

Dr Bhavesh Nathwani

Unique Smiles Alcester

Inspection report

19 Priory Road
Alcester
B49 5DX
Tel: 01789400111

Date of inspection visit: 7 June 2023
Date of publication: 27/06/2023

Overall summary

We carried out this announced comprehensive inspection on 7 June 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. There was scope for improvement to include disposal of sharps bins at recommended intervals.
- Staff knew how to deal with medical emergencies. However, not all items from the suggested minimum equipment list published by the Resuscitation Council were present. Missing items were ordered immediately on the day of our inspection.
- The practice had systems to manage risks for patients, staff, equipment and the premises. We found systems to assess the risks in relation to prescription security required strengthening.

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, however protocols for the use of closed-circuit television required strengthening.

Background

The provider has 1 practice, and this report is about Unique Smiles Alcester.

The services are provided by two individually Care Quality Commission registered providers at this location. This report only relates to the provision of general dental care provided by Dr Bhavesh Nathwani. An additional report is available in respect of the general dental care services which are registered under Unique Smiles Dental Surgery (Unique Smile Group Limited)

Unique Smiles Alcester is in Alcester 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 5 dentists, 2 qualified dental nurses, 3 trainee dental nurses, 3 dental therapists, 1 practice manager and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 2 qualified dental nurses, 2 trainee dental nurses, 1 dental therapist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8.45am to 5.45pm

Tuesday from 8.45am to 7.15pm

Wednesday from 8.45am to 5.45pm

Thursday from 8.45am to 5.45pm

Summary of findings

Friday from 8.45am to 5pm

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensure rectangular collimators are available for use in each treatment room.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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. We saw that staff had completed training to a level appropriate for their role and that information and guidance on how to raise a safeguarding alert was displayed around the service.

The practice had infection control procedures which reflected published guidance. There was scope for improvement to include a daily implementation of test to ensure the autoclave was working appropriately and a log of changing of heavy-duty gloves. The practice actioned this on the day of inspection.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. There was scope for improvement in the disposal of sharps. In particular, the disposal of sharps bins that had been in use for longer than 3 months.

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. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT). The practice had X-ray equipment in all 4 treatment rooms and were using a circular collimator. Rectangular collimators reduce radiation scatter and dose. The practice had an action plan to include implementation of new X-ray equipment, but had not considered replacing collimators in the interim.

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 practice checked emergency equipment monthly. However, on the day of inspection this was increased to weekly checks in accordance with national guidance. We noted not all items from the suggested minimum equipment list published by the Resuscitation Council were present such as clear face masks size 0,1,2 and 4 and a pocket mask. However, these were ordered immediately during our inspection. All emergency medicines were available.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

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. There was scope for improvement in the recording of patient consent, risks and benefits in relation to scans using the CBCT machine.

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. We found the security of NHS prescriptions required strengthening to include restricted access. The practice were responsive to our findings and implemented changes immediately.

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.

The practice had a system for receiving and acting on safety alerts. However, there was scope for improvement. The practice had signed up to a system to notify them of safety alerts and we saw learning was shared amongst the team. However, not all recent safety alerts were included. Following our inspection, the practice provided evidence that they had reviewed their preferences to ensure all alerts were received.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

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

Helping patients to live healthier lives

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

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 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.

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.

The dental hygienist worked with chairside support.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

We reviewed 17 comment cards from the NHS friends and family test completed in April 2023. Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

We saw staff treated patients respectfully and were friendly and polite towards them at the reception desk and over the telephone. We found that staff at the practice were caring and responsive to patient's needs. Staff told us of examples of where they had gone above and beyond the call of duty. For example, a patient was feeling faint following an appointment. The principal dentist drove the patient home to ensure they were safe.

The practice team stated they felt part of the local community and were committed to providing the best care and support to residents.

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. The practice had installed closed-circuit television to improve security for patients and staff, this included in the 4 treatment rooms. Not all the relevant information required in policies and protocols were in place and the positioning of a camera in a surgery did not respect patients' privacy. During the inspection the practice reviewed its processes to ensure patient privacy was maintained.

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. Patients had the option of receiving their consent form by email.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos, X-ray images and an intra-oral camera.

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 practice had made reasonable adjustments, including level access into the practice and surgeries for patients with access requirements. The practice had a patient toilet, however this was not fully accessible due to the size of the building. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Some staff were able to speak several languages including, Urdu, Gujarati and Punjabi.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. At the time of inspection, the practice was accepting private patients. The next available appointment for an examination was within 2 days and for treatment was within one week.

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, information leaflet 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 other local practices and patients were directed to the appropriate out of hours service.

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 had not received any complaints within the past 12 months. However, we saw historic complaints were responded to appropriately. 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 leadership with emphasis on people's safety and continually striving to improve.

Where the inspection highlighted minor shortfalls, these were acted upon immediately.

The information and evidence presented during the inspection process was clear.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. We saw evidence staff had been supported financially to enhance their skills.

Culture

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

Many of the practice team were long standing and felt happy, respected, supported and valued. They 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 recently implemented 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 governance and management.

The practice had subscribed to an online 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. However, we identified minor shortfalls in assessing risks associated with prescription security, medical alerts 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. However, there was scope for improvement in governance in relation to CCTV.

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.

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.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. 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.