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# Central Sutton Aesthetic Dentistry

## Inspection Report

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### Overall summary

We carried out this announced inspection on 18 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.

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**

Central Sutton Aesthetic Dentistry is in Sutton Coldfield and provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs but the treatment rooms are on the first floor. Car parking spaces, including for patients who are blue badge holders, are available near the practice.

# Summary of findings

The dental team includes one dentist, three dental nurses, three dental hygienists and a practice manager. The practice has two treatment rooms. The provider owns a second dental practice that is local and staff often work at both sites. A locum dental nurse was also present on the day of our visit.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 32 CQC comment cards filled in by patients and spoke with patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, two dental nurses 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: 9am – 6pm

Tuesday: 8am – 5pm

Wednesday: 9am – 6pm

Thursday: 9am – 6pm

Friday: 8am – 12pm

## **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. Appropriate medicines and life-saving equipment were available.
- 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.
- 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 audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. The 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?

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 to patients. They used learning from complaints to help them improve; however, staff were not documenting all incidents.

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

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

Premises and equipment were clean and properly maintained. We identified one item of equipment that was overdue a service. 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 dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and of the highest standard. The dentist 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 33 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly and approachable. They said that they were given thorough explanations about their dental treatment and said their dentist listened to them. Patients commented that staff made them feel at ease and some patients travelled from afar to visit this practice.

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

No action



# Summary of findings

## 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 practice had two treatment rooms and they were both on the first floor; however, staff provided assistance for patients who required some support accessing the first floor.

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. Improvements were required in some of the practice's auditing processes as some were undated and infrequent and others did not clear results with action plans. There was a clearly defined management structure and staff felt supported and appreciated.

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

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

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

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

The practice had policies and procedures to report, investigate, respond and learn from accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording all incidents to support future learning.

### 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. However, these were not well organised and there was no evidence that these had been reviewed since 2014. We saw evidence that staff received safeguarding training with the exception of one staff member who was on annual leave at the time of our visit. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Within two working days, the provider sent us an action plan to ensure that the safeguarding information was updated regularly and in good order.

The practice had a whistleblowing policy; however, this was not sufficiently detailed as it did not have information about external organisations that staff could contact. Staff told us they felt confident they could raise concerns without fear of recrimination. Within two working days, we were sent evidence of an amended policy and this included all necessary information.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

### Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. However, these did not extend to dental visits made by staff to the local nursing home. Staff undertaking the external visits did not take emergency equipment or medicines with them. We discussed this with the provider and they told us they only carried out two visits in the previous two years and these were very low risk as they only carried out a dental examination and no treatment. However, they assured us they would check the medical emergency arrangements at the nursing home in future at each visit to ensure that the relevant safety and expiry checks were carried out.

### Staff recruitment

We looked at three staff recruitment files and the recruitment procedures reflected the relevant legislation. The practice did not have a written recruitment policy to help them employ suitable staff; however, their procedures were consistent and thorough. The provider sent evidence of a written recruitment procedure within two days of our visit. This was comprehensive and the provider informed us they were unable to produce this document on the day of the inspection as this document was with their solicitor.

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

### 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 evidence that the practice regularly carried out regular fire safety checks. The provider was in the process of contacting a specialist company to

# Are services safe?

carry out an external fire risk assessment of the premises. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist and dental hygienists when they treated patients.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. 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.

Infection prevention and control audits should be carried out twice a year as per guidance. The latest audit showed the practice was meeting the required standards and this was in August 2017. However, previous audits were not as clear and we did not see evidence that they had been completed every six months.

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

We saw 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 with the exception of the ultrasonic cleaning bath. Within two working days, the provider informed us they had arranged for this equipment to be serviced. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Stock rotation of all dental materials was carried out on a regular basis by the dental nurse and all materials we viewed were within their expiry date. A system was also in place for ensuring that all processed packaged instruments were within their expiry date.

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

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

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. However, these lacked clear action plans with improvements.

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 detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

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

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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

### Working with other services

The dentist 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 were given written consent forms for more complex dental procedures, such as extractions and dental implants. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to young people's competence and the dentist was aware of the need to consider this when treating those aged under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

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

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

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

Nervous patients said staff were compassionate and understanding.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the two waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. A consultation room was available adjacent to the reception area and this could be used for patients who requested

confidential discussions away from the reception desk. 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.

Music was played in the treatment rooms and there were magazines and a television in the main waiting room. The practice provided drinking water to patients.

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

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants and some orthodontic procedures.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that at the time of our inspection they had some patients for whom they needed to make adjustments to enable them to receive treatment. They shared examples of how they managed patients with physical disabilities.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and a hearing loop. Toilet facilities were available on the ground floor but these were unable to accommodate wheelchair users. The two treatment rooms were on the first floor and staff would assist patients with climbing the stairs if they had mobility difficulties, heavy bags or young children. A consultation room was available on the ground floor but this was not yet equipped as a treatment room. The provider informed us they were planning to equip this room in the near future with all of the dental equipment so that patients in wheelchairs could be treated at the practice.

We were told that staff had recently ordered some signage in Braille for patients with visual impairments. These included signage for the fire exits, toilet facilities and the treatment rooms.

Staff had access to interpreter services which included British Sign Language and braille; however, they had not needed to use these services. Written information was available in English only as we were told that all of the practice's patients were able to communicate in English.

### Access to the service

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

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 appointment slots were available each day for urgent appointments. They took part in an emergency on-call arrangement with some other local practices. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a policy providing guidance to staff on how to handle a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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

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

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

Not all staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The provider informed us that this would be discussed with all staff at the next meeting.

Staff told us there was an open, no blame culture at the practice. They said the provider 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 provider was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

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

### **Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. Not all of the audits were clearly recorded as some were undated and some lacked clear action plans and improvements.

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

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

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, such as extended appointment availability for patients who wished to be treated by the hygienist. A television was also made available for patients to view in the waiting room after feedback.