

Mr. Pramod Sabharwal

Dental Perfection

Inspection report

7 Grosvenor House
Grosvenor Road
Coventry
CV1 3FE
Tel: 02476220420
www.dental-perfection.co.uk

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Overall summary

We carried out this announced comprehensive inspection on 8 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 control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Some items of medicines and life-saving equipment were not available, these were purchased 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. Although we noted that the treatment room door was left open when patients were receiving treatment from the dentist.
- 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.
- 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

Dental Perfection is in Coventry and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist, 2 dental nurses, 1 practice manager and 1 remote receptionist. The practice has 2 treatment rooms, only 1 of which is in use currently.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Tuesday and Friday from 8.30 am to 1pm and Thursday from 8am to 7.30pm. Weekday opening can vary.

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

- 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 practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at recommended intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 safeguarding training. The provider and receptionist had completed this training to a higher level.

The practice had infection control procedures which reflected published guidance. The latest infection prevention and control audit had identified a small rip in the material of the dental chair. This was scheduled for repair on 13 November 2023. The audits were scheduled annually. We discussed this with the practice manager and were assured that these would be completed every 6 months in line with national guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment which was completed on 1 November 2023. As the provider had received the risk assessment within the last few days, issues for action identified remained outstanding. However, we were assured that these would be addressed immediately.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. There was no evidence of consignment notes or a waste contract on the premises.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Although the online cleaning schedules did not record on each occasion that weekly cleaning tasks had been completed.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements on the 2 November 2023. Issues for action were identified. Some of these issues had been addressed. We saw an email from the company who completed the fire risk assessment confirming that on 17 November 2023 they would complete all necessary work to address outstanding issues. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The provider purchased a rectangular collimator during this inspection. A rectangular collimator reduces the amount of radiation a patient is exposed to during dental intraoral x-ray procedures by reducing scatter radiation.. The most recent performance reports for intra oral x-ray machines were completed the week prior to this inspection and the report was not yet available. The practice manager confirmed that a copy would be forwarded as soon as they had received it.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. The practice had not completed a radiation risk assessment. Following this inspection, we were sent a copy of a newly implemented radiation risk assessment.

Are services safe?

The weekly checks of emergency medicines and equipment were ineffective as items of medical emergency equipment and medicines were missing. For example, there was no spacer device for inhaled bronchodilators, paediatric defibrillator pads or dispersible aspirin. These items were purchased during this inspection. An appropriate fridge thermometer was also purchased.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health, although it was difficult to identify if all products in use at the practice were covered by these risk assessments. Risk assessments were also available for products that were not in use at the practice. We were assured that a new control of substances hazardous to health folder would be developed.

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. A stock control log was developed and implemented during this inspection. An antimicrobial prescribing audit was in the process of being carried out.

Track record on safety, and lessons learned and improvements

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

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. The practice received alerts and updates from the dental compliance system in place. Although the dentist was not up to date with the latest antibiotic prescribing guidelines. We were assured that this would be addressed.

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 alcohol support and 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 requests or needs prior to the appointment and staff would adhere to any requests made by the patients.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits on a continuous basis.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Trainee dental nurses were enrolled on a training course and received support from the practice manager, provider and their training provider.

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

On the day of inspection, we spoke with 2 patients, and we looked at the responses from a recent patient satisfaction survey. These reflected a high level of satisfaction with the services of the dental practice.

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. However, we saw that the treatment room door was open when the dentist was with patients. We were assured that in future the door would remain closed when patients were in the room.

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 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. A radio was playing in the waiting room which helped to calm anxious patients. Staff said that they would chat to patients and offer them a drink to try and make them feel at ease. Extra time could be given for appointments where it is known that the patient was extremely anxious.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit in February 2023.

The practice was located on the ground floor and all areas 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.

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 website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice had systems in place to respond to concerns and complaints appropriately. Staff were aware of the processes to follow, and we were told that complaints would be discussed during practice meetings 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.

Systems and processes were embedded, and staff worked together in such a way that where issues and omissions were identified some action was taken during this inspection.

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 commented that there was supportive leadership. They stated they felt respected, and valued and were proud to work in the practice.

An appraisal system was in place. We saw evidence of appraisals completed with the receptionist. Dental nurses had recently been employed and would undertake an appraisal when they had worked at the practice for a year, 1 2 1 meetings were held with these staff regularly. Training, learning needs, general wellbeing and aims for future professional development were discussed during annual appraisals.

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. The fire policy was amended following this inspection to include information relevant to the practice.

We saw evidence that practice meetings were held regularly. We were told that staff also held daily informal huddles at which the day ahead and any updates or changes were discussed.

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 demonstrated a commitment to acting on feedback. There was a suggestions box in the waiting area and patients were able to complete the NHS Friends and Family Test. We were told that patient satisfaction surveys were given to patients. We reviewed the results of a recent patient satisfaction survey and saw that positive comments were recorded. The survey questionnaires were not dated, and it was therefore difficult to identify when these surveys were completed.

The practice had scored 3.3 stars out of 5 from 24 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.

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records and disability access. Staff kept records of the results of these audits and the resulting action plans and improvements. At the time of inspection there was no completed antimicrobial prescribing or radiography audit. There was no evidence of a previous infection prevention and control audit, and these audits were scheduled annually.