

Dr Naveed Khalid

Fusion Dental Practice

Inspection Report

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Withington
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Overall summary

We carried out this announced inspection on 10 April 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.

We told the NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

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

Fusion Dental Practice is in Withington and provides NHS and private treatment to adults and children.

The practice is in a high street location, a step at the front entrance and up to the treatment room limits access for people who use wheelchairs and pushchairs. On street parking is available near the practice.

The dental team includes one dentist, one dental nurse and one reception manager. The practice has one treatment room.

Summary of findings

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

During the inspection we spoke with the dentist and the reception manager. The dental nurse was not present. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 09:00 to 17:00 and occasional Saturdays by prior arrangement.

Our key findings were:

- The practice was clean, the premises would benefit from refurbishment.
- The practice had infection control procedures which reflected published guidance.
- Medicines and life-saving equipment were available. The practice did not have access to an Automated External Defibrillator.
- 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 had a process to deal with complaints positively and efficiently.

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

- Review availability of staff training and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' (In particular, to audit infection prevention and control on a six-monthly basis).
- Review the protocols and procedures to ensure staff are up to date with their mandatory training; including safeguarding, and their Continuing Professional Development.
- Review its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010 and ensure a Disability Discrimination Act audit is undertaken for the premises.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

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 arrangements for dealing with medical and other emergencies. The practice did not have an Automated External Defibrillator (AED) and a risk assessment was not in place. Evidence was sent that the practice immediately obtained an AED after the inspection.

The practice had not registered their dental x-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). The dentist sent evidence that they had actioned this immediately.

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.

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. The practice did not retain training records for the dental nurse.

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 22 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, caring and considerate. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

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

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. Staff were fluent in Urdu, Punjabi and Hindi and they had access to telephone interpreter services.

The practice did not have a disability access assessment. Reasonable adjustments had not been made for patients with disabilities. We discussed reasonable adjustments that the practice could make

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

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

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

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff told us there had not been any incidents or accidents at the practice, they demonstrated that they knew the importance of reporting incidents and understood their role in the process.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and we saw evidence of this. Relevant alerts were acted on but not stored for future reference. The dentist told us they would retain relevant alerts in future.

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 up to date safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse, human trafficking and modern slavery. We saw evidence that the dentist and reception manager had received safeguarding training, evidence of training was not available for the dental nurse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. 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 used a safer sharps system and 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 the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Emergency equipment and medicines were generally available as described in current guidance. Staff kept

records of their checks to make sure these were available and in working order. We noted that self-inflating bags and a child-sized oxygen mask were not available, and syringes had expired. Glucagon was refrigerated but the temperature of the fridge was not monitored. Staff had not completed hands-on emergency and completed training in emergency resuscitation and basic life support since 2016. The dentist told us they had identified this was not up to date prior to the inspection, we saw evidence that staff had completed online training in medical emergency scenarios as an interim measure until hands-on training could be completed. We observed that staff were familiar with the emergency kit and correct operation of the medical oxygen cylinder.

The practice did not have an Automated External Defibrillator (AED) and a risk assessment was not in place. We later received evidence that they obtained an AED after the inspection.

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 staff recruitment files. These showed the practice followed their recruitment procedure.

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

The practice used a locum agency to provide dental nursing support as necessary. The reception manager told us they verbally confirmed with the agency that appropriate checks were carried out on these staff. We confirmed that locum staff received an induction to ensure that they were familiar with procedures and equipment. These processes were not documented.

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. A fire risk assessment was in place and we saw evidence that staff regularly checked the smoke detector. Up to date Control of Substances Hazardous to Health (COSHH) risk assessments and product safety data sheets were in place. The practice had

Are services safe?

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 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.

Decontamination processes were carried out in the treatment room. The practice had suitable arrangements for cleaning, checking, sterilising and storing instruments in line with HTM01-05. An illuminated magnification device was available to inspect instruments prior to sterilisation. On the day of the inspection, we noted this device was broken. The dentist confirmed they would ensure this was repaired or replaced. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice did not carry out infection prevention and control audits. We discussed the requirement to carry out audits on a six-monthly basis, staff confirmed this would be actioned.

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.

The staff records we reviewed with the practice manager provided evidence to support the relevant 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.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

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

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. The practice had not registered their dental x-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17). The dentist later sent evidence that they had submitted this after the inspection.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiograph audits every year following current guidance and legislation.

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 dentist recorded the necessary information.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice. Patient's comments confirmed that the dentist was very informative and gave them information to improve their oral health.

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 as appropriate.

The dentist 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 an informal induction, this process was not documented. We confirmed the dentist

completed the continuous professional development required for their registration with the General Dental Council. Training records for the dental nurse were not retained by the practice.

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 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 may not be able to make informed decisions. The dentist was aware of the need to consider Gillick competence when treating young people under 16. The dentist 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were polite, caring and considerate. Staff treated patients respectfully, appropriately and kindly and were friendly and helpful towards patients over the telephone.

Anxious patients said staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The layout of reception and waiting area did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient needed more privacy they would

hold their discussion in the treatment room. The reception computer screen was 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.

There were magazines, patient and practice information in the waiting room, and thank you cards were available for patients to read.

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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The treatment room had a screen so the dentist could show patients photographs and X-ray images when they discussed treatment options.

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. Several patients commented they had attended the practice as a result of recommendations from friends or relatives.

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.

Tackling inequity and promoting equality

The practice did not have a disability access assessment. Reasonable adjustments had not been made for patients with disabilities. A step at the front entrance and into the treatment room limited access for people who use wheelchairs and pushchairs. We discussed reasonable adjustments that the practice could make. The reception manager told us they would carry out an assessment of the premises without delay.

Staff were fluent in Urdu, Punjabi and Hindi, they could provide information in different formats to meet individual patients' needs. Staff told us they had access to interpreter/translation services, but these were rarely needed

Access to the service

The practice displayed its opening hours in the premises and on the NHS Choices website.

We confirmed the practice kept waiting times and cancellations to a minimum. Staff told us they made courtesy calls to patients to remind them of forthcoming appointments.

The practice was committed to seeing patients experiencing pain on the same day. 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 complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The dentist was responsible for dealing with these. The receptionist told us they would tell the dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The dentist 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.

Staff told us the practice had not received any complaints in the last 12 months. The practice had a procedure in place to enable them to respond to concerns appropriately.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The reception 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 up to date 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 did not have an AED and had not carried out a risk assessment in relation to this.

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.

We observed an open, no blame culture at the practice. Staff told us they held ongoing informal discussion to raise any issues and discuss clinical and non-clinical updates. It was clear the practice worked as a team and dealt with issues professionally.

Learning and improvement

During the inspection we found staff were open and responsive to discussion and feedback to improve the practice. The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and radiographs. They had clear records of the results of these audits and the resulting action plans and improvements.

The dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff told us they completed highly recommended training, mostly online, each year. The General Dental Council requires clinical staff to complete continuous professional development. We noted that they had not completed hands-on training in medical emergencies and basic life support since 2016. This was discussed with the dentist who had ensured they completed online training until hands on training could be completed. The practice did not retain training records for the dental nurse.

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

The practice used verbal comments to obtain staff and patients' views about the service. 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.