

# Dr. Mohammed Ashfaq Quraishi

# Westmount Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 10 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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**

The practice is owned by Dr. Mohammed Ashfaq Quraishi.

The practice offers primary care dentistry under the NHS and private treatments. There are three surgeries located on the ground floor which are accessible to people with mobility issues.

The practice is open Monday 9am to 5pm, Tuesday 9am to 8pm, Wednesday and Thursday 9am to 6pm and Friday 9am to 4pm.

There are two dentists, two dental nurses, a dental hygiene therapist, a receptionist and a practice manager.

The owner is the registered provider for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from a patient about the service via six Care Quality Commission comment card and we spoke with a patient. The feedback was positive about the service they had received.

#### **Our key findings were:**

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.

# Summary of findings

- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.

- The practice sought feedback from staff and patients about the services they provided.

There were areas where the provider could make improvements and should:

- Review the practice's recruitment policy and procedures to ensure that they are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Review the practice's policy and procedures for the installation and use of rectangular collimator for X-ray machines.

# 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 effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment which was dated February 2016, and no concerns were identified.

### **Are services effective?**

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

New patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

### **Are services caring?**

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

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which patients understood.

Comments on the completed CQC comment cards and the patient we spoke with were complimentary about the service they received.

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

### **Are services responsive to people's needs?**

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

# Summary of findings

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had good disability access to help patients with mobility requirements to access care.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

## **Are services well-led?**

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

Staff were supported through training and offered opportunities for development.

Staff reported the registered provider was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' dental care records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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## Detailed findings

### Background to this inspection

The inspection was carried out on 10 March 2016 and was led by a CQC inspector who had access to remote advice from a specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with a patient, the registered provider- who is a dentist, a dental nurse, a

dental therapist and the practice manager. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed feedback from one patient and six completed CQC comment cards.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us any accident or incidents would be discussed at practice meetings or whenever they arose. The practice manager told us the policies and procedures were up dated annually or whenever any changes were required.

The practice used a complaints policy and processes. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The registered manager told us that any learning from the complaints was shared at practice meetings.

The registered provider and practice manager were fully aware of practice's responsibilities under the duty of candour.

The practice manager told us they received alerts by mail from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

### **Reliable safety systems and processes (including safeguarding)**

The practice had child and vulnerable adult safeguarding policies and procedures in place.. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The practice manager was the lead for safeguarding. All staff were trained to level two in respect of safeguarding children. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw all staff had received safeguarding training in vulnerable adults and children within the last 12 months.

Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident if they raised any concerns they would be followed up appropriately by the practice manager.

The registered provider told us they and the other dentist routinely used a rubber dam when providing root canal treatment to patients. Dentists who use a rubber dam were following the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The practice manager told us that they undertook regular audits of their patients' dental care records. We saw the results a recent audit .They demonstrated that the patients' dental care records were completed in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, they record medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent including other information such as alerts generated by the dentists to remind them a patient had a condition which required additional care and advice.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Staff had received fire safety training and we saw evidence that the last fire risk assessment had been undertaken in October 2014. The fire extinguishers were checked annually.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were not in line with the 'Resuscitation Council UK' and British National Formulary

# Are services safe?

guidelines. For example, the glucagon was passed its manufacturer's expiry date. We discussed our findings with the practice manager. They took immediate action and ordered a replacement and provided us with evidence shortly after the inspection. All staff knew where the emergency items were kept. We saw the practice kept records which indicated the emergency equipment, emergency oxygen and the AED were checked weekly. We checked the emergency medicines and found they were of the recommended type and were in date.

## **Staff recruitment**

We saw the practice followed its recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two recruitment files which confirmed that the processes had been followed.

The practice manager told us that following notification of our inspection they undertook a review of their staff recruitment records and found that they did not have Disclosure and Barring Service (DBS) checks in respect of two dental nurses. However, they showed us evidence that they had applied for the checks prior to the inspection and were waiting the results. The DBS 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.

The registered provider explained that all relevant staff had personal insurance or indemnity cover in place either individually or through the practice. These policies help ensure patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in September 2016.

## **Monitoring health & safety and responding to risks**

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw this policy was reviewed annually.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. The practice had a system to update the folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw the practice manager had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

The practice had an infection prevention and control policy which was reviewed annually. The practice manager was lead for infection control. We saw from the staff training records all staff had received training in infection control within the last 12 months.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A dental nurse spoke knowledgeably about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lidded boxes.



# Are services safe?

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries.

We saw the practice had completed an infection control audit every six months. We saw the results of the December 2015 audit. The practice produced an action plan to address the areas that needed attention.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw that the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff recruitment files we reviewed showed all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. New members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff.

The practice had policies and procedures for dealing with needle-stick injury and other sharps injuries.

There was a nominated individual for legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the legionella risk assessment report dated February 2016. There were no concerns identified. The practice undertook regular tests of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

## Equipment and medicines

We saw the Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) had taken place in March 2016.

We saw maintenance records for equipment such as autoclaves, compressors and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics were stored appropriately. Other than local anaesthetics and emergency medicines, no medicines were kept at the practice.

## Radiography (X-rays)

The practice had a radiation policy. The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine in each surgery needed to be operated safely. The local rules were displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw the dentists and clinical staff were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The practice manager told us they undertook regular X-ray audits. We saw the results of the December 2015 audit. The audit was in accordance with the Faculty of General Dental Practice (FGDP). The audits showed the X-rays were justified, graded and reported upon and the X-ray was recorded within the dental care record. The results were good and within the guidelines.

We saw the X-ray machines were not fitted with a rectangular collimator. A rectangular collimator decreases the amount of radiation the patient is exposed to. We brought this to the attention of the practice manager and were assured they would ensure rectangular collimators are installed on the X-ray machines as soon as possible.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental care records for future reference. In addition, the dentists told us they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment. The dental care records showed routine dental examinations included checks for gum disease and any malignancy which were followed up as necessary.

The dentists told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental care records these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries.

The practice manager advised us they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride

varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The dental care records we reviewed confirmed this. The dentist referred patients to their inhouse dental hygienist/therapist for a more detailed consultation and treatment if required.

### Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for all clinical staff.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults. The registered provider told us that they set aside a training budget specifically for dental nurses to support their training needs and professional development.

The practice manager told us they undertook annual staff appraisals and gave staff time to prepare for them. The practice manager and staff thought the appraisals were useful.

Staff also told us they worked very well as a team and covered for each other when colleagues are absent for example, because of sickness or holidays.

### Working with other services

The dentists explained they would refer patients to other dental specialists when necessary including referrals for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for malignancy. The practice manager told us practice maintained a log of their referrals to monitor the referral process to ensure as far as possible patients receive the care they require and were followed up when they return to the practice.

### Consent to care and treatment

Staff demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make

## Are services effective?

(for example, treatment is effective)

particular decisions. The dentist demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. Staff informed us verbal consent was always sought prior to any treatment. In addition, the advantages and

disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware consent could be withdrawn at any time.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. There was a lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient dental care records, both paper and electronic were held securely. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper documentation was stored in locked cabinets.

Comments on the six completed CQC comment cards and the patient we spoke with were complimentary about the service they received.

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

The dentists we spoke with understood the principles of the Gillick competency and used it. This is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. Patients with disabilities or in need of extra support, staff told us they would be given as much time as was needed to provide the treatment required. The practice had a treatment co-ordinator. One of their roles was to spend time with patients and involve them in informed discussions about treatments available, benefits and any drawbacks and cost. To enable patient make informed decisions about the treatment their choice of treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times. Information was also available explaining the practice's complaints procedure.

The opening times were: Monday 9am to 5pm, Tuesday 9am to 8pm, Wednesday and Thursday 9am to 6pm and Friday 9am to 4pm

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day.

### **Tackling inequity and promoting equality**

There were three surgeries were located on the ground floor with step free access for patients with mobility issues. There were washroom facilities available for wheelchair users at the practice.

We saw the practice had equality and diversity policy and staff had received equality and diversity training. Staff told

us patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and may require assistance.

### **Access to the service**

Patients could access the service in a timely way by making their appointment either in person, over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS 111 service who would then direct them to the relevant out of hours dental service for treatment.

### **Concerns & complaints**

The practice had received two complaints in the last year and we found there was an effective system in place which helped ensure a timely response. This included acknowledging the complaint within three working days and providing a formal response within 10 working days. The complaints procedure and other organisations to contact was displayed in reception.

# Are services well-led?

## Our findings

### **Governance arrangements**

Clinical Governance (CG) is a system through which healthcare organisations are accountable for continuously improving the quality of their services and promoting high standards of care, by creating an environment in which clinical excellence will flourish. Governance arrangements are part of that system. The practice had comprehensive governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

We saw the results of the X-ray, patient dental care record and infection prevention and control audits. All action plans and learning outcomes were in place to continuously improve the procedures and reduce future risks.

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

There was an open culture at the practice which encouraged candour and honesty. Staff told us it was a good practice and they felt able to raise any concerns with each other and the practice manager. They were confident any issues would be appropriately addressed. Staff also told us they worked very well together and supported each other.

The practice manager and registered provider were fully aware of the practices and staff responsibilities to comply with the duty of candour as detailed in the relevant legislation.

### **Learning and improvement**

The practice maintained records of staff training which showed all staff were up to date with their mandatory training. We also saw practice encouraged additional training which was undertaken by some staff. The registered provider explained that they have set aside funding specifically for supporting their dental nurses with their professional development. Staff confirmed this and said they were given sufficient training to undertake their roles and given the opportunity for additional training. We saw training was accessed through a variety of sources including formal courses and informal in house training. We saw that the practice has scheduled monthly training sessions for the year and all staff were encouraged to attend them.

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

The practice was participating in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. We saw the results of the February 2016 test. There were 3 responses they stated that they were extremely likely they would recommend the practice to family, and friends.

We saw the practice held various practice meetings on a daily, weekly and quarterly basis. The meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.