

## Jubilee and Torcross Dental Partnership

# Jubilee Dental Practice

### Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 14 March 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 adviser.

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. Appropriate medicines and life-saving equipment were available.

# Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises, although a minor shortfall was identified regarding testing of the ultrasonic bath.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- 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

The provider has 223 practices, and this report is about Jubilee Dental Practice.

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

The dental practice is situated on the ground floor. There is step free access to the practice for people who use wheelchairs and those with pushchairs. The patient toilet is located on the first floor of the building and is therefore not suitable for people who use wheelchairs. 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, 5 dental nurses (including 4 trainee dental nurses), 3 receptionists and 1 practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, 1 receptionist and the practice manager. A compliance manager employed by Rodericks (the company who own this dental practice) was also in attendance to assist during this inspection. We looked at the practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am until 5.30pm and is closed for 1 hour each day between 1pm and 2pm.

# 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. All staff had completed level 2 training in safeguarding vulnerable adults and children. The practice manager and a dentist had also completed higher level training. Information regarding safeguarding was on display throughout the practice.

The practice had infection control procedures which reflected published guidance. Infection prevention and control audits were completed every 6 months. Staff completed infection prevention and control training on an annual basis.

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 carried out in March 2022. Actions had been taken in line with the risk assessment recommendations. Hot and cold water temperatures were monitored, and logs kept demonstrating water was within the required temperature range.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Waste consignment notes were available.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. An external cleaning company provided cleaning services at the practice. Logs were in place demonstrating tasks undertaken.

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 had systems in place to ensure that equipment was safe to use and maintained and serviced according to manufacturers' instructions, although there was no evidence to demonstrate that protein or foil tests had been completed on the ultrasonic cleaner. The ultrasonic cleaner had received an annual service on 21 March 2022, and no issues were identified. Following this inspection, we were sent evidence to demonstrate that a foil test had been completed in line with the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and a protein test was completed the day before our inspection. We were assured that these tests would continue to be completed at the required frequency.

Systems were in place to report issues identified with facilities to the relevant department at the head office. This helped to ensure that facilities were maintained in accordance with regulations.

A fire risk assessment was carried out on 14 March 2023 in line with the legal requirements. Issues for action were identified and we saw evidence to demonstrate that action had been taken to address the majority of these issues. All had been reported to the facilities department at the head office and the practice were awaiting confirmation of a date for action.

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

### **Risks to patients**

# Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. Sepsis posters were on display throughout the practice. Lone working risk assessment templates were available for completion as required and lone worker risk assessment had been completed as required. Other risk assessments available included sharps, general health and safety, manual handling, slips, trips and falls, display screen equipment and hepatitis B.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were discussed with staff each quarter. This helped to ensure that staff received regular refresher training and maintained their confidence should they be required to deal with a medical emergency.

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 products in use.

## **Information to deliver safe care and treatment**

Patient care records we saw were complete, legible, were 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. The practice had a log and stock control system of antibiotic medicines on the premises and these medicines were securely stored. However, dispensing labels did not record the practice name and address. We were assured that labels would be ordered which recorded the correct dispensing information including the practice details. Following this inspection, we were informed that these labels had been purchased. Antimicrobial prescribing audits were carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating incidents and accidents. These were also reported to head office who reviewed, monitored for trends, and gave feedback to the practice and to other practices within the group where learning was identified. The practice had a system for receiving and acting on safety alerts. A copy of relevant safety alerts was kept on file, and these were discussed with staff as appropriate.

# 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. Urgent information was shared with staff by email, and during practice meetings. Staff also received regular update bulletins and in addition to these there was weekly clinical communications with dentists.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

### **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 and staff directed patients to these schemes when appropriate. Leaflets regarding oral health and dental treatments were available for patients in the waiting area.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005. Staff had completed Mental Capacity Act training.

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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as people with dementia, and adults and children with a learning disability. Systems were in place to notify the dentist of vulnerable patients. Staff had completed training regarding dementia and autism awareness.

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

### **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. Staff had access to online continuous professional development training provided by the company. The practice manager maintained a matrix to monitor completion of training and remind staff when updates were required.

### **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. The practice did not have a system for review and monitoring of referrals made for private dental treatment. Following this inspection, we were sent a copy of a newly developed private referral log and were assured that this would be implemented immediately.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff had completed equality and diversity training and were aware of their responsibility to respect people's diversity and human rights. Staff were observed to be friendly, caring and helpful to patients when speaking with them in person at the reception and over the telephone.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Closed-circuit television (CCTV) had been installed, to improve security for patients and staff. Relevant policies and protocols were in place. The policy seen recorded that CCTV was not to be used in patient treatment rooms and staff rooms. We were assured that the CCTV cameras had been disconnected in these areas. Following this inspection, we were sent evidence to demonstrate that signs had been put in place to inform patients that the CCTV cameras in the treatment and staff rooms were not operational.

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.

Staff gave patients clear information to help them make informed choices about their treatment. There were a number of advice leaflets available for various dental treatments.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models and X-ray images. Information regarding fees was on display within the practice and available on the practice website.

# 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. The receptionist discussed the methods used to ensure anxious patients were put at ease. The dentists were made aware if a patient was anxious and would always try to see these patients as soon as possible after they arrived at the practice. The receptionist chatted to patients to try and make them feel relaxed.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit in February 2023 and had formulated an action plan to continually improve access for patients. The practice was located on the ground floor with the reception, waiting area and dental treatment rooms being wheelchair accessible. The patient toilet was on the first floor and was therefore not wheelchair accessible. A selection of reading glasses was 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 waiting time for a routine appointment was a few days. 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 who consented, received phone calls, text messages or emails to remind them of their appointment.

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. When necessary, patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with a dental emergency would be offered a sit and wait appointment. When the practice was unable to offer an urgent appointment, they referred patients to another local practice within the group. This helped 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 responded to concerns and complaints appropriately. Details of the practice's complaint procedure were on display for patients. Staff had completed complaints handling training. The practice manager was the complaint lead and staff were aware of this and referred complaints to the lead as appropriate. Learning outcomes from complaints were shared companywide to all practices within the group.



# 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 demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

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 stated they felt respected and valued. They were proud to work in the practice. We were told that everyone was supportive and helpful and that the practice was a very good place to work.

Reception and nursing staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. The dentists participated in separate one to one meetings every 6 months.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The dental training system enabled the practice manager to review training completed by staff, reminders were sent to staff when training was due.

### **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. These had been uploaded onto the practice's compliance system and were accessible to all members of staff on computer desktops throughout the practice. Policies were reviewed on an annual basis. Staff received emails informing them of any changes to policies and were required to sign confirmation when they had read updates.

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. Practice meetings were held regularly. Staff told us communication systems in the practice were good and they were kept up to date with any changes.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff had completed training regarding general data protection regulations.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. The Friends and Family test was available in the waiting area. The practice also sent out a patient satisfaction survey every 6 months. The last survey was completed in September 2022. A poster in reception recorded any changes made as a result of patient comments.

# Are services well-led?

The practice gathered feedback from staff through meetings and informal discussions. Practice meetings were held monthly. Staff told us that informal daily 'huddles' were also held, and they received regular bulletins from Rodericks updating them with any changes or information of note. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted that a small sample size of 10 was used in the patient care records audit. We were assured that a larger sample size would be used going forward.