

AHC Enterprises UK Limited

The Spencer Road Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 18 February 2020 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser and an inspection manager.

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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Spencer Road Dental Surgery is in Coventry and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice car park.

Summary of findings

The dental team includes one dentist, four dental nurses, two dental hygienists and a practice manager. All the dental nurses also carry out reception duties. The practice has two treatment rooms and a separate room for carrying out the decontamination of instruments.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Spencer Road Dental Surgery is the principal dentist.

On the day of inspection, we collected 30 CQC comment cards filled in by patients and spoke with one other patient.

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

The practice is open from Monday to Friday between 9am and 5pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. Improvements were needed to ensure complete immunisation records were available for all clinical staff members.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, ensuring that the fixed wiring electrical safety test and gas safety checks are completed in a timely manner.

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)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Safeguarding contact details and flow charts were displayed in the staff room and in the patients' toilet for ease of reference. The safeguarding lead at the practice was the practice manager. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns; however, they were not aware of the requirement to notify the CQC. We saw evidence that all staff had received safeguarding training. One member of staff was not trained to the appropriate level as recommended. We discussed this with staff and we were shown evidence that this was updated on the same day of our visit.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider had carried out an infection prevention and control audit in July 2019. These should be completed every six months but this was the most recent audit that staff provided on the day of our visit. We spoke with the practice manager and the dental nurse and they were aware that this was due and assured us that it would be completed as soon as possible. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. This was kept in the staff room for staff to access and it included both internal and external contact details for reporting any concerns. A copy was also given to all staff when they joined the practice as part of their induction. Staff felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. The dentist told us that carrying out root canal treatment without a rubber dam was not an option at this practice.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

Are services safe?

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff had some processes to ensure that facilities and equipment were safe. We saw evidence that electrical equipment was maintained and portable appliance testing was completed annually. A gas safety certificate had been completed in 2017 and we were shown evidence that another was completed on the day of our visit. These should be completed annually. A fixed wiring electrical safety test should be completed every five years but there was no evidence of this. Staff showed us evidence that this had been booked to take place on 11 March 2020.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We saw evidence that staff had completed training in fire safety.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

We reviewed staff vaccination records and found that the registered manager had a system in place to check clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw evidence that the majority of staff had received the vaccination and the effectiveness of the vaccination had been checked. However, some of the records were missing for two staff members. Within two days of our visit, the practice manager informed us that they had checked the vaccination records and confirmed that these individuals were also immune.

Staff were aware of the signs and symptoms of sepsis. Sepsis prompts for staff and patient information posters were displayed in the waiting room. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentist in line with General Dental Council Standards for the Dental Team. The dental hygienists worked without chairside support when they treated patients unless they were carrying out specific procedures. A risk assessment was available for lone working but this was not specific to clinical working without chairside support. Following our visit, a lone working risk assessment was forwarded to us which had been read and signed by both dental hygienists.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed

Are services safe?

and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentist was aware of current guidance with regards to prescribing medicines.

An antimicrobial prescribing audit had been carried out in August 2019. The most recent audit supported the dentist was following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. 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 in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for

patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. They said that staff were happy to explain procedures.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice completed a structured induction programme. We confirmed clinical staff completed the 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 treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were fabulous, professional and gentle. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Many of the staff were longstanding members of the team and told us they had built strong professional relationships with the patients over the years. Staff told us that many of their patients travelled long distances to receive dental care at this practice. Patients travelled from across the UK and even abroad.

Several patients told us that they had been attending this practice for many years and that they would not wish to be seen anywhere else.

Music was played in the waiting room and there were magazines, a water dispenser, a tea/coffee machine and books for children.

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

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. Signage should be displayed in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). We found that signage was displayed inside the practice but it was not clearly visible. A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English. Some of the additional languages spoken by staff included Urdu, Punjabi and Polish.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia. Staff shared examples of how they met the needs of more vulnerable members of society such as patients with dental phobia and people living with dementia.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

30 cards were completed, giving a patient response rate of 60%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were excellent and relaxed staff, ease of making appointments, outstanding treatment and clean facilities.

We were able to talk with one patient on the day of inspection. Feedback they provided aligned with the views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. We were told that some patients travelled long distances to receive treatment at this practice. Therefore, their appointments would be prioritised and booked in advance. Longer appointments were made for anxious patients so that more time could be allocated to making them feel at ease.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and accessible toilet with hand rails and a call bell. Reading materials, such as appointment slips, were available in larger font size upon request.

Staff had carried out a disability access audit in September 2019 to help continually improve access for patients.

The practice sent appointment reminders to all patients that had consented. The method used depended on the patient's preference, for example, via text message or telephone reminders. The patient's preference was recorded on their file.

Staff told us they made follow-up courtesy calls to patients to monitor their well-being if they had undergone complex treatment and/or if they were particularly anxious.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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.

Reception staff informed patients immediately if there were any delays beyond their scheduled appointment time.

The staff took part in an emergency on-call arrangement with some other local practices when the provider was away on leave.

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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

(for example, to feedback?)

The provider had a policy providing guidance to staff about how to handle a complaint. There was information in the waiting room that explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. Written and verbal comments from patients were logged.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to

discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice had received in the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff 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.

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on 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. They could show how they sustained high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Staff planned the services to meet the needs of the practice population. The practice's dental insurance provider compiled regular reports and these were used to analyse the needs of the practice's patient base. The software system also allowed staff to compile reports on waiting times and attendance rates.

The practice aims and objectives were to provide dental care and treatment of high quality and standards. Staff aimed to deliver all clinical treatment in a caring and comfortable manner. They aimed to maintain the highest professional and ethical standards.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. Staff told us that the provider was very good at communicating with patients and informing them of what their treatment involves. Staff told us they adjusted their pace to adapt to a pace that the patient was comfortable with.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager and practice manager were both responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place 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.

The practice held monthly staff meetings where learning was disseminated.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example, audits and external body reviews were used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example, their dental insurance provider compiled regular updates, audits and surveys. A third party also compiled online patient feedback. We reviewed this from 2019 and found that feedback was wholly positive and there was praise for staff, treatment, facilities and ease of obtaining appointments.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. These included the style of furniture and reading materials in the waiting room.

The provider gathered feedback from staff 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. Examples included their input in the design of the practice during its refurbishment.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation. Staff attended practice forums every year as they found it to be a good network.

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

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. In-house presentations were carried out at the practice by staff and external organisations and staff were able to complete training during practice opening hours.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.