

Czech-Pol Ltd

Medical-Dent

Inspection Report

353 High Street
West Bromwich
West Midlands
B70 9QG
Tel:0121 6631690
Website: dentystabirmingham.co.uk

Date of inspection visit: 9 January 2018
Date of publication: 22/02/2018

Overall summary

We carried out this announced inspection on 9 January 2018 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; an interpreter was also present during this inspection.

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.

Are services well-led?

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

Background

Medical-Dent is located in West Bromwich, West Midlands and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. The practice does not have a car park but a local pay and display car park is available near the practice.

The dental team includes six dentists, (one of which has a special interest in orthodontics and one implantologist), two qualified dental nurses, two newly employed trainee

Summary of findings

dental nurses and two dental support workers. One of these dental nurses mainly works on reception but will work as a dental nurse if required. The practice has two ground floor 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. The registered manager at Medical-Dent was the practice owner.

On the day of inspection we collected 24 CQC comment cards filled in by patients and spoke with five other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, two dental nurses one of whom was working at reception and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 10am to 9pm, Saturday 9am to 9pm and Sunday 11am to 9pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all of the required life-saving equipment was available but this was purchased shortly after this inspection.
- The practice had systems to help them manage risk.
- 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. Not all of the dentists were recording basic periodontal scores or grading or justifying the need to take X-rays in patient dental care records.
- 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 the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- 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 its complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a GDC registered and appropriately trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by 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.

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 incidents to help them improve. Not all complaints were recorded as an incident and discussed with staff. The registered manager confirmed that changes would be made to ensure systems enabled staff to learn from all complaints made. Two never events were recorded on the complaint log; there was no evidence of any discussions held or learning from these events.

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

Some staff were qualified for their roles and the practice completed essential recruitment checks. Dental support workers employed were not registered with the GDC and were not registered on an appropriate training course in order to gain registration. Following this inspection we received confirmation that these staff members were registered on an on-line dental nurse training course.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

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. Improvements were required to record keeping. Patients described the treatment they received as professional, efficient and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this 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 systems to help them monitor this.

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 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and friendly. They said that they were given clear explanations about dental treatment, and said their dentist listened to them. 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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss. The patient toilet was on the ground floor of the building but there was no emergency pull cord and the toilet had not been adapted for use by disabled patients.

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, clearly written or 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, incidents and significant events. Staff knew about these and understood their role in the process.

We reviewed the records for accidents and events recorded in the 12 months prior to this inspection. The practice recorded, responded to and discussed incidents to reduce risk and support future learning. An events log had been developed which recorded details of the event and action taken to prevent recurrence. We saw that some complaints had been recorded on the events log. The registered manager confirmed that they decided which complaints were included on the log, therefore only some of them had been recorded.

We saw that two 'never events' had been recorded inaccurately on the complaint log and had not been recorded separately on other documentation. There was no evidence of learning or improvements regarding these events.

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. A log had been developed which recorded information regarding alerts received. This demonstrated that these alerts had been reviewed and any relevant action taken.

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 to level three. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Contact details for external agencies responsible for investigation and review of safeguarding concerns were available to staff and these had been

reviewed on a regular basis to ensure they were up to date. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. All COSHH information including a risk assessment and copies of manufacturers' product data sheets were stored in a designated COSHH file.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice did not always follow relevant safety laws when using needles and other sharp dental items. We were told that the nurse dismantled the matrix bands in each treatment room following their use. This did not safeguard staff and presented a risk of sharps injuries.

We were told that the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Patient dental care records we saw did not include information about rubber dam use for each dentist. A dental nurse confirmed that rubber dams were always used when appropriate.

The practice did not have a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. A list of external contacts was available in the reception area to be used in case of an emergency. For example in case of fire, flood, electricity failure or computer failure. The registered manager confirmed that this information was available to staff on computer whilst they were not on the premises.

Medical emergencies

Staff knew what to do in a medical emergency and completed on-line 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 which we were told would be ordered immediately. Following this inspection we received confirmation that this had been ordered. The practice held



Are services safe?

two medical emergency kits and oxygen cylinders; one for each of the two treatment rooms. 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 staff 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.

We were told that every member of staff had received a Disclosure and Barring Service (DBS) check. These checks were available in the three files seen. Staff had also signed an annual risk assessment to confirm that they had not received a criminal record since the DBS check was undertaken.

The majority of clinical staff were registered with the General Dental Council (GDC) and had professional indemnity cover. Two dental support workers were employed. These staff had undertaken their training and qualifications in Poland and were not registered with the GDC. Both of the dental support workers were working alongside the dentist and were undertaking dental nursing tasks. Following this inspection we received confirmation that these staff were now registered on a training course which would enable them to gain qualifications to become registered with the GDC.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. We saw that a fire risk assessment had been completed by an external company in March 2017. Issues for action had been identified and the registered manager had developed an action plan which recorded dates of action taken. We saw that fire drills were completed on a regular basis; the names of staff involved in the drill were not recorded. We were therefore unable to identify whether all staff had completed a fire drill.

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 or dental support worker worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy dated October 2017 which had been reviewed on an annual basis. Infection prevention and control procedures were also available 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. 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.

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, in line with a risk assessment which had been completed on 8 January 2018. The company that completed the legionella risk assessment had undertaken some water temperature monitoring at the practice.

We were told that there were no cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. Records were available to demonstrate that equipment was regularly serviced and maintained. For example, the equipment used in the decontamination process had received regular maintenance with the next maintenance check being due in August 2018.

The practice had suitable systems for storing medicines. Stock rotation and checking systems were in place.

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. A copy of the local rules was



Are services safe?

available; staff had not signed to say that they had read and understood the information regarding the safety of each X-ray unit. Following this inspection we were forwarded evidence to demonstrate that this task had been completed.

The provider had registered with the Health and Safety Executive in line with recent changes to legislation relating to radiography.

We saw evidence that not all dentists had justified, graded and reported on the X-rays they took. The practice carried out X-ray audits and these issues had already been identified in this audit. We were told that a meeting had been arranged with clinical staff and the Clinical Director to discuss the results of the audit and changes to be implemented.

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 some information about the patients' current dental needs, past treatment and medical histories. Some of the dentists assessed patients' treatment needs in line with recognised guidance. We reviewed some patient dental care records and saw that not all records contained information regarding intra oral examination and soft tissues checks, basic periodontal examination score or X-ray justification. These issues had been identified in a recent audit completed by staff at the practice. We were told that a meeting had been arranged for January 2018 by the clinical director to discuss the results of the audit and to give further guidance and support to staff regarding the completion of patient dental care records. Following this inspection we were forwarded a copy of a newly developed policy regarding X-ray justification.

The practice had a "clinipad" which was used to electronically record patient's medical history, patients were requested to review and update this each time they attended the practice. Information from the clinipad was downloaded directly on to the patient records.

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 dentists 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. We were told that oral hygiene advice was always given and patients we spoke with confirmed this. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were available at the reception.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Staff undertook a

three month probationary review before their employment at the practice was confirmed. We confirmed that registered dental nurses and dentists completed the continuous professional development required for their registration with the General Dental Council. Staff kept logs of their continuous professional development to ensure they met training requirements. The registered manager also kept a training matrix which recorded the date that staff had undertaken training. This included medical emergencies, safeguarding, fire safety awareness and infection control. Dental support workers also undertook on-line training and training provided by the practice to keep up to date.

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 and recording patients' consent to treatment. 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 consent policy did not include information about the Mental Capacity Act 2005. We were told that this policy was to be reviewed and updated on 28 January 2018 and would include this information. Not all of the team fully understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. We were told that further training was being provided to staff on 28 January 2018. 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 friendly, helpful and professional. We saw that staff treated patients respectfully, and in a patient and kind manner and were friendly towards patients at the reception desk and over the telephone. The receptionist spoke with patients whilst they waited to see the dentist.

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

Staff were aware of the importance of privacy and confidentiality. 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.

Either a Polish or English radio station was played in the waiting room and Polish and English magazines, toys for children and drinking water was available in the waiting room.

A practice information folder was available for patients to read. Private fees were on display in both English and Polish language.

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.

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

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 and oral surgery.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



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. The practice was open until 9pm seven days per week. Patients told us that they were able to get an appointment when they needed one at a time that suited them. The practice had completed waiting time audits and were putting systems in place to address any issues identified. 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.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment. Both of the treatment rooms were on the ground floor and had suitable access for patients in wheelchairs.

Staff told us that they sent email or text reminders to patients who had signed up for this service 48 hours before their appointment was due.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and a hearing loop. The practice did not have an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille. We were told that this service would be paid for by the patient. The majority of patients bought a family member with them if they needed assistance with communication.

Access to the service

The practice displayed its opening hours in the premises and on their website. The practice's website was written in Polish language and could be translated into other languages.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and patients were advised to contact the practice who would inform the patient of the best time to attend. Patients would be offered a sit and wait appointment on the same day of their call to the practice. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients were given a business card with the name and contact details of the dentist and were able to contact the dentist directly in case of an emergency. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. Patients were usually able to receive a routine appointment within two days of their telephone call to the practice. The practice was open seven days per week until 9pm.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The registered manager was responsible for dealing with these. Staff told us they would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response. A copy of the complaint policy was available to patients in the practice folder which was kept in the waiting room. We were told that this could be made available in languages other than English if requested.

The registered 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 within the last 24 months. We were unable to identify from information seen that the practice responded to concerns appropriately. We were shown a complaint log which recorded very brief details of the complaint and action taken. Correspondence regarding complaints was not kept with the initial complaint letter or email. We were told that some complaint outcomes were



Are services responsive to people's needs? (for example, to feedback?)

discussed with staff. The practice had completed a complaint audit which identified that all complaints received should be discussed at practice meetings to share learning and improve the service.



Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the day to day management and the Clinical Director had responsibility for the clinical leadership of the practice. 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. Policies, procedures and risk assessments were reviewed on an annual basis in line with a schedule. Staff received training regarding some policies once they had been reviewed. Copies of the training presentation slides were available for all staff to review. All policies and procedures were available to staff on computer.

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 registered 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 registered manager was approachable, would listen to their concerns and act appropriately. The registered manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally. Staff spoken with told us that staff worked well together and there was always someone available to help if needed.

The practice held full team meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Staff were able to add items for discussion to the agenda for these meetings. As the majority of staff at the practice also worked at other dental practices, some staff were able to use televisual conferencing facilities to join in the meeting. We were told that all staff were joined in the

meeting either in the building or via computer televisual link. Copies of the minutes of meetings were emailed to all staff. Immediate discussions were arranged to share urgent information. The Clinical Director held separate monthly meetings with dentists to discuss clinical updates, audits and any other clinical issues.

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. Meetings had been arranged to discuss the results of the dental care records audit.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole 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 encouragement for them to do so. The registered manager sent emails to staff to remind them when training was due.

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

The practice used patient surveys and patient written and verbal comments to obtain staff and patients' views about the service. The practice collected information from on-line computerised feedback and conducted their own in-house satisfaction survey for each dentist that worked at the practice. The results of satisfaction surveys we saw were positive.

We saw examples of suggestions from patients/staff the practice had acted on for example patients had commented about timekeeping. The practice introduced a new system which allowed for longer appointments to be booked for patients. We were told that this has resulted in less waiting time to see the dentist.