

Synergy Dental Practices Limited

# Synergy Dental Practices Limited - Summerfield Primary Care Centre

## Inspection Report

Summerfield Primary Care Centre

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Date of inspection visit: 5 September 2017

Date of publication: 26/10/2017

## Overall summary

We carried out this announced inspection on 5 September 2017 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information to take into account.

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

# Summary of findings

## Are services well-led?

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

## Background

Synergy Dental Practices Limited - Summerfield Primary Care Centre is in Winson Green and provides NHS and private treatment to patients of all ages.

The practice is situated in a modern, purpose built NHS health centre which provides many other health services in addition to dentistry. There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including four for patients with disabled badges, are available near the practice.

The dental team includes four dentists, three dental nurses (two of whom are trainees), and one practice manager. The dental nurses also carry out reception duties. On the day of our visit, two of the dental nurses were on leave and the practice had asked an ex-employee to provide locum cover as the receptionist. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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. At the time of the inspection the practice did not have a registered manager in post. We discussed this with the practice manager about this and they explained that the necessary paperwork was submitted in 2016. They assured us they would investigate this further.

On the day of inspection we collected 20 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

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

The practice is open between 9am and 5pm from Monday to Friday. It is also open on some Saturdays between 9am and 1pm.

## Our key findings were:

- The practice was clean and well maintained. Staff made prompt arrangements to repair a defect in the flooring once this was brought to their attention.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a paediatric self-inflating bag. Five face masks are recommended but the practice held only two.
- The practice had systems to help them manage risk. Staff needed to review the practice's current fire and Legionella risk assessments to ensure they had mitigated risks by following required actions.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. Some aspects of record keeping required more details.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's environmental risk assessments and ensure the fire and Legionella risk assessments are undertaken regularly and the necessary actions implemented.

# Summary of findings

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review defects in the flooring and ensure that any necessary repairs are identified and repaired in a timely manner.
- Review availability of an interpreter services for patients who do not speak English as a first language.

# 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?

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

The practice had systems and processes to provide safe care and treatment. They used learning from significant events and complaints to help them improve although not from incidents. The practice needed to access some risk assessments to ensure they were mitigating risks by following recommended actions.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. We identified a defect in the flooring and the practice made arrangements for its repair promptly. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a paediatric self-inflating bag. Five face masks are recommended but the practice held only two. The missing items were ordered promptly once this was brought to their attention.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and that it was clearly explained to them. The dentists discussed treatment with patients so they could obtain informed consent. This was not always documented in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had some systems to help them monitor this. Not all of the staff's training records were held on site.

No action



### Are services caring?

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

We received feedback about the practice from 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were efficient, lovely and great with treating children. They said that they were given helpful and clear explanations about their dental treatment, and said their dentist was polite and compassionate. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

## **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Some patients commented that waiting times were an issue.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services but the patients would have to fund this service. The practice had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

**No action** 

## **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action** 

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording all incidents to support future learning. Examples of incidents were discussed with the practice manager and we were assured that these would be documented with immediate effect.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy although this required more information about external organisations that staff could contact if they wished to raise concerns externally. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. Their risk assessment for handling sharp instruments required updating and this was done within 48 hours of our visit. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how it would deal with events which could disrupt its normal running.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of a paediatric self-inflating bag. Five face masks are recommended but the practice held only two. The missing items were ordered promptly once we brought this to their attention. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. We found that one staff member did not have documentation to show their indemnity cover had been renewed. The practice manager told us they had seen evidence of renewal and were awaiting the current certificate which should arrive shortly. This had not been forwarded to us at the time of writing this report.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and most of the risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice's fire risk assessment was carried out a few weeks prior to our visit and this was not available to review at the time of our visit. We saw evidence that the fire extinguishers had been serviced in May 2017. Staff told us that staff from other departments within the primary care centre were responsible for fire safety in the whole building. Employees outside the dental practice shared responsibility for carrying out fire drills, checking the smoke alarms and completing fire marshal training. We saw evidence that the practice manager was due to attend fire marshal training in September 2017. We found that the fire doors leading into the decontamination rooms were wedged open but signage on them stated they should be kept closed. The practice manager informed us they

# Are services safe?

discussed this with the fire safety expert and were advised to leave these doors open in order for the decontamination rooms to have adequate ventilation. Within 48 hours of our visit, the recently completed fire risk assessment was forwarded to us. We found that the external specialist had identified areas of concern and recommended some required actions to mitigate risks. The practice manager informed us that these had been resolved.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We saw evidence that some of the staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We found that one of the autoclaves had been serviced in May 2017 and in August 2017 but had a fault with the display screen that could not be corrected. Consequently, the autoclave did not display the sterilisation cycle numbers. The practice manager told us they had been manually logging the cycle numbers ever since this fault appeared approximately six months ago. We were told they were in the process of purchasing a new autoclave.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, such as regularly checking the water temperature to ensure it remained within the recommended parameters. However, they were unable to provide us with access to a Legionella risk assessment. We were told this

was kept centrally but practice staff could not access it. The practice manager told us they had previously checked the action plan and found that the dental practice did not have any outstanding actions. Within 48 hours, the practice manager sent us evidence that they had re-requested the risk assessment but remains inaccessible at the time of writing this report.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

We observed the treatment rooms and the decontamination room to be visually clean. Clinical areas had sealed flooring which was in good condition with the exception of a defect in the flooring in one treatment room. This was discussed with staff and the practice manager sent us evidence within 48 hours that they were in the process of having this repaired.

Sharps bins were appropriately located and out of the reach of children. These should be replaced every three months but we found one that was dated January 2017 in the spare treatment room. The practice manager told us that this room was infrequently used which is why the sharps bin had not been replaced sooner. Within 48 hours, they informed us that it had been disposed of and replaced with a new container which would be replaced every quarter moving forward.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took; however, they were not all consistently doing this. The practice carried out X-ray audits following current guidance and legislation.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for patients**

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. However, improvements were required as not all necessary information was routinely recorded. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The most recent audit had highlighted areas of improvement.

### **Health promotion & prevention**

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion information to help patients with their oral health.

### **Staffing**

Staff new to the practice had a period of induction based on a structured induction programme. We reviewed some

of the staff files and found evidence that they had completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### **Working with other services**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### **Consent to care and treatment**

The practice team understood the importance of obtaining patients' consent to treatment. This was not always documented in their records. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's 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 and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

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

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

### **Involvement in decisions about care and treatment**

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants which could be carried out at their sister practices.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they 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.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell. Some of the signage in the building had information in Braille, such as the doors to the treatment rooms. There were also baby changing facilities.

Staff said they could provide written and verbal information in different languages to meet individual patients' needs. We were told that 60-70% of patients were unable to speak fluent English but several staff members were multilingual. Languages spoken by staff included Urdu, Somali, Arabic and Bengali. Staff had access to interpreter/translation services but said that the patient would be responsible for funding the service.

### Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum although some patients commented they were kept waiting beyond their allocated appointment time.

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. They took part in an emergency on-call arrangement with some other local practices. The 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.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet 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.

The practice manager told us they 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 dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past year. 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

### **Governance arrangements**

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### **Leadership, openness and transparency**

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### **Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice used patient survey and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.