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Kenilworth Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 21 November 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 prevention and control procedures which mostly reflected published guidance. We identified some issues for action which were discussed with the provider.
- Staff knew how to deal with medical emergencies. Not all appropriate medicines and life-saving equipment were available. Missing items were ordered during this 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.

Summary of findings

- 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

Kenilworth Dental Practice is in Kenilworth, Warwickshire and provides NHS and private dental care and treatment for adults and children.

There is a small step to gain access to the front of the practice, however level access is available at the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available a short walk from the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 7 dentists, 7 dental nurses, including 3 trainee dental nurses, 3 dental hygienists, 1 treatment co-ordinator, 2 practice managers and 3 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with the principal dentist, 3 dental nurses, 3 receptionists and the 2 practice managers. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Thursday from 9am to 5.30pm and Friday from 8.15am to 4pm.

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

- 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 items such as cotton wool and local anaesthetic are appropriately stored in treatment rooms. Ensure staff collect sterilised items following the decontamination process using the available clean transport boxes. Ensure that staff monitor the temperature of water and use the appropriate amount of detergent during the manual cleaning process.
- Implement an effective system of checks of medical emergency equipment and medicines 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.

The practice had infection control procedures which reflected published guidance. However, we identified some issues for action:

- Staff were not considering the amount of detergent to water ratio during the manual cleaning process. Staff were also not monitoring the temperature of the water when manual cleaning instruments.
- Not all staff were observed using clean boxes to remove items following the decontamination process.
- Local anaesthetic was not always stored in blister packs in the dental treatment rooms. Cotton wool was not always stored in a dispenser.

We were assured that these issues would be addressed immediately. Following this inspection, we were sent evidence to demonstrate that discussions and training had been held with nurses regarding the above issues identified during the 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 no up to date waste pre acceptance audit on the premises. We were assured that this would be forwarded following this 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, 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 by the practice manager. Regular checks were completed on fire safety equipment in place at the practice. Checks were not completed on emergency night lights to ensure they worked in the event of a power failure. A new system of checks was implemented following this inspection which included checking that these lights worked in when the electricity was turned off.

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

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. We noted that not all sharps boxes had been labelled with the date of opening. We were assured that this would be discussed with staff and all sharps boxes correctly labelled going forward. Sepsis posters were put on display during this inspection. We discussed sepsis training for staff and were assured that this training would be completed by all staff in future.

Are services safe?

Systems for checking emergency equipment and medicines did not ensure that all items of equipment were available in accordance with national guidance. For example, 2 of the clear face masks for self-inflating bags did not have the size or expiry date recorded. The practice was unable to evidence that size 3 and 4 masks were available. These items were ordered on the day of inspection, and we received confirmation to demonstrate that they had been received at the practice.

Glucagon was stored in the medicine fridge. Fridge temperatures were not monitored at the required frequency. We were assured that the glucagon would be removed from the fridge and the expiry date amended accordingly.

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

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 2 week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. However, we noted that the system for prescription form tracking was not effective. In addition to this the prescription log did not record the reason for the prescription or details of the antibiotic prescribed. Following this inspection, we were sent a copy of a newly implemented prescription log which recorded relevant information as required including, antibiotic prescribed, the dose, duration, frequency and reason for the prescription. A meeting had also been held with staff to discuss the new system in place for prescription tracking that had been implemented.

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.

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. This included giving patients information regarding the effects of smoking, poor diet and alcohol on oral health and giving oral hygiene advice as needed.

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.

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. The dentist would be informed of any special needs prior to the appointment, longer appointment times would be scheduled if needed.

We saw evidence the dentists justified, graded and reported on the radiographs they took.

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. Staff were kind, friendly and helpful to patients and we observed numerous positive interactions between staff and patients.

On the day of inspection, we reviewed patient feedback. These reflected a high level of satisfaction with the services of the dental practice.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. However, we noted that the glass in the door of one treatment room would not provide sufficient privacy when a patient was in the room. We were told that a suitable covering/screening would be put in place on the door.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Relevant policies and protocols were in place. There was 1 sign informing patients of the use of CCTV in the practice. During the inspection further signage was put up around the practice.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice. A television screen in the waiting room also showed information about the services provided by the practice.

The dentists 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. Dentists would be alerted if a patient was nervous, longer appointment times could be given if necessary and anxious patients could take a friend or relative into the treatment room with them to provide support.

The practice had made reasonable adjustments, including level access to the rear of the practice and ground floor surgeries which were wheelchair accessible. Reading glasses were available to aid patients who had visual impairments and we were told that some information could also be made available in large print. There was a hearing induction loop for use by patients who wore a hearing aid. The practice also had access to interpretation services which included British Sign Language. 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 and 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. 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.

Patients who needed an urgent appointment were offered one in a timely manner; appointment slots were available each day to see patients with a dental emergency. When these were full staff would speak with a dentist to identify the urgency of the appointment. 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. An event register was kept which detailed information and timelines detailing updates for individual complaints. The practice manager was the complaint lead. Staff said that they would refer any complaints to the practice manager who would investigate and respond to all complaints, meeting with complainants if requested. 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 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.

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.

We were told that the staff team was supportive and that everyone helped each other. The atmosphere at the practice was relaxed and friendly and staff stated they felt respected and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and informal 1 to 1 meetings. 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. Although minor shortfalls were identified in assessing the risks associated to infection prevention and control processes and prescription management.

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, and external partners and demonstrated a commitment to acting on feedback. Comments forms were available on reception and patients were requested to leave feedback. We reviewed the patient satisfaction survey for July 2023 of the 20 results all had recorded a positive review. Patient comments from surveys included "excellent, very thorough and very knowledgeable," "teeth removed, kind, caring thank you," and "efficient service".

The practice had a score of 4.9 out of 5 stars from 163 online reviews.

Are services well-led?

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. We were told that the management team were approachable, helpful and friendly.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. Some issues were identified with the audits seen.

- Radiography audits were completed annually and not six-monthly following current guidance.
- The infection prevention and control audit seen did not highlight the issues identified on the day of inspection.
- Antimicrobial prescribing audits were carried out but were not reflective of prescribing guidelines and had not been completed per dentist.

Following this inspection, we were sent an audit schedule which recorded that radiography audits were now planned six-monthly. We also received a copy of meeting minutes which demonstrated that discussions had been held with dentists regarding antimicrobial prescribing and audits and the new processes in place to ensure these audits were clinician specific and in line with guidance. A separate meeting was held with nurses regarding the processes to follow to ensure HTM 01-05 guidelines were followed regarding manual cleaning processes.

The practice had also completed audits of patient care records and a disability access audit. The Staff kept records of the results of these audits and the resulting action plans and improvements.