Mr. G.N. Rashid

G N Rashid

Inspection Report

1st Floor
207 Kilburn High Road
London
NW6 7JG
Tel: 020 7624 0083
Website: N/A

Date of inspection visit: 12 October 2016
Date of publication: 21/10/2016

Overall summary

We carried out a follow-up inspection of this service on 12 October 2016.

We had undertaken an announced comprehensive inspection of this service on 28 June 2016 as part of our regulatory functions where breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

We revisited the surgery as part of this review and checked whether they had followed their action plan.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for GN Rashid on our website at www.cqc.org.uk.

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?

No action

At our previous inspection we had found that the practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment. The practice had not assessed the risk of preventing, detecting and controlling the spread of infections and had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff.

At our inspection on 12 October 2016 we found that this practice was now providing a safe service in accordance with the relevant regulations. The practice had put into place robust arrangements for infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). We found that all the equipment used in the practice was properly maintained. Staff were aware of the importance of identifying, investigating and learning from patient safety incidents. Staff received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Following our review on the 12 October 2016 we were assured that action had been taken to ensure that the practice was providing a safe service and there were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

Are services effective?

No action

At our previous inspection we found the practice was not assessing patients' needs and delivering care and treatment, in line with relevant published guidance, such as from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DH) and the General Dental Council (GDC). For example, X-rays and medical histories were not taken at appropriate intervals; treatment plans were not completed and given to patients. Dental care records did not show that treatment options were explained to patients to ensure they could make informed decisions about any treatment.

The practice did not have arrangements in place for working with other health professionals to ensure quality of care for their patients. Staff had not received Mental Capacity Act (MCA) 2005 training and did not demonstrate an awareness of their responsibilities under the Act.

At our inspection on 12 October 2016 we found that the practice had put into place systems and processes to ensure the dental care provided was evidence based and focused on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Staff had received professional training and development appropriate to their roles and learning needs and were meeting the requirements of their professional registration.

Following our review on 12 October 2016 we were assured that there were now systems in place to provide effective care and treatment in line with current published guidelines.

Are services well-led?

No action

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of

Summary of findings

patients, staff and visitors. Policies and procedures were not effective to ensure the smooth running of the service. Risk assessments such as for Legionella, health and safety and COSHH had not been carried out. Practice meetings were not being used to update staff or support staff. There were no processes in place for staff development, no appraisals and no evidence of how staff were supported. Audits such as those on the suitability of X-rays, infection control and dental care records had not been undertaken. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

At our inspection on 12 October 2016 we found that the practice had put into place a clinical governance system which covered all aspects of clinical governance pertinent to dentistry. This included policies and procedures in relation to infection control, health and safety, fire safety, Legionella control, complaints handling, clinical audit and risk management. Systems had been put into place to demonstrate that these policies and procedures were carried out effectively.

Following our review on 12 October 2016 we were assured that action had been taken to ensure that the practice was well-led because there were now effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

G N Rashid

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a review of this service on 12 October 2016. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 28 June 2016 had been made. We reviewed the practice against three of the five questions we ask about services:

- Is the service safe?
- Is the service effective?
- Is the service well-led?

The review was carried out by a CQC inspector and a dental specialist advisor.

During our review, we spoke with the principal dentist and a trainee dental nurse who is also the receptionist. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Control of Substances Hazardous to Health (COSHH) risk assessment
- Health and safety risk assessment
- Legionella risk assessment
- Continuing Professional Development (CPD) training certificates
- Disclosure and Barring Service (DBS) checks
- Practice policies and procedures
- Audits such as infection control

Are services safe?

Our findings

Reporting, learning and improvement from incidents

At our inspection on 12 October 2016 we found the practice had undertaken a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH) in July 2016. The practice now had a comprehensive COSHH folder. The practice had a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and staff we spoke with understood the requirements of COSHH and RIDDOR.

The practice had updated the incidents and accident reporting procedure. The policy described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording them in the accident book

Staff were aware of their responsibilities under the Duty of Candour. The practice had a policy on the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection which was implemented in July 2016. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. All staff had completed child protection and safeguarding adults training to an appropriate level.

At our inspection on 12 October 2016 we found the practice had a health and safety policy. Policies and protocols were implemented in July 2016 with a view to keeping staff and patients safe. The practice had undertaken a health and safety risk assessment in July 2016. For example, we saw records of risk assessment for eye injuries, manual handling, electrical faults and slips, trips and falls.

The practice had undertaken a fire risk assessment and a fire inspection had been undertaken in September 2016.

Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out.

Staff told us that a rubber dam was used for root canal treatment in line with guidelines issued by the British Endodontic Society (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured). We saw that a rubber dam kit was in place along with the other systems for preventing swallowing or inhalation of files.

Medical emergencies

The practice now had an automated external defibrillator (AED) in line with the Resuscitation Council UK guidelines. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice had a policy for safety alerts which listed the agencies that provide alerts and how they should be dealt with. The principal dentist had registered with Medicines and Healthcare products Regulatory Agency (MHRA) to receive alerts.

The emergency medicines and equipment were stored in a central location known to all staff and the expiry dates of medicines and equipment was monitored using monthly check sheets that enabled staff to replace out of date medicines and equipment promptly. The dentist had received training in cardiopulmonary resuscitation (CPR) in July 2016. We did not see evidence of training for the trainee dental nurse. Following our inspection the practice sent us confirmation that training had been booked for 21 November 2016.

Staff recruitment

The practice had a recruitment policy which was implemented in July 2016 and all staff recruitment records had been updated. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an

Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Immunisation records were available for all members of staff.

Infection control

At our inspection on 12 October 2016 we found the practice now had effective systems in place to reduce the risk and spread of infection. The practice had in place a robust infection control policy that had been reviewed in July 2016. Staff described the process for cleaning and decontaminating dental instruments and procedure were s in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We saw that the dental treatment room, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment room. Hand washing facilities were available and hand washing protocols were also displayed appropriately in various areas of the practice. The drawers of the treatment room were inspected and these were clean, ordered and free from clutter. The treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

Staff described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. The practice carried out decontamination in a separate decontamination room. The trainee dental nurse demonstrated the process for cleaning, inspection, sterilisation, packaging and storage of instruments which followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing for the initial cleaning process, following inspection with an illuminated magnifier they were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process were working effectively. It was observed that the log books used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment was due to be carried out again by a competent person in July 2016.

The segregation and storage of clinical waste was in line with current guidelines issued by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly segregated and stored. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked room within the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. We also saw that general environmental cleaning was carried out cleaning according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines.

Equipment and medicines

We found the practice had appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave. A pressure vessel check had been carried out in August 2016.The practice had portable appliances and had carried out portable appliance tests (PAT) in July 2016.

Radiography (X-rays)

The practice had a radiation protection file. We were shown documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance log and a copy of the local rules. The maintenance log was within the current recommended interval of three years.

Are services safe?

In summary, following our review on the 12 October 2016, we found evidence which showed that the practice was providing a safe service. There were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 12 October 2016 the dentist described to us a typical patient journey through the practice. They described how they carried out consultations, assessments and treatment and these were in line with recognised general professional guidelines. They described to us how they carried out a patient assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer.

Patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient and treatment options explained. Relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient dental care record would be updated with the proposed treatment after discussing options with the patient. A treatment plan would be given to each patient and this included the cost involved. Patients would then be monitored through follow-up appointments and these were scheduled in line with their individual requirements.

The dentist explained that they would record details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. These would be carried out where appropriate during a dental health assessment.

Health promotion & prevention

Staff told us the practice was focussed on the prevention of dental disease and the maintenance of good oral health. The dentist explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications, prescriptions for high concentrated fluoride tooth paste and fluoride mouth rinses to keep their teeth in a healthy condition. Other advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to patients where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. A clinical audit we observed demonstrated that the dentist had given oral health advice to patients and carried out preventative interventions in accordance with Delivering Better Oral Health.

The practice had health promotion information displayed in the reception area. This included information on gum disease, diet and caring for dentures.

Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality. We saw records which showed that the trainee dental nurse had completed induction in August 2016. The trainee dental nurse was registered on a course which could lead to registration with the General Dental Council (GDC).

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that most staff members were up to date with CPD and registration requirements issued by the GDC. Staff had completed training in infection control, compliance and information governance. We saw records which showed the principal dentist was due to attend an IRMER course on 14 October 2016.

The practice had a policy and procedure for staff appraisals to identify training and development needs. Staff showed us the practice training policy which used appraisals to identify staff's individual training needs.

Working with other services

The dentist was able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The

Are services effective?

(for example, treatment is effective)

practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

At our inspection we found the practice now had a policy on consent. The dentist explained how they implemented the principles of informed consent; they had a clear understanding of consent issues. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Staff told us patients were given time to think about the treatment options presented to them. Staff told us individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Some staff had received formal training on the MCA. Staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Following our review on 12 October 2016 we were assured that action had been taken to ensure that the practice was effective because there were now systems in place to provide effective care and treatment in line with current published guidelines.

Are services well-led?

Our findings

At our inspection on 12 October 2016 we found the practice now maintained a comprehensive system of policies and procedures. We noted management policies and procedures were kept under review and were held on an easily accessible computer web based library. The principal dentist demonstrated that they had a good understanding of how the compliance system operated. We observed that in a relatively short time the new systems and processes were fully embedded and working well.

Staff were aware of their responsibilities under the Duty of Candour. The practice had a policy on the Duty of Candour.

The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Protocols for audits such as record keeping and radiography had been developed.

In summary, following our review on the 12 October 2016 we found evidence that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.