

Mr. Jagjit Shergill

# Marlborough Dental Surgery

## Inspection report

106 Marlborough Road  
Stoke  
Coventry  
CV2 4ER  
Tel: 02476454350  
[www.coventrydental.co.uk](http://www.coventrydental.co.uk)

Date of inspection visit: 5 March 2024  
Date of publication: 02/04/2024

### Overall summary

We carried out this announced comprehensive inspection on 5 March 2024 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 medicines and life-saving equipment were available. Missing or out of date items were ordered on the day of inspection.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

Marlborough Dental Surgery 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 3 dentists, 7 dental nurses (including 3 trainee dental nurses), 1 dental hygienist, 2 practice managers and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurses – including the assistant manager, 1 dental hygienist, 2 receptionists, the practice manager and the assistant manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday and Thursday from 7.30am to 5pm, Tuesday and Wednesday from 7.30am to 5.30pm, Friday 8.30am to 5pm and Saturday from 8am to 12pm.

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.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment conducted in August 2022.

The practice had policies and procedures in place regarding the segregation and storage of clinical waste. We saw that although the clinical waste bin was locked, the bin was not secured appropriately in line with guidance. During the inspection, arrangements were made to have the clinical waste bin secured as required.

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 in line with the legal requirements. An action plan was available to demonstrate actions taken to address issues identified. There was scope for improvement in the management of fire safety. For example, there was no evidence to demonstrate that emergency lighting was checked or serviced on a regular basis in line with guidance. Following this inspection, evidence was sent to demonstrate that emergency lighting was serviced in October 2023, and we were assured that monthly checks would be completed by staff going forward.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment.

### **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.

Not all emergency equipment was available in accordance with national guidance. The size 0 face mask was missing, and the child's oxygen face mask was not in the original packaging and we were therefore unable to identify whether this had exceeded its expiry date. Missing or out of date items were purchased during this inspection. Checks made on emergency equipment and medicines were ineffective as they did not identify the missing or potentially out of date items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Where staff were not able to attend 'practical' training, they attended on-line training and then attended the next available practical training session.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were available for hazardous products in use at the practice.

# Are services safe?

## **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. Not all clinicians had carried out an antimicrobial prescribing audit, one audit seen was not dated, this was dated during this inspection. Other audits did not report findings or record an action plan. Following this inspection, we were assured that an antimicrobial prescribing audit would be completed the week following this inspection.

## **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.

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. Information leaflets were available to patients as recommended by the dentist or upon request.

A range of dental sundries were on sale at the service including, interdental brushes, mouthwash and toothbrushes to help patients manage their oral health.

### **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 completed training regarding consent and the Mental Capacity Act.

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 undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Reception staff discussed the ways in which these patients could be supported, including giving longer appointment times, giving appointments at less busy times of the day if this was acceptable to the patient and chatting to the parents of children with autism to find out their child's specific needs relating to their appointment. Pop up notes would be put on patient's records to alert the dentist if a patient had a specific need.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

### **Effective staffing**

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

A new structured induction was available for use should any new staff be employed. All staff had received an induction and brief documentation was available to demonstrate this. Staff spoken with confirmed that they had received an induction and stated that staff were all extremely helpful and supportive.

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

# Are services effective?

(for example, treatment is effective)

## **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.

The practice was a referral clinic for dental implants and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

# 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.

On the day of inspection, we reviewed a range of patient feedback. All feedback indicated a very high level of satisfaction with the treatment and service received at Marlborough Dental Surgery. Patients specifically mentioned the friendly staff, professionalism and care. Examples of feedback included, "I really value your care and professionalism here," "very happy with dental treatment received," "cannot think of any improvement, very pleased and would recommend to others, service and staff very good and welcoming keep up the good work".

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. A treatment room was always available for people to hold private conversations when required. The waiting room was also separate to the reception and private conversations could also be held at the reception desk.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place. There was no CCTV signage inside the dental practice to inform patients that CCTV was in operation in the practice. The external signage would not be clearly visible to all patients. The practice manager confirmed that signage would be provided immediately.

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.

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images. Images were shown to patients on the television available in the treatment room.



# 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. Extended opening hours were provided with an earlier morning opening time on Monday to Thursday from 7.30am, the practice was also open on a Saturday from 8am to 12pm.

Staff were clear about the importance of providing emotional support to patients when delivering care. Reception staff discussed how they tried to ensure anxious patients were put at ease. We were told that staff sat and chatted with patients in the waiting room, calming images were played on the TV and a radio was playing in the reception to help to put patients at ease.

The practice had made reasonable adjustments, including a hearing loop and a selection of reading glasses, ground floor treatment room, reception and waiting area. Knee break dental chairs were available in dental treatment rooms. There was a large patient toilet that would be spacious enough to accommodate a wheelchair. This did not have an emergency pull cord or assisted toilet. 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 website 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. 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. Staff were aware of complaint processes and their responsibilities regarding duty of candour. 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 practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's 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.

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

Staff discussed their training needs during annual appraisals and meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

Annual training requirements and courses for staff were set by the practice manager and this was monitored to ensure staff training was up to date. We saw that staff had completed initial training by the company who provided the cone-beam computed tomography (CBCT) equipment. However, further training to the required level had not been completed. We were assured that the CBCT machine would not be used until this training had been completed.

### **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. The results of patient satisfaction surveys were available in the waiting room and patient information folder.

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.

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

# Are services well-led?

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. Radiograph audits were also completed, these were not clinician specific and further action was required to meet audit guidelines. We were assured, on the day of inspection, that action would be taken to address this. Antimicrobial prescribing audits were also completed, one audit seen had not been dated by the clinician, this was dated on the day of inspection, another audit had not been reported on and had no action plan, one clinician had not completed antimicrobial prescribing audits. Following this inspection, we have been assured that this clinician will be completing an antimicrobial prescribing audit within the week following inspection.