they could attend the practice for a look around and have any treatment completed in small steps until they felt comfortable.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance. However, we noted that there were no action plans and learning outcomes.

# Are services effective?

(for example, treatment is effective)

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff told us that everyone was supportive and helpful, they had sufficient time to do their job and were not rushed. Staff said that they were encouraged to complete training and that this was paid for by the provider.

Newly appointed staff had a structured induction and staff we spoke with told us that they shadowed another member of staff until they felt confident to work alone. Staff completed training as part of their induction and confirmed that they had access to all policies and procedures. The induction records seen did not record the training completed by staff, we were assured that induction records would be updated to demonstrate induction training completed.

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. Staff provided us with specific examples of where they had been particularly caring which included providing drinks for nervous patients, or patients waiting to see the dentist during the hot weather.

We were told that the principal dentist often greeted patients upon entering the practice and would assist patients to their car or taxi if required.

On the day of inspection, we reviewed patient feedback comments and spoke with a patient. The feedback reflected a high level of satisfaction with the services of the dental practice. Patients left comments such as "absolutely brilliant," "welcoming practice and staff," "great service every time" and "lovely staff, most helpful".

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. We were informed that patients who requested a confidential discussion with staff would be taken to a room away from the reception.

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. These included 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. The practice offered patients a telephone and text appointment reminder service. Extended opening hours were available each Tuesday until 7pm and Friday mornings from 8.30am.

Staff were clear about the importance of providing emotional support to patients when delivering care. Staff would notify the dentist if a patient was anxious. Reception staff told us that they checked on patients whilst waiting to see the dentist to make sure they were okay. They chatted to patients to put them at ease, provided reassurance and offered them a drink of water.

The practice had made reasonable adjustments, including a portable ramp to gain access and exit the building, an accessible toilet, ground floor reception area, waiting area and treatment rooms, and a hearing loop for patients with hearing aids. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **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 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.

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. Staff discussed outcomes to share learning and improve the service. Information for patients regarding the practice's complaints procedures was on display and available in the patient information folder in the waiting room.

# 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.

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.

### **Culture**

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

Staff stated they felt respected, supported and valued, we were told that the providers were very approachable and supportive, there was a family atmosphere at the practice. Staff 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, but this could be improved. Following this inspection, we were forwarded evidence of some update training completed. IRMER and radiography training was outstanding for 1 staff member and not all staff had completed fire training on a regular basis.

### **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. Patient satisfaction surveys were completed, there was a suggestions box in the waiting area and patients were able to complete the NHS Friends and Family Test. Patients were also able to leave feedback on the NHS Choices website and other online sites. Online reviews gave positive feedback. At the time of inspection, the practice had scored 4.7 out of 5 stars from 49 reviews on an online review site.

Feedback from staff was obtained 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 where appropriate.

# Are services well-led?

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, hand hygiene, consent, health and safety, disability access, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We did not see evidence of the action plans regarding radiographs audits seen.