

Rodericks Dental Limited

Coventry Road Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 24 January 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.
- The practice had infection control procedures which reflected published guidance. Infection control issues were highlighted during this inspection. The practice assured us that these issues would be addressed.
- 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.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

The provider is part of a corporate group, Rodericks Dental has 222 practices, and this report is about Coventry Road Dental Practice. Coventry Road Dental Practice is in Small Heath, Birmingham 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. However, there is a small step from the waiting room to gain access to the patient toilet and ground floor treatment room. A portable ramp was available for use to access these areas. Car parking is available on local side roads near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 5 dental nurses (including 3 trainee dental nurses), 1 practice manager and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. The head of clinical compliance and a compliance manager employed by Rodericks were also in attendance during this inspection. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm and Saturday from 9am to 1pm. The practice is closed each day for lunch from 1pm to 2pm.

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

- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely. In particular ensure that disposal records are correctly filled out and complete regarding the disposal of midazolam.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular ensure that dental spittoons are cleaned effectively and that ripped chairs in dental treatment rooms are repaired or replaced.

Summary of findings

- Take action to ensure the regulated activities at Coventry Road Dental Practice are managed by an individual who is registered as a manager.

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. For ease of access, safeguarding information was on display throughout the practice. Information posters were on display in both the staff and patient toilets. For example, information was available regarding Childline, NSPCC, Refuge, Mankind (for male victims of domestic abuse) and various support groups such as narcotics anonymous and alcoholics anonymous.

The practice had infection control procedures which reflected published guidance. However, the spittoon seen in one surgery was visibly contaminated and had not been cleaned effectively. We were assured that this would be addressed immediately, and discussions would be held with staff to remind them of the correct cleaning procedures. Following this inspection, we were sent evidence to demonstrate that a practice meeting had been held and staff reminded of the correct cleaning procedure. Chairs in 3 dental treatment rooms had torn fabric on the seats and required repair or replacing. We were shown evidence to demonstrate that new chairs had been ordered prior to this inspection and were awaiting delivery.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Procedures were in place to clean dental water lines. Regular tests were completed to ensure that water quality was at the required standard.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. At the start of the day, the clinical waste bins seen were not locked. The practice manager ensured that these were locked by the end of the inspection.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. One emergency light seen was not in working order. This was reported immediately, and we were assured that this would be repaired or replaced as required.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Some issues for action were identified on the fire risk assessment. Evidence was available to demonstrate that some of these issues had been addressed, all issues had been reported for further action. During discussions it was noted that these issues had also been addressed and going forward written evidence would be made available to demonstrate this. Fire doors were being replaced on the day of inspection.

The practice had arrangements to ensure the safety of the X-ray equipment. Critical examination information was not available for the X-ray machinery in use at the practice. The provider confirmed that they would contact their Radiation Protection Advisor (RPA) for further advice regarding this. All other required radiation protection information was available. Following this inspection, we received evidence to demonstrate that advice had been sought from the RPA and action taken as required.

Risks to patients

Are services safe?

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. Sepsis posters were on display throughout the practice. Lone working risk assessment templates were available for completion as required. However, we were told that apart from the cleaner, there was no lone working at the practice. A lone worker risk assessment had been completed by the cleaning company. Other risk assessments completed included sharps, general health and safety, display screen equipment and hepatitis B.

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. Records were available to demonstrate that medical emergency scenario training was completed every 3 months.

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

Information to deliver safe care and treatment

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

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. However, there was no log to demonstrate destruction of midazolam, a controlled drug, in line with practice policy. Following this inspection, we were sent evidence that a clinical meeting had been held to discuss the correct recording and disposal of midazolam in line with practice policy. 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. These were also reported to head office who reviewed, monitored for trends and gave feedback to the practice and to other practices within the group where learning was identified. 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. This included weekly bulletins, practice meetings and weekly clinical communications with dentists.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate. The provider's website detailed information for patients regarding national oral health campaigns.

Consent to care and treatment

Staff understood their responsibilities under the Mental Capacity Act 2005. An easy read document was available for staff regarding consent and the Mental Capacity Act. Staff had completed Mental Capacity 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

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. Staff had completed training regarding dementia and autism awareness.

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.

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 and had completed equality and diversity training. Decorations were put in place for various religious and cultural celebrations such as Eid, Christmas, Easter and Diwali.

The practice had started giving tins of soup to patients during the cold weather spell. This gave patients the opportunity to have a hot meal. This initiative was continuing at the time of inspection.

Privacy and dignity

Staff were aware of the importance of privacy 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 dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models and X-ray images.

Are services responsive to people's needs?

Our findings

We found this practice was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. Staff discussed the support given to anxious patients to help them feel at ease. This included chatting to them, reassuring the patient and answering any questions they had.

The practice had made reasonable adjustments. Level access was provided to gain entrance to the reception and waiting room, however there was a small step from the waiting room to the treatment room and patient toilet. A portable ramp was available for use as required to gain access to these areas. A portable hearing loop was available for patients who used hearing aids. A sign in the waiting room informed patients to ask at reception if they required the use of reading glasses as a selection were available. Signs were also on display informing patients that staff at the practice spoke Urdu and Bengali (signs were written in English, Urdu and Bengali). We were told that translation services could be provided if required.

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 patient information leaflet.

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.

The practice's 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. Learning outcomes from complaints were shared companywide to all practices within the group.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. However, the practice manager who was working her probationary period was applying to become the registered manager.

Leadership capacity and capability

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

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 they were encouraged to complete training in addition to the mandatory training and to progress within the company.

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice. One staff member told us that they were always thanked for a job well done and had recently received an Ecard which thanked them for their great teamwork.

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. 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.

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. Staff had completed data protection training.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. The Friends and Family test was available in the waiting area. The practice also completed a patient satisfaction survey. We were shown the results of the 2022 patient satisfaction survey sent out from the practice in September. Positive feedback was received.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Surveys were regularly sent to staff regarding services provided at Rodericks. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. A QR code (a machine-scannable image that can instantly be read using a Smartphone camera) was available for staff to scan to leave feedback on a recruitment site, giving potential employees information about what it was like to work at the practice.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and If applicable; innovation. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.