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New Brooklyn Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 22 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

New Brooklyn Dental Centre is in Birstall and provides private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a dedicated car park.

The dental team includes one dentist, two dental nurses, (one of whom is a trainee), two dental hygienists, one receptionist and a practice manager (who is also a qualified dental nurse). The practice has one treatment room.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 66 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist, one dental nurse, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9:00am to 7:00pm

Tuesday from 9:00am to 4:00pm (Hygienist only)

Wednesday from 9:00am to 8:00pm

Thursday from 9:00am to 5:00pm (Hygienist only)

Friday from 9:00am to 5:00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which kept patients safe.
- Staff knew how to deal with emergencies. Some emergency equipment was unavailable and some had passed their expiry dates.
- Improvements could be made to the process for reducing risks associated with fire and sharps.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Minor improvements could be made to the staff recruitment process.

- The dentist provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- Minor improvements could be made to the overall governance system.
- Staff felt involved and supported and worked well as a team.
- The practice asked 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 and should:

- Review the process for checking medical emergency equipment taking into account guidelines issued by the Resuscitation Council (UK).
- Review the current fire risk assessment and ensure it accurately reflects circumstances at the practice and ensure regular checks of the fire alerting system are carried out.
- Review the practice's sharps procedures to ensure they are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's recruitment policy and procedures to ensure proof of identification is requested and recorded suitably.
- Review the practice's audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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 incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles. The practice did not always obtain proof of identification as part of the recruitment procedure.

The fire risk assessment did not identify issues we observed on the day of inspection. A sharps risk assessment had not been carried out.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had some arrangements for dealing with medical and other emergencies. Some items of the medical emergency equipment were not present and some had passed their expiry date. We were later sent evidence that the missing items had been ordered.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as fantastic, excellent and of the highest standard. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles 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 66 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and professional. They said that the dentist listened to them and explained treatments and any associated costs. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



Summary of findings

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 took account of 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 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 some arrangements to ensure the smooth running of the service. We noted some policies lacked detail and were not up to date.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. We noted the latest infection control audit did not have an action plan associated with it.

The practice asked for and listened to the views of patients.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). 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. We saw evidence that staff received safeguarding training and knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. It was not clear from the policies what the correct contact numbers for the local safeguarding team was. We were assured this would be addressed.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. Staff described to us the process for dealing with sharps. A formal sharps risk assessment had not been completed.

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. When a rubber dam was not used alternative methods of protecting the patient's airway were used.

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

Medical emergencies

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

Emergency medicines were available as described in recognised guidance. We noted a child sized self-inflating bag and paediatric defibrillator pads were not available. The adult defibrillator pads and oro-pharyngeal airways and oxygen masks had passed their expiry date.

The system in place for checking emergency equipment was not effective. We were assured that a new process would be implemented to prevent re-occurrence.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at four staff recruitment files. These showed the practice had carried out most required checks. There was no photographic identification for any staff. We were later told this had been obtained.

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

Monitoring health & safety and responding to risks

The practice had health and safety policies and risk assessments. A fire risk assessment had been completed but not all risks were identified. For example, we observed there was no emergency lighting and there were several cardboard boxes stored in some of the rooms. We raised this issue on the day of inspection and we were later sent evidence a new fire risk assessment had been carried out.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentist and dental hygienists 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.

Are services safe?

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had carried out an infection prevention and control audit. This audit did not have an action plan. We were assured that this audit would be re-done to ensure an action plan was formulated.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

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

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

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 dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits following current guidance and legislation.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

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

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they discussed oral hygiene, smoking and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Consent to care and treatment

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The dentist showed patients X-rays, models and diagrams to help them understand proposed treatments.

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 efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day if the dentist was working. If the dentist was not working at the practice then they would either be booked in the next day or the dentist would arrange to see them after normal working hours.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The service offered a text message reminder service for upcoming appointments.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and a ground floor toilet.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language.

Access to the service

The practice displayed its opening hours in their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain within 24 hours. The 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle 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. 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 last 12 months. These showed the practice responded to concerns appropriately in line with the practice's policy.

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. 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. We noted some of these policies did not contain sufficient detail. For example, the recruitment policy did not contain the checks which were carried out prior to staff commencing employment, and the whistleblowing policy did not contain details of external organisations that staff could contact if needed. The infection control policy referred to out of date guidance for the storage of sterile instruments and it was not clear from the safeguarding policy what the correct telephone numbers were for the local safeguarding team. We were assured these would be reviewed and updated accordingly.

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

Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. Concerns could be discussed openly and it was clear the practice worked as a team and dealt with issues professionally.

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. We noted the infection prevention and control audit did not have an action plan associated with it. We were told this would be reviewed to ensure an action plan was produced.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses 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 training, including medical emergencies and basic life support. 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 patient surveys and a comment book to obtain patients' views about the service. We looked at a selection of comments from patients. These were all positive about the service which was being provided.