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# The Broadway Dental Practice

## Inspection Report

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Date of inspection visit: 10 February 2020  
Date of publication: 16/03/2020

### Overall summary

We carried out this announced inspection on 10 February 2020 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 this practice was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

We found this practice was not providing well-led care in accordance with the relevant regulations.

##### **Background**

The Broadway Dental Practice is in Catford in the London Borough of Lewisham and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice for a fee. Local transport services are available nearby.

# Summary of findings

The dental team includes two principal dentists, two associate dentists, two dental nurses, a trainee dental nurse and a practice manager (who is also a qualified dental nurse and can provide nursing cover). Reception duties are covered by the practice manager and the dental nurses. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Broadway Dental Practice is the one of the principal dentists.

On the day of inspection, we collected 37 CQC comment cards filled in by patients.

During the inspection we spoke with one of the principal dentists, one of the associate dentists, both of the dental nurses, the trainee dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

9.00 – 6.00pm Monday, Tuesday, Wednesday and Friday

9.00 - 8.00pm Thursday

9.00 - 1.00pm Saturdays (one Saturday a month).

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.

- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were required with regards to the provider having an oversight of staff's training.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. Improvements were required with regards to carrying out regular checks to ensure medicines were within their use by date and ensuring availability of medical oxygen and equipment.
- Improvements were required to the systems that helped the provider manage risk to patients and staff.
- Improvements were required to the information governance arrangements.
- Improvements were required with regards to following infection control procedures published guidance.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## Full details of the regulations the provider was not meeting are at the end of this report.





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

- Take action to ensure all clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Requirements notice</b> 
<b>Are services effective?</b>	<b>No action</b> 
<b>Are services caring?</b>	<b>No action</b> 
<b>Are services responsive to people's needs?</b>	<b>No action</b> 
<b>Are services well-led?</b>	<b>Requirements notice</b> 

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

Staff we spoke with knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We saw evidence that three staff members had received safeguarding training, although two of them had completed the training in 2012. Training certificates were not available for other staff members, although we were assured by the senior staff that they had completed it.

The provider had an infection prevention and control policy and procedures. However they were not fully following guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. For example, there was no dedicated hand washing sink in the decontamination room, pouched instruments were not sealed properly and some were not dated for expiry and what appeared to be rusty forceps were found in use. Improvements were required in relation to arrangements for cleaning, checking and storing instruments in line with HTM 01-05 guidance.

We saw evidence that some staff completed infection prevention and control training and received updates as required.

The records showed staff carried out daily and weekly checks to equipment used by staff for cleaning and sterilising instruments. There was no evidence of servicing of the autoclave.

The provider had suitable numbers of dental instruments available for the clinical staff.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider was not carrying out regular infection prevention and control audits.

The provider had whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected relevant regulation. Most of the staff working in the service had been there for many years. We looked at one recruitment record of a staff member who had been recruited recently. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

An external fire risk assessment was carried out in 2006 in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the

# Are services safe?

building and fire exits were kept clear. Fire equipment was serviced annually. However, there was no documentary evidence available of fire safety checks or assessments or routine testing to fire equipment.

There was no evidence of five year fixed electrical wire testing. Portable appliance testing was carried out periodically.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider was not carrying out radiography audits in line with current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

## Risks to patients

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. We saw evidence that some staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed.

Emergency equipment and medicines were available as described in recognised guidance. However, some items such as needles and the EpiPen were past their use by date. The medicine used to maintain blood sugar levels in medical emergency (Glucagon) was also not stored in line with manufacturers guidelines.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider did not have risk assessments to minimise the risk that can be caused from substances that are hazardous to health as per Control of Substances Hazardous to Health Regulation 2002 (COSHH).

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were generally typed and managed in a way that kept patients safe. Dental care records we saw were generally complete, legible kept securely and complied with General Data Protection Regulation requirements. Improvements were required to ensure all dental care records were complete..

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

Improvements were required to the storage and systems for monitoring NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were not being carried.

## Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

## Are services safe?

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Improvements were required with regards to ensuring dental care records reflected consultations with patients.

The practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. Improvements were required with regards to the availability of medical oxygen. The practice relied on the medical oxygen cylinder stored with the medical emergencies and did not have a second oxygen cylinder as recommended in guidance.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance.

The practice offered dental implants. These were placed by the one of the principal dentists and one of the associates who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to a scanners, X-rays and models to enhance the delivery of care.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

### **Monitoring care and treatment**

The practice kept dental care records containing information about the patients' current dental needs, past

# Are services effective?

(for example, treatment is effective)

treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. Improvements were required to ensure all dentists recorded this in dental care records.

## **Effective staffing**

Staff new to the practice including agency staff had an induction programme. We were able to confirm that some clinical staff completed the continuing professional

development required for their registration with the General Dental Council. Evidence of continuing professional development was not available on the day for two dentists, one nurse and the practice manager.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.



# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, kind and respectful. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients comments indicated that staff were compassionate and understanding.

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

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

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. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' 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.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Sign language interpreters were available for people with hearing problems. Patients were also told about multi-lingual staff that might be able to support them. This includes staff who spoke Spanish, Arabic and Portuguese.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. 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 and information leaflet provided patients with information about the range of treatments available at the practice.

One of the dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, videos, X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, autism and adults and children with a learning difficulty. They were also signed up to a local initiative relating to supporting patients with diabetes.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

37 cards were completed, giving a patient response rate of 74%. All views expressed by patients were positive. Common themes within the positive feedback were friendliness and professionalism of staff, quality of treatment, easy access to dental appointments, flexibility of appointment times.

We shared this with the provider in our feedback.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a magnifying glass and accessible toilet

Staff had not carried out a disability access audit and had formulated an action plan to continually improve access for patients

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice included its opening hours in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website, information leaflet 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.

### Listening and learning from concerns and complaints

The practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. There was also a poster in reception advising patients of the policy.

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 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 manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received 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

We found 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 section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### Leadership capacity and capability

We found that the principal dentists had the capacity and values to deliver high-quality, sustainable care.

Staff told us that the principal dentist and practice manager worked closely with them to make sure they prioritised compassionate and inclusive leadership.

### Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Most of the staff had worked in the practice for many years. There was a clear culture of support and staff told us that their developmental needs were met. We saw evidence that staff had the opportunity to discuss learning and development with the principal dentists periodically.

They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### Governance and management

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. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. Improvements were required with regards to governance arrangements for staff training. The provider did not have a robust system in place for monitoring staff training that had been completed, so they could not be assured that clinical staff were up to date with continuing professional development.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

### Engagement with patients, the public, staff and external partners

Staff involved patients, the public and staff to support the service.

The provider used comment cards and encouraged verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider did not have had quality assurance processes to encourage learning and continuous improvement. There were no audits of radiographs and disability access. An infection prevention and control audit had been completed recently but there were inaccuracies recorded in the audit. There was no history of previous auditing in this area.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>Records of routine checks were not being maintained for fire safety equipment including smoke alarms, fire drills and general fire safety checks.</li><li>There was no evidence of five year fixed electrical wire safety checks.</li><li>There was no COSHH file in place.</li><li>There was only one oxygen cylinder and the practice carried out sedation so did not have a backup in the event of an emergency.</li><li>We found items including needles and EpiPen in the medical emergencies kit which were past their use by date,.</li><li>Glucagon was not stored in line with manufacturers guidelines.</li><li>Some dental instruments were not pouched appropriately or date stamped for expiry.</li><li>There was a lack of appropriate hand washing sinks available to staff in the practice.</li><li>There was no evidence of servicing to the autoclave.</li><li>There was no system in place for monitoring or tracking prescription pads.</li></ul> <p>Regulation 12 (1)</p>

Regulated activity	Regulation
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## Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Governance arrangements were not robust in relation to staff training. For example there was no evidence of continuing professional development for two dentists, one of the dental nurses and the practice manager;
- Systems were not in place for auditing various aspects of the service including radiography, Antibiotic Prescribing and disability access.
- Infection control audits were not being routinely completed and there was inaccuracies recorded in the one we reviewed.

Regulation 17 (1)