Mr Imran Azmat

# Mr Imran Azmat - Birchfield Road

## Inspection Report

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## Overall summary

**Background**

Mr Azmat's Dental Practice at 19 Birchfield Road has two dentists who each work part time, two part time dental nurses and a receptionist. All of the dental nurses were qualified and registered with the General Dental Council (GDC). The practice's opening hours are 9am to 1pm and 2pm to 5pm on Mondays, Tuesdays and Fridays and 9am to 1pm and 2pm to 5.30pm on Wednesday and Thursdays. Appointment times vary slightly from opening times on Monday, Tuesday and Friday with the last appointment being available at 3.30pm.

Mr Azmat's Birchfield Road Dental Practice provides NHS treatment for both adults and children. The practice is situated in a converted residential property. The practice has two dental treatment rooms; both on the ground floor, one of which has steps to gain access and the other providing access for patients with limited mobility. There is a separate decontamination room for cleaning, sterilising and packing dental instruments. There is also a reception and separate waiting area. The patient toilet is located on the first floor of the building and is therefore not suitable for those patients who would not be able to use stairs to gain access.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 12 completed cards and spoke to five patients. These provided a positive view of the services the practice provides. All of the patients commented that the quality of care was good and we were told that staff were friendly and helpful.

We carried out an announced comprehensive inspection on 3 November 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

**Our key findings were:**

- The practice had mechanisms in place to record significant events and accidents.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control audits were being undertaken on a six monthly basis.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.

# Summary of findings

- Patients were treated with dignity and respect and confidentiality was maintained.
- Health promotion advice was given to patients appropriate to their individual needs such as smoking cessation or dietary advice.
- Staff received regular training and appraisal systems had been implemented effectively.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Patients felt involved in all treatment decisions and were given sufficient information, including details of costs to enable them to make an informed choice.
- There were clearly defined leadership roles within the practice and staff told us they felt supported and comfortable to raise concerns or make suggestions.
- The practice sought feedback from staff and patients about the services they provided.
- The practice undertook a rolling programme of clinical audit which showed that a consistent standard was being maintained in relation to standards of patient assessment, infection control and dental radiography.

We identified regulations that were not being met and the provider must**:**

- Ensure an effective system is establishedto assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This should include systems to maintain and monitor emergency medicine and equipment, first aid packs and fire systems. Where appropriate fire and X-ray signage must be in place.
- Ensure that actions identified in the legionella risk report dated May 2013 are addressed and an updated assessment is undertaken.
- Ensure that an accurate, complete and contemporaneous record is kept in respect of each patient, including a record of the decisions taken in relation to the care and treatment provided.

You can see full details of the regulations not being met at the end of this report.

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

- Review the training, learning and development needs of individual staff members at appropriate intervals.
- Regular staff meetings should be held to discuss any issues within the practice including significant events, complaints and discuss audit results.
- Undertake reviews and audits of consent and provide consent records that contain full details of conversations held.
- Implement clear procedures for managing comments, concerns or complaints.
- Implement systems to record the batch numbers of all anaesthetic on the premises including that which is located in the stock room.

# 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.

Systems were in place to record significant events and accidents and staff were aware who to report incidents and accidents to within the practice. Staff had received initial training regarding safeguarding vulnerable adults and children. Policies and procedures were in place and staff were aware of the action to take if abuse were suspected.

There were sufficient numbers of suitably qualified staff working at the practice.

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

The dental care provided was evidence based and focussed 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 were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Patients told us that staff explained treatment options to ensure that they could make informed decisions about any treatment they received; however records seen did not all demonstrate this.

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

We collected 12 completed comment cards. These provided a completely positive view of the service; we also spoke to five patients who also reflected these findings. All of the patients commented that the quality of care was very good. Some patients commented that the dentists provided excellent advice and treatment, treatment was explained clearly and we were told that the staff were caring and put them at ease. We found that patient records were stored securely and patient confidentiality was well maintained.

**Are services responsive to people's needs?**
We found that this practice was providing responsive care in accordance with the relevant regulations.

The service was aware of the needs of the local population and took these needs into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with information about how to prevent dental problems and on the indicative costs of dental treatment. Both dental treatment rooms were on the ground floor although one had a few steps to gain entrance. Ramped access was provided at the rear of the building enabling ease of access for patients with mobility difficulties and families with prams and pushchairs. There was a clear complaints procedure and information about how to make a complaint was available in the reception area. The practice had not received any formal written complaints and had audited verbal complaints received.

**Are services well-led?**
We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice had some clinical governance and risk management structures in place although systems in place to protect patients and staff from risk of harm were not robust, for example staff were not completing documented

# Summary of findings

checks to ensure that equipment required in an emergency were all available and in good working order. Appropriate signage was not available on doors to demonstrate fire exits and rooms in which X-ray machinery could be used. There was no evidence that action had been undertaken to address issues identified in the 2013 legionella risk assessment and a further risk assessment was due for completion in May 2015 and was overdue.

Systems in place for monitoring staff training were not effective and staff required update training regarding safeguarding and basic life support. Staff had not undertaken any training regarding fire safety.

Systems were in place for obtaining patient feedback. Staff told us that they felt well supported and could raise any concerns with Mr Azmat and the dentists. Staff said that they enjoyed working at the practice

# Mr Imran Azmat - Birchfield Road

**Detailed findings**

## Background to this inspection

We carried out an announced, comprehensive inspection on 3 November 2015. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

We informed NHS England area team that we were inspecting the practice, however there were no immediate concerns from them.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the patient treatment records and patient dental health education programme. We reviewed comment cards completed by patients and spoke to five patients. Patients gave very positive feedback about their experience at the practice.

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**

We were told about the systems in place for reporting and learning from incidents. We saw that there was a significant events policy and a log book for recording significant events. Two significant events had been logged within the last four years which related to a burglary and also storm damage to the property. These had been discussed informally but had not required discussion at a full practice meeting.

We were told that there had been no sharps injuries or other accidents at the practice; an accident log book was available for completion if required. There was a practice policy regarding accidents and the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) in line with health and safety requirements.

We saw that the practice had information for staff regarding duty of candour. This gave guidance to staff to ensure that patients would be told when they were affected by something that had gone wrong and informed of actions taken as a result.

Staff we spoke with told us that they received national alerts regarding patient safety via email. We were told that these were sent to the dentist who would then pass this information on to other staff within the practice if applicable. We saw that safety alerts were kept in a folder for staff to view if required. Mr Azmat told us that none of the recent alerts were relevant to the practice.

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

The practice had safeguarding policies and procedures and various other pieces of information to guide staff such as flow charts for reporting abuse and action plans for safeguarding adults and children. Practice policies recorded the name of the person who had been identified as the safeguarding lead within the practice. Staff spoken with were aware who to go to within the practice if they had any safeguarding concerns and confirmed that there had been no safeguarding incidents that required further investigation by appropriate authorities. Guidance was available for staff regarding signs and symptoms of abuse and staff said that they could speak with any of the dentists if they had any concerns. We saw that safeguarding posters were on display in the reception and waiting room. These gave details of external contacts to report suspicion of abuse.

Training records showed that all staff had received safeguarding training for both vulnerable adults and children, Mr Azmat told us that the next training available was November 2015 and staff would be booked on this course.

We spoke to the dentist about the prevention of needle stick injuries. The treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. The responsibility for disposal of sharps instruments rested with each dentist. Dental nurses spoken with confirmed this. There was a practice protocol regarding the safe use and disposal of sharps and information regarding the action to take should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked about the instruments which were used during root canal treatment. A dental nurse told us that root canal treatment was carried out using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). We saw that rubber dam kits were available for use if required. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

**Medical emergencies**

The practice had some arrangements in place to deal with medical emergencies, although these were not robust. Medicine, oxygen and an automated external defibrillator (AED), (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm), were available but regular checks were not made on all of this equipment. For example staff were not completing regular checks of the AED to ensure that it was in good working order. Oropharyngeal airways needed to be changed as they had passed their expiry dates

# Are services safe?

(Oropharyngeal airways are medical devices used to maintain or open a patient's airway). The practice did not have an automated blood glucose measurement device but this was purchased by Mr Azmat during the inspection. The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. These were checked and all were within their expiry dates. The expiry dates of medicines were monitored using a monthly check sheet which enabled the staff to replace out of date drugs and promptly. Staff spoken with were aware of the location of the emergency equipment and medicine.

Staff had attended training to maintain their competence in dealing with medical emergencies, however this had not been completed on an annual basis as the last training was undertaken in May 2014. We were told that staff would be booked on to the next available training course.

The practice had first aid kits available for use. There was no formal system for checking these to ensure that first aid items were available. We saw that the 'Kool pack' had expired in 2014 and required replacing. (Kool packs are used to treat soft tissue injuries to relieve pain and swelling).

**Staff recruitment**

We looked at staff recruitment files and saw that they did not contain all relevant pre-employment checks. However, we were told that all staff had worked at the practice for over five years which is prior to regulation by the Care Quality Commission (CQC). (Dental practices were required to register with the CQC under the Health and Social Care Act in 2011). The practice had recently introduced a new recruitment policy that described the processes to follow when employing new staff. This included obtaining relevant pre-employment information.

Employment files contained details of the immunisation status for each member of staff. We saw that Disclosure and Barring Service checks (DBS) had been completed for all staff apart from the receptionist. These are checks to 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. Information was available regarding the staff member's professional registration and also contained copies of training certificates.

Newly developed induction processes were available should the practice employ a member of reception staff or a dental nurse. We were told that this would be utilised as required.

There were enough support staff to support the dentists during patient treatment. All of the dental nurses supporting the dentists were qualified and registered with the General Dental Council (GDC). A receptionist was employed to ensure that the reception area was not left unmanned at any time. A dental nurse we spoke with told us that they covered each other's workload at times of pre-planned annual leave. Dentists and dental nurses from other practices owned by Mr Azmat would also be used to cover any times of sick leave or annual leave.

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

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. A health and safety policy was available as well as British Dental Association (BDA) advice notes regarding health and safety and fire risk. The practice carried out a number of risk assessments including Control of Substances Hazardous to Health (COSHH). Other assessments included health and safety and water quality risk assessments. These assessments included details of the risks identified and actions taken and they were reviewed annually.

The practice had recently purchased standardised policies and procedures and Mr Azmat confirmed that they were in the process of amending these policies to contain details relevant to the practice. A business continuity plan was available to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service; however contact details for external services such as plumbers, electricians were not recorded. Mr Azmat confirmed that they had these details and would ensure the business continuity plan was updated with this information as soon as possible.

Fire safety systems were not robust. For example no evidence was provided to demonstrate that staff had received fire training. Staff spoken with said that they had recently completed a fire drill and this was included on the agenda for a practice meeting recently held. We were told that fire training would be arranged for staff as soon as possible. Smoke alarm checks were undertaken on a weekly basis and we saw records to confirm this. However, we were told that emergency lighting was available but

routine checks were not being carried out to ensure it was in good working order. We did not see fire procedure notices displayed in the practice. An external agency had recently serviced the fire extinguishers in the practice.

**Infection control**

Systems were in place to reduce the risk and spread of infection within the practice. Mr Azmat had the overall responsibility for infection control procedures but day to day responsibility was designated to the dentists who worked at the practice. The infection control procedure was on display in the decontamination room for staff if required. We saw that dental nurses had undertaken training regarding infection prevention and control within the last 12 months.

It was noted that the two dental treatment rooms, waiting area, reception and toilets were visibly clean, tidy and clutter free. Patients spoken with and comment cards received confirmed that the practice was always generally clean. Hand washing facilities were available including wall mounted liquid soap and gels and paper towels in each of the treatment rooms and toilets. Signs reminding staff of appropriate hand washing techniques were available by each sink.

An infection control audit was completed at the practice in July 2015 and the next audit was to be completed in January 2016. We saw that not all work surfaces were free from damage which may present an infection control risk.

Staff spoken with were able to describe 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 and demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines. Each treatment room had the appropriate routine personal protective equipment (PPE) available for staff and patient use. Patients we spoke with confirmed that dental staff wore PPE during any checks or treatment they carried out.

The practice utilised a separate decontamination room for instrument processing. This room was very well organised and was very clean, tidy and clutter free. Protocols were displayed on the wall to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in this room. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Spill kits were available; these are used to treat any spillage of mercury, blood or bodily fluid to reduce the potential for spread of infection.

The practice used manual cleaning methods for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). The practice used a non-vacuum autoclave. When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The drawers of a treatment room were inspected. We saw that instruments stored in drawers had been packaged in line with current guidelines. There was a list in the decontamination room of equipment that was for single use. Staff were aware of which instruments were for single use only.

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). We were told about the methods used which were in line with current HTM 01 05 guidelines.

A Legionella risk assessment had been carried out at the practice by a competent person in May 2013. We saw that the next legionella assessment was overdue and we were told that this was to be arranged. We saw that various issues for action were identified in the May 2013 risk assessment and we were not shown any evidence to demonstrate actions taken. We were told that the 2013 risk assessment had only recently been made available at the practice as it had been misplaced by the company who completed the report. Work would be undertaken to address the issues raised before another risk assessment was completed. The practice had completed a legionella detection test which gave a negative result.

We observed that clinical waste bags were securely stored away from patient areas. Consignment notices demonstrated that clinical waste was removed from the premises on a regular basis by an appropriate contractor. Patients could be assured that they were protected from the risk of infection from contaminated dental waste.

# Are services safe?

Environmental cleaning was carried out by practice staff each day.

**Equipment and medicines**

Systems were in place to ensure that maintenance checks were undertaken on equipment used at the practice. Electrical appliances had received a portable appliance test (PAT) in October 2015 and further testing was due to be carried out in October 2016. Stickers were in place on portable electrical equipment to demonstrate the testing undertaken. Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example the autoclave was serviced and calibrated in August 2015.

We saw that one emergency medicine was being stored in the fridge. However, staff were not carrying out fridge temperature checks to ensure that this medicine was stored at the appropriate temperature. Ddental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. However, staff were not recording details of the stock available in the stock room. There was therefore no audit trail for receipt and use of local anaesthetics. The practice stored prescription pads in a secure cupboard to prevent loss due to theft.

**Radiography (X-rays)**

We checked the radiation protection records and looked at the X-ray machines at the practice. We saw two intra-oral digital X-ray machines. However, we saw that surgery doors did not display notices conforming to legal requirements to inform patients that X-ray machines were located in the room.

We were shown a radiation protection file 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 Supervisors. Each individual dentist acted as the Radiation Protection Supervisor for their dental treatment room. We saw that a copy of the local rules was on display on each surgery wall.

We saw the critical examination packs of all X-rays sets used in the practice. We also saw a copy of the most recent radiological audit for each dentist. We saw that there was a variation in the standard of radiographs that were grade one and grade two standard. Not all of the audits seen had been completed correctly.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

The dentists working in the practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines.

We were told about the assessment of patients which included the patient completing a medical history questionnaire, disclosing any health conditions, medicines being taken and any allergies suffered. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and any signs of mouth cancer.

We saw dental care records which demonstrated that details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth were recorded. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out where appropriate during a dental health assessment. Dental care records seen showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. However we saw that treatment options given to the patient were not always recorded.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. Preventative care was provided with the use of fissure sealants and fluoride varnish. We were told that high concentration fluoride toothpastes were prescribed for adult patients at high risk from dental decay. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements and this was dependent upon, for example, previous dental history, dental caries and oral cancer risk.

A treatment plan was then given to each patient and this included the cost involved.

**Health promotion & prevention**

The waiting room at the practice contained literature in leaflet form and posters that explained how to reduce the risk of poor dental health. Free samples of toothpaste were also available.

The dentists and dental nurses we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. Leaflets regarding the effects of smoking on oral health were available in the waiting area.

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The dental care records we looked out demonstrated that dentists had given oral health advice to patients. The practice had recently been involved in a project with the clinical commissioning group regarding the risks of chewing paan. (Paan is tobacco that is chewed but not smoked).This had been carried out in the local Bengali community. Leaflets regarding risks were produced in both English and Bengali.

**Staffing**

There was an appraisal system in place which was used to identify training and development needs. We saw the appraisal records for 2015. Staff told us they were able to speak out during appraisal and discuss any training needs. We were told that Mr Azmat and dentists at the practice were approachable and supportive. Records showed professional registration with the GDC was up to date for all staff.

Staff recruitment files seen contained training certificates and continuing professional development logs (CPD). CPD is a compulsory requirement of registration as a general dental professional. Staff told us that they were responsible for ensuring their CPD was up to date. E-learning, internet articles and journals were all sources of learning for staff. We saw that staff had previously undertaken training in cardio pulmonary resuscitation (CPR), although refresher training was now overdue. Other training which was also overdue included child protection and adult safeguarding and staff had not undertaken specific fire safety training. We saw that staff were up to date with training regarding infection control, and other specific dental topics.

**Working with other services**

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made when required to other dental specialists. For example patients requiring oral surgery were referred to the dental hospital and

# Are services effective?

## (for example, treatment is effective)

orthodontic patients were referred to orthodontic specialists. A referral letter was then prepared and sent to the treatment provider; patients were given a copy of their referral letter.

The practice kept a record of all referrals to ensure that continuity of care was maintained. The practice were notified when patients did not attend their referral appointments.

**Consent to care and treatment**

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. Staff we spoke with had a clear understanding of the MCA and we were told that if necessary a patient's capacity to consent would be considered and decisions would be made in their best interests. Relatives and carers would be used to ensure that the best interests of the patient were taken into consideration. Staff spoken with confirmed that they had undertaken e-learning regarding the Mental Capacity Act.

We spoke to the dentist, Mr Azmat, a dental nurse and looked at clinical records regarding consent. We saw that records were not detailed regarding consent. The practice did not review or audit consent procedures.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

Patients told us that dental staff were kind, friendly and helpful. We observed how staff interacted with patients and noted that patients were treated with respect. Staff said that the majority of patients had been visiting the dental practice for many years and staff knew them well. We reviewed the 12 CQC comment cards patients had completed prior to the inspection; patients commented that privacy and confidentiality was always maintained and we were told that staff were helpful and professional.

Staff were aware of the actions to take to ensure confidentiality was maintained. We saw that the waiting room was situated away from the reception area which helped to ensure that conversations held at the reception desk could not be heard by patients waiting to be seen. Staff told us patients were able to have confidential discussions about their care and treatment in an office or one of the treatment rooms.

Treatment rooms were situated away from the main waiting area and we saw that doors were able to be closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Practice computer screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

**Involvement in decisions about care and treatment**

The practice provided treatment plans to their patients receiving NHS treatment which detailed indicative costs. A poster detailing NHS treatment costs was displayed in the reception area.

Staff told us that dentists took their time to explain treatment to patients. We did not see evidence in all of the patient records we looked at that the dentist recorded information they had provided to patients about their treatment options open to them. However, patients we spoke with commented that they felt involved in any treatment decisions and all options were explained.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

We discussed appointment times and scheduling of appointments. We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment.

Staff told us that routine appointments were usually booked up to two weeks in advance but patients could request an appointment at an earlier date if required. Emergency appointments were available on the same day that patients telephoned the practice. Patients we spoke with confirmed this. We were also told that they found it easy to get a routine appointment at the practice and were generally seen within a few minutes of their appointment time.

The feedback we received from patient comment cards was positive. Patients described staff as caring and professional and said that they received good care.

**Tackling inequity and promoting equality**

The practice is located in a converted residential property which had disabled access and car parking spaces to the rear. There were two treatment rooms which were both located on the ground floor, however there were two steps to gain access to one of these rooms. The dental nurse told us that where they were aware that patients required assistance staff would be ready waiting to provide this or patients would be seen in the other treatment room. The patient toilet was located on the first floor of the building and was therefore not accessible to patients with mobility problems.

The practice recognised the needs of different groups in the planning of its services. Staff told us that they had not used an interpreter services previously as the main language spoken by practice patients was English. However staff also spoke four local community languages (Gujarati, Punjabi, Urdu and Mirpur). The practice's complaints information was also available in alternative languages as well as a poster regarding oral cancer.

**Access to the service**

The practice is open Monday, Tuesday and Friday between the hours of 9am to 1pm and 2pm until 5pm and on a Wednesday and Thursday from 9am to 1pm and 2pm until 5.30pm. Appointment times differ on a Monday, Tuesday and Friday with the last appointment available being 3.30pm. The routine opening hours were on display within the practice and were available on the practice leaflet. However information contained within the practice leaflet differed from the information given on the day of inspection.

There was no text message reminder service in place. However reception staff telephoned patients who had an appointment for treatment that was due to take 30 minutes or more. We were told that this helped patients remember to attend their appointments.

Patients spoken with and comment cards received did not highlight any issues regarding access to the service. We were told that patients had satisfactory access to the service and did not have difficulty getting through to the practice on the telephone.

**Concerns & complaints**

Information for patients about how to complain was on display in the waiting area. This gave details of who to speak to within the practice and the contact details of other organisations patients could contact if they were unhappy with the practice's response to a complaint. For example the Parliamentary and Health service Ombudsman and NHS England.

Staff told us that any formal or informal comments or complaints received were forwarded to the dentist for action and to ensure that these were responded to. We were told that the practice had not received any formal written complaints. We were shown an audit which demonstrated that the four verbal complaints had been received within a 12 month period and these had been acted upon. We were told that verbal complaints were not logged as they were usually resolved at the time they were made. The complaint audit seen showed that all four complaints related to the same issue. Systems in place to monitor complaints to identify trends and learn from issues identified were not robust.

None of the patients we spoke with on the day of inspection or comment cards received raised any issues or concerns about this dental practice. Patients said that they had not had the need to complain but felt confident that staff would act on any issues raised.

# Are services well-led?

## Our findings

**Governance arrangements**

Governance arrangements in place were not robust, for example systems in place to monitor emergency equipment were not effective as some equipment had passed their expiry dates and one piece of equipment was not available, although this was purchased on the day of inspection. Emergency medicine was being stored in the fridge but fridge temperatures were not being monitored to ensure this medicine was being stored in line with manufacturer's instructions. There was no system for checking first aid kits to ensure equipment was within its expiry date and the Kool pack within the kit had expired.

Although staff were recording batch numbers and expiry dates for local anaesthetic use, there was no system in place for recording stock available within the practice.

The dentists had responsibility for the day to day running of the practice, support was provided by the practice team and Mr Azmat when required. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns. However, there were no systems to monitor staff training to ensure they were all up to date. Update training was overdue regarding safeguarding adults and children and basic life support. Staff had not completed any fire safety training but confirmed that they had undertaken fire drills at the practice.

We were told that emergency lighting was available but there was no system in place to monitor emergency lighting to ensure it was in good working order. Fire procedure notices were not displayed to record where staff should meet in the event of a fire.

Relevant policies and procedures were in place. Standardised policies and procedures had recently been purchased and these were in the process of being adapted to meet the needs of the dental practice, for example the business continuity plan did not record contact details for external agencies such as plumber or electrician. Existing policies were still available and had been reviewed on a regular basis. Policies available included safeguarding, recruitment, infection prevention and control and health and safety. Staff were aware of the location of the policy folder and confirmed that it was easily accessible.

Staff confirmed that Mr Azmat or dentists were always available to provide advice and guidance if required. We saw that standardised agendas were used for staff training/ practice meetings. The last meeting held was June 2015. The practice could therefore not demonstrate that practice meetings were held on a regular basis.

As well as regular scheduled risk assessments, such as control of substances hazardous to health (COSHH), health and safety and sharps the practice undertook clinical audits on a regular basis. These included infection prevention and control, clinical record keeping, and radiographs. However, the practice did not review or audit consent procedures. The legionella risk assessment which was completed in 2013 was overdue for review. We were not shown any evidence to demonstrate that the action identified during the 2013 risk assessment had been completed.

**Leadership, openness and transparency**

Mr Azmat did not work at this practice and the day to day running of the service was allocated to the two dentists who worked there. There was no practice manager and management tasks were undertaken by the dentists and Mr Azmat. Staff we spoke with were aware of their roles and responsibilities and said that the dentists held all delegated lead roles, such as complaints, infection control and safeguarding.

We found staff to be caring towards the patients and committed to the work they did. Staff told us that there was an open and honest culture within the practice. Staff felt confident to raise issues which they felt would be dealt with immediately.

**Learning and improvement**

We found that there was a rolling programme of clinical audits taking place at the practice. These included important areas such as infection prevention and control, clinical record keeping and X-ray quality. The records we saw demonstrated that the practice was maintaining a consistent standard in relation to standards of patient assessment, infection control and dental radiography.

We looked at the agenda and minutes of practice meetings. We saw that standard agendas had been developed for each month. These covered refresher training for staff. Brief notes were recorded alongside the agenda. Staff had signed to demonstrate that they had attended the meeting.

# Are services well-led?

We saw that the last meeting held at the practice was in June 2015. Staff told us that they would speak with a dentist or Mr Azmat in between practice meetings if they had an issue or concern. We were told that dentists were approachable and helpful.

Dentists and dental nurses completed training to support their continuous professional development (CPD). We saw that CPD logs were available which recorded the number of hours of training staff had completed. Staff told us that they were responsible for ensuring that their CPD was up to date. However CPD was discussed at annual appraisal and support was offered if required. CPD must be completed for continued registration with the General Dental Council (GDC).

Staff told us that a new e-learning package had recently been introduced and they were using this to undertake refresher training. We were told that staff completed this training in their own time or occasionally at work if time permitted. Although staff had undertaken safeguarding and basic life support training this was due for renewal and we did not see evidence that staff had undertaken formal fire safety training.

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

We spoke with staff about the methods used to obtain feedback from patients and from staff who worked at the practice. We were told that the friends and family test (FFT) had been introduced and staff were encouraging patients to complete these. The friends and family test is a national programme to allow patients to provide feedback on the services provided. The results of the most recent FFT were available on the NHS Choices website; we saw that 90% of people who completed this survey would recommend the dental practice.

We saw that a staff survey had been undertaken previously, although this was not dated so it was not clear when this was completed. Staff said that they had an annual appraisal and regular practice meetings were held. We were told that the dentists and Mr Azmat were approachable and helpful and staff were encouraged to raise issues and speak out.

We saw that there was no suggestions box available and staff confirmed that this had been removed as it was not used. We were shown the last two patient satisfaction surveys undertaken. Neither of these were dated and it was therefore difficult to identify when these surveys were undertaken. We saw that a low number of responses were available, however positive comments were recorded. We were told that patient surveys had been stopped when the FFT was introduced but would be re-introduced in the near future.

Patients spoken with said that staff were friendly and approachable; none of the patients spoken with could remember being asked to complete a survey about the practice. We were told that the practice received thank you cards from patients and these were put on display in the reception area. The practice had not completed an analysis of satisfaction surveys and there was no evidence that the results of surveys were made available to staff or patients.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**How the regulation was not being met:**<br>**The practice did not have effective systems in place to;**<br>• Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. This should include systems to maintain and monitor emergency medicine and equipment, first aid packs and fire systems. Where appropriate fire and X-ray signage must be in place.<br>• Ensure that actions identified in the legionella risk report dated May 2013 are addressed and an updated assessment is undertaken.<br>• Ensure that an accurate, complete and contemporaneous record is kept in respect of each patient, including a record of the decisions taken in relation to the care and treatment provided.<br>Regulation 17 (1)(2)(a)(b)(c)(f) |