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Bordesley Village Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 19 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information for us to take into account.

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

Bordesley Village Dental Practice is in Birmingham and provides NHS treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including two for patients with disabled badges, are available near the practice.

The dental team includes three dentists, four dental nurses (all of whom are trainees) and two practice managers (one of whom is a qualified dental nurse). The practice has three treatment rooms. An independent advisor visits the practice on a fortnightly basis to assist with its management.

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 34 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

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

The practice is open between 9am and 5:30pm from Monday to Friday. It also opens on Saturdays between 9am and 1pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of few items.
- 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 recruitment procedures but these were not thorough.
- The clinical staff provided patients' care and treatment in line with current guidelines; however, some of the staff required further training in patient consent and the delivery of oral health promotion.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements. They should:

- Review the practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Review the practice's system for documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from significant events and complaints to help them improve. Staff were advised to use learning from other types of incidents too.

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 recruitment checks. Improvements were needed because we identified deficiencies in the practice's recruitment procedures.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments with the exception of storage of one type of instrument.

Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available with the exception of a few items.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. However, some of the staff required further training in some areas such as patient consent and improving oral health.

Patients described the treatment they received as professional and fantastic. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, professional and competent. They said that they were given plenty of time to ask questions 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. This included providing facilities for disabled patients and families with children. The practice had access to face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded 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 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 and significant events. Staff knew about these and understood their role in the process. However, they were not recording all incidents to support future learning. Examples of incidents were discussed with the practice manager and we were assured that these would be documented with immediate effect.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System. Relevant alerts were discussed with staff, acted on and stored for future reference.

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 safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. 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. The policy did not include details about external organisations that staff could contact if they wished to raise concerns about their colleagues external to the practice. This was amended immediately.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. Not all of the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. When the dentists did not use a rubber dam, the reason(s) were not always documented in the patient's dental care records and no details were given as to how the patient's safety was assured.

The practice had a business continuity plan describing how it would deal with events which could disrupt its normal running.

Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance with the exception of a paediatric self-inflating bag (and associated face masks). The self-inflating bags were ordered promptly and we were shown evidence that two clear masks had also been ordered. However, the guidance recommends five different sizes. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a recruitment policy for the safe recruitment of staff; however, this did not have specific information about the acceptance of historical Disclosure and Barring Service (DBS). Within two working days, the provider sent us an amended policy and this was more specific and reflected the relevant legislation.

We looked at three staff recruitment files. These showed the practice did not always follow their recruitment procedure as they did not include the necessary information for clinical staff members' Hepatitis B immunisation status. We saw evidence that clinical staff had received immunisations against blood borne viruses (such as Hepatitis B) to ensure the safety of patients and staff. However, we found that risk assessments had not been completed where there was a gap in assurance around this. The provider contacted us after the inspection and provided evidence of two risk assessments which gave details of additional precautionary measures that staff would undertake to protect themselves and patients. We also found that there was one staff member whose personnel file did not contain evidence that they had received immunisations. This information was forwarded to us two weeks after the inspection.

Are services safe?

The dentists were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. Evidence of current indemnity cover was not kept on site for all staff; however, this information was forwarded to us within 48 hours of our visit.

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. The practice had current employer's liability insurance.

A dental nurse worked with the dentists 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. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. However, there were some instruments that had not been stored in line with guidance. We discussed this with staff and they assured us they would begin implementing changes with immediate effect. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

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

The practice did not store records of NHS prescriptions in line with current guidance. Prescription sheets were not being stamped at the point of issue, and were not being suitably recorded so they could be tracked if needed. Staff assured us they would store these securely and keep a log of prescriptions to ensure that all prescriptions could be tracked.

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.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. However, the dental nurses would sometimes grade the X-rays even though they were not adequately trained to do so. Staff assured us that only dentists would grade their X-rays and this would be in line with current guidance from the Faculty of General dental Practitioners.

The practice carried out X-ray 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 dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice demonstrated areas where they focused on preventative care and supported patients to ensure better oral health. However, not all of the dentists were carrying this out in line with the Delivering Better Oral Health toolkit (DBOH). Within 48 hours, the provider informed us that documentation of the DBOH was available in the practice and staff planned to hold a peer review meeting to implement this clinically.

Some of the dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. Not all of the dentists used fluoride varnish for children to reduce the risk of tooth decay.

The dentists 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

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. Staff new to the practice had a period of induction based on a structured induction programme and we saw evidence of this when staff were recruited in 2016. However staff that had been recruited previously did not have documented induction records.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. 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.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

We spoke to the dentists and not all of them understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) when treating adults who might not be able to make informed decisions. Within 48 hours, we were told that the provider had enrolled on a MCA 2005 training course.

The dentists were all aware of Gillick competence and the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We saw evidence of mental capacity assessments for patients who lacked the capacity to consent. These would act as a template to ensure that staff were carrying out protocols in line with the MCA 2005.

The practice had installed CCTV (Closed Circuit Television) to improve security for patients and staff. Cameras were not present in the treatment rooms. The CCTV Code of Practice (Information Commissioner's Office, 2008) states that signs should be prominently displayed to inform visitors that surveillance equipment has been installed. Staff had displayed appropriately positioned signage in the practice.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, professional and fantastic. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were 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 and a television in the waiting room.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

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.

The practice had an appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

The practice had an appointment system to respond to patients' needs. Dedicated daily slots were incorporated into each dentist's appointment diary to allow them to treat patients requiring urgent dental care. Consequently, staff told us the majority of patients who requested an urgent appointment would be seen on the same day. If these slots became unavailable, the practice was able to accommodate patients by utilising a 'sit and wait' policy. We reviewed the appointment book and found that some appointments were double-booked but there were also a high proportion of patients who failed to attend their appointments.

Patients told us they had enough time during their appointment and the dentists provided them with thorough explanations about treatment required. However, some feedback on NHS Choices stated that patients felt rushed.

Staff told us that at the time of our inspection they had some patients for whom they needed to make adjustments to enable them to receive treatment. They shared examples of how they supported patients with physical disabilities.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access (via a side entrance), a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell. There was also an area in the waiting room that was dedicated for patients with wheelchairs or pushchairs.

Staff said they could provide information in different languages to meet individual patients' needs. This included written and verbal information. Staff spoke a variety of languages and we were told that they had encountered very few problems communicating with patients. Languages spoken by staff included Urdu, Hindi and Bengali. They had access to interpreter services which included British Sign Language and braille. These services were used occasionally by staff where required.

Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. The website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

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

The practice manager 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.

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. The practice advisor was recruited in April 2017 and also assisted with management and governance. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

The practice had won an award for 'Employer of the Year' by a local body in 2016. We were told that they had been shortlisted for the award in 2017 too.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used comment cards and verbal comments to obtain staff and patients' views about the service. They were due to commence patient and staff surveys in October 2017. We saw examples of suggestions from patients the practice had acted on, such as the provision of baby changing facilities. The practice also provided magazines for patients after this was requested and activities for children in the play area in the waiting room.

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.