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Maypole Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 11 April 2017 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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

Maypole Dental Practice is in Kings Heath, Birmingham and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the front and rear of the practice.

Summary of findings

The dental team includes seven dentists, nine dental nurses (including two trainees), three dental hygienists, and one receptionist. The practice has six treatment rooms, three on the ground floor and three on the first floor.

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 45 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.30am to 4.30pm Monday to Friday.

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.

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 and complaints to help them improve.

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. 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. Patients described the treatment they received as excellent, extremely professional and stress free. 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 45 people. Patients were positive about all aspects of the service the practice provided. They told us that staff were professional, caring and helpful. They said that they felt safe and respected and staff dealt with any questions that they had 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.

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



Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

No action



Summary of findings

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. However the practice currently did not have arrangements to help patients with hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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. For example the practice had an accident reporting policy and a separate safety incident reporting policy. The practice had recently changed to a new process for reporting accidents and incidents and staff were briefed and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. Accident, incident and event reporting forms and practice meeting minutes seen demonstrated this.

We were shown a folder which contained Medicines and Healthcare Products Regulatory Authority (MHRA) 'drug alerts'. Relevant alerts were discussed with staff, acted on and stored for future reference. The practice did not receive national patient safety and medicines alerts. For example alerts regarding recalls of faulty equipment. During the inspection the head nurse registered to receive this alerts.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Including an event record register, action plan for safeguarding and a flow chart for safeguarding action. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. We saw evidence that staff received safeguarding training. The safeguarding lead was in the process of registering on a course to provide a higher level qualification to level three. The practice had a whistleblowing policy which guided staff how to raise a concern externally to an independent agency. Staff told us they felt confident they could raise concerns without fear of recrimination.

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 dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff last completed this training in December 2016.

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. We saw that sterile needles and oropharyngeal airways were out of date. The head nurse ordered new supplies of this equipment during this inspection.

We saw that weekly checks were completed on the practice's defibrillator to make sure that it was in good working order. We were told that this would be changed to daily checks in line with guidance.

We saw that a first aid kit was available which contained equipment for use in treating minor injuries. A member of practice staff was the designated first aider and had completed First Aid training in August 2016.

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 and saw that the practice had followed their recruitment procedure. For example the practice obtained proof of identification, two written references and had checked relevant qualifications and professional registration.

Two newly employed dental nurses were awaiting return of their Disclosure and Barring Service Checks (DBS). DBS checks were available for all other staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

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



Are services safe?

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. For example risk assessments were available for display screen equipment, trainee dental nurses, fire, and health and safety.

We reviewed the practice's fire and health and safety risk assessments. These had been completed by external professionals and the final copy of the report had been received at the practice on the morning of our inspection. Issues for action had been identified on both of these risk assessments. The practice manager and head nurse confirmed that those issues that were discussed when the risk assessment was completed were acted upon immediately, other issues highlighted in the report would be reviewed and acted upon as appropriate.

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 dentists, when they treated patients. We were told that dental hygienists worked without chairside support. A risk assessment had been completed regarding this. The practice manager confirmed that chairside support was always provided when the assessment of risk identified a need. For example for patients who were potentially abusive, high medical risk or when completing charting records. Staff were able to summon assistance via the practice's telephone system.

Infection control

As part of our inspection we conducted a tour of the practice we saw that the waiting areas, reception and toilet were visibly clean, tidy and uncluttered. We inspected the decontamination and treatment rooms. These rooms were clean and drawers and cupboards were clutter free. An external company was employed to complete daily cleaning at the practice. Patient comments confirmed that the practice was always clean and hygienic.

There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and patient toilets. Personal protective equipment (PPE) such as disposable gloves and aprons were available for staff to use as required.

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.

We spoke with the head nurse and observed the decontamination process of some dental instruments. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We were told that instruments that were regularly used on a daily basis were not pouched before use; any that were not used during the day were returned to the decontamination room to be sterilised. Instruments that were less frequently used were pouched and date stamped in accordance with HTM01-05.

Records showed equipment used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. For example we saw that the autoclave had been serviced within the last 12 months and daily time, steam and temperature (TST) test strips were used to guarantee the effectiveness of the sterilisation process.

The practice carried out infection prevention and control audits twice a year. The latest audit was completed on 7 December 2016. All audits were reported on and action plans put in place if required.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. External professionals completed a legionella risk assessment on 20 March 2017. Staff were monitoring and recording water temperatures on a monthly basis.

The practice had a waste contractor in place to dispose of hazardous waste. Clinical waste was securely stored in an area that was not accessible to patients. The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health.

Equipment and medicines

The practice had maintenance contracts for essential equipment including X-ray machines and equipment used during the decontamination process. Records seen demonstrated the dates on which the equipment had



Are services safe?

recently been serviced. For example that latest radiological inspection of X-ray equipment was on 16 February 2017, autoclaves were serviced on 7 July 2016 and the compressor on 26 January 2017. Staff carried out checks in line with the manufacturers' recommendations.

We saw records to demonstrate that portable electrical appliances tests (PAT) were last completed in June 2016. Visual checks of equipment were completed on a daily basis by a dental nurse and a log of equipment and checks completed was kept.

The practice had suitable systems for prescribing, dispensing and storing medicines. We saw that a log was used to track all prescriptions issued. Systems were in place to ensure out of date medicines and other stock was removed. A log sheet recorded all stock which was checked on a monthly basis by staff.

The practice had a fridge for storage of medicines. We saw that the practice's supply of Glucagon was stored in the fridge. Glucagon is an emergency medicine used to treat people with diabetes who have low blood sugar. The practice were monitoring the temperature of the fridge to ensure that medicines were being stored in accordance with manufacturer's instructions.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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. This included a notification to the Health and Safety Executive in 2008 of the use of ionising radiation on the premises, current maintenance logs for X-ray machinery dated 16 February 2017 and a copy of the local rules on display in each dental treatment room where X-ray machinery was located. However we saw that not all of the X-rays sets had rectangular collimation. The National Radiological Protection Board Guidance notes for dental practitioners on the safe use of X-ray equipment recommends that rectangular collimation be retro-fitted to existing equipment (where this is not already available) at the earliest opportunity.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. For example quality assurance records were dated January and March 2017, these were reported on and action plans available.

As well as the dentists, two dental nurses had qualified to take X-rays and we saw that clinical staff had completed continuous professional development in respect of dental radiography and records were available to demonstrate this.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the principal dentist and we were shown dental care records to illustrate our findings.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. For example records seen demonstrated that following discussions and update of medical history records an examination of the patient's teeth, gums and soft tissues was completed in line with recognised guidance from the Faculty of General Dental Practice (FGDP). During this assessment dentists looked for any signs of mouth cancer. Details of the condition of the teeth and the gums using the basic periodontal examination (BPE) scores were recorded.

We were told patients were recalled on an individual risk based assessment in line with current guidance. This takes into account the likelihood of the patient experiencing dental disease.

The practice audited patients' dental care records to check that the dentists recorded the necessary information. We were shown record keeping audits dated 17 February 2017 and 30 March 2017. These audits had been reported on and action plans were available.

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. Fissure sealants were used as required.

Staff told us the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygienist for a more detailed treatment plan and advice.

Leaflets were given to patients regarding the local smoking cessation clinic if applicable. Stops smoking information and health promotion leaflets were available in the waiting room

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We also spoke with a dental nurse who had completed an oral health course. This nurse confirmed that they always gave oral health and hygiene advice to patients and care records see demonstrated this.

The practice provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were available in treatment rooms and the practice had a selection of dental products for sale.

Staffing

We were told that the majority of staff at the practice worked on a part time basis. A duty rota informed staff where they would be working. For example dental nurses either provided chairside support, assisted on reception or completed decontamination of dental instruments. There were enough dental nurses to provide cover during times of annual leave or unexpected sick leave. The practice planned for staff absences to ensure the service was uninterrupted.

Staff new to the practice had a period of induction based on a structured induction programme. We discussed training with staff. Staff told us they had access to training and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). We were shown certificates of training which confirmed that clinical staff had completed the CPD required for their registration with the GDC.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and separate personal development plans.

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. For example oral surgery or sedation. Patients with suspected oral cancer were referred 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.



Are services effective?

(for example, treatment is effective)

Referral templates were used which contained detailed, relevant information including a clear reason for the referral. A referral log was kept and the practice monitored all 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 dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patient care records that we saw demonstrated that patients were given options for treatment including advantages, disadvantages and private options. We saw evidence that both verbal and written consent had been obtained. Information clearly recorded whether the treatment was private or NHS. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

If a patient was interested in having dental implants we were shown information given to patients. For example a full written treatment plan with written consent and pre and post-operative information leaflets

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 may not be able to make informed decisions. The dentists and dental nurses were aware of the need to consider Gillick competence when treating young people under 16. Gillick competency assesses whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment.



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 polite, welcoming and caring. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. There was a sufficient amount of staff to ensure that the reception desk was staffed at all times. A TV was played in the reception and music in treatment rooms; this helped to distract anxious patients. Nervous patients said staff put them at ease and were considerate and understanding. Patients could choose whether they saw a male or female dentist.

The practice did not keep paper records, reducing the opportunity for confidential information to be overseen. Staff password protected patients' electronic care records and backed these up to secure storage.

A conservatory area to the rear of the practice could be used if required to discuss patient treatment plans or to speak with patients in private if requested.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. We were told that staff took their time to fully explain treatment, options, risks and fees. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. Patients confirmed that staff gave full detailed explanations of treatment and other options available, listened to them and gave them time. We were told that staff dealt with questions and queries and did not rush them to make a decision.

Information about NHS and private costs was available in waiting areas for patients to review.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

At the time of our inspection the practice were taking on NHS patients and were advertising this fact on a board outside of the practice.

We discussed appointment times and scheduling of appointments. The practice had an appointment system in place to respond to patients' needs and patients were given adequate time slots for appointments of varying complexity of treatment.

We were told that there was a longer wait for appointments at 6pm as the practice provided late night opening one night per week. However generally patients could obtain an appointment at that time the week following their call. A short notice cancellation list was put into operation when the practice was busy and patients were given the option to be included on this list. This enabled patients to secure an earlier appointment at short notice should a cancellation occur.

Staff told us that patients who requested an urgent appointment were seen the same day and comments made by patients confirmed this stating that emergency appointments were dealt with promptly. 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.

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

Promoting equality

We conducted a tour of the practice and we found the premises and facilities were appropriate for the services that were planned and delivered. Patients with mobility difficulties were able to access the practice as level access was provided to the front of the building. Three treatment rooms were provided on the ground floor however, the practice did not have an accessible toilet with hand rails and a call bell.

We spoke with staff about communication with patients who had hearing impairments or those who could not speak or understand English. We were told that the practice had access to translation services including British Sign Language. Staff at the practice could speak Punjabi and

Urdu and the practice had not required the services of an interpreter recently. We were told that if required contact details could be obtained and the service provided. The practice did not have a hearing induction loop to support patients who had a hearing impairment.

Access to the service

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

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 kept appointments free for same day appointments. The information leaflet and 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 complaints policy providing guidance to staff on how to handle a complaint. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice manager and the receptionist told us they aimed to settle complaints in-house. The practice manager was responsible for dealing with complaints and staff we spoke with were aware of this. We were told that the practice manager would be told about any formal or informal comments or concerns straight away so patients received a quick response. Patients were invited to speak with the practice manager in person to discuss issues.

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. This included any concerns raised on the NHS Choices website. We saw evidence of training received following one complaint received at the practice, this included role play and discussions regarding how to handle various situations.



Are services well-led?

Our findings

Governance arrangements

The principal dentist/ had overall responsibility for the management and clinical leadership of the practice. The practice manager was 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

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 practice 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 practice manager 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 and we were shown audits of dental care records (17

February and 30 March 2017), X-rays (9 March 2017) and infection prevention and control (7 December 2016). They had clear records of the results of these audits and the resulting action plans and improvements. We also saw that other audits took place such as hand hygiene, patient consent and a failed to attend appointment audit.

The principal dentist showed a commitment to learning and improvement. Staff told us they were encouraged and supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Staff completed mandatory training, including medical emergencies and basic life support, each year. We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC. The whole staff team had annual appraisals. Separate personal development plans were completed for each staff member and learning needs and aims for future professional development were recorded on these.

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 were told that a satisfaction survey was conducted regarding the practice on an annual basis. In addition to this, surveys were undertaken for each individual dentist. We were shown the results of the survey undertaken in August 2016. Positive comments were recorded by patients. We were told that as a result of a patient satisfaction survey, the practice had extended their opening hours until 7pm one day per week and was now open one Saturday morning each month.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We were shown the recent FFT results and reviewed those for February and March 2017. We saw that some patients had recorded additional positive comments and 78% of respondents in February and 100% in March were extremely likely to recommend the practice.