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Attleborough Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 August 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. Not all appropriate life-saving equipment was available. Missing items were ordered immediately following the inspection.
- 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.
- 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 and said that they enjoyed working at the practice.
- 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

Attleborough Dental Surgery is in Attleborough, Nuneaton and provides NHS and private dental care and treatment for adults and children.

The practice is located on the first floor of the Wembrook House building. The practice is not step free and would therefore not be accessible for people who use wheelchairs. Patients with access requirements would be referred to another local practice. The practice has a car park. 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 1 dentist, 3 dental nurses and 1 dental hygienist. All nurses work on reception as needed. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist (the practice owner), and 3 dental nurses. 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 5pm. Hygiene appointments are available on alternate Saturdays from 9am to 1pm.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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. All staff had completed the required level of safeguarding training. Information, including how to identify and raise safeguarding concerns was displayed around the practice.

The practice had infection control procedures which reflected published guidance. Some of the units in the decontamination room were worn and damaged and may not be able to be cleaned effectively. Following this inspection, we were informed that quotations had been obtained to commence the work on the decontamination room.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment conducted on 15 January 2022. All required actions had been taken. We noted that staff were not fully following the guidance from the product manufacturer when flushing dental water lines. This was discussed on the day of inspection, and we were assured that the required action would be taken to rectify this. Following this inspection, we were informed that staff had been reminded of the correct procedure to follow.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Consignment notices were available as well as a pre acceptance waste audit. Clinical waste was securely stored.

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. 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 line with the legal requirements. Fire logs were available to demonstrate the weekly and monthly checks completed on fire safety equipment such as the fire alarm, emergency lighting and fire extinguishers. Staff had not completed a fire drill during 2023 in accordance with their fire risk assessment. Following this inspection, evidence was sent to demonstrate that a fire drill had been completed.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, we saw the practice's critical examination and acceptance report stated that the X-ray unit should be turned off when not in use and the X-ray key should be kept separately in a locked box. On the day of inspection, the key was kept by the X-ray unit power switch which was easily accessible in the corridor area. We were assured that the required action would be taken to address this issue.

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. Sepsis posters were on display throughout the practice and staff had completed Sepsis awareness training.

Are services safe?

Not all emergency equipment was available in accordance with national guidance. We saw that masks for the self-inflating bag in size 0, 2 and 3 and a 23 gauge needle was not available. Following this inspection, we were sent evidence to demonstrate that these items had been ordered. Emergency 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. Medical emergency scenarios took place regularly during practice meetings.

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. Antimicrobial prescribing audits were carried out annually, the date of the last audit was November 2022 to July 2023. .

The practice had a log of prescriptions used, however for absolute security, the systems in place for tracking prescriptions could be improved.

Some out-of-date materials were seen in a dental treatment room. We were told that monthly checking systems were in place but would be reviewed and action taken as necessary to mitigate the risk of this reoccurring.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. This includes regular practice meetings, information updates from the Chief Dental Officer, NHS England and newsletters from the Local Dental Committee. The practice's compliance system also provided regular updates.

The practice undertook suitable risk assessments before providing dental care in domiciliary settings such as in people's residence.

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.

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. We saw displays for patients including "Change for life" and "Sugar Smart". Information regarding the negative effects of smoking was also available.

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. Staff had completed training regarding learning disabilities and autism. Staff discussed individual patients where there had been flexibility with appointments to meet their needs.

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 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. The staff member working on reception was observed chatting with patients, and appeared to have a good relationship with them, making them feel at ease. Staff were heard offering patients a drink whilst they were waiting to see the dentist.

On the day of inspection, we reviewed patient feedback comments. These reflected a high level of satisfaction with the services of the dental practice. Patients left comments such as "always friendly and helpful", "best dentist I have ever seen", "they go above and beyond" and "the care, consideration and treatment I receive is second to none".

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The waiting and reception areas were open plan, but staff told us that private conversations would be held in a separate room if required.

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 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 photographs, study models, videos 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 how they helped to ensure that nervous patients were put at ease. This included chatting to them and offering them a drink. There was a television playing in the waiting area which helped to distract patients. We were told that staff were regularly asked to hold a patient's hand whilst they were undergoing treatment.

The practice had made reasonable adjustments, including reading glasses and a hearing loop for patients who had a visual or hearing impairment, the medical history forms were available in large print and complaint information was also on display in easy read format. We were told that interpretation services were available if required. The practice was located on the first floor and had stairs to access. Patients who required disabled access would be referred to another local practice. 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 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, at least 3 slots were available each day to see patients with a dental emergency. When these were full patients were offered a sit and wait appointment. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

We reviewed records of complaints received by the practice over the past year. We found that the practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service. A copy of the complaint policy was on display for patients, an easy read version was also on display.

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 peoples' safety and continually striving to improve. Staff commented on effective teamworking, good communication systems and supportive leadership within the practice.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

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 enjoyed their job and were proud to work in the practice.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings which were held as needed. 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.

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. Some of the comments received from surveys were on display in the waiting area. The practice received positive responses from their surveys. The practice had scored 4.5 stars out of 5 from 16 online reviews.

Feedback from staff was obtained through meetings, surveys, 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.