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Boston House

Inspection Report

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Overall summary

We carried out this announced inspection on 10 August 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 and Healthwatch that we were inspecting the practice. They did not provide any information.

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

Boston House is in the City of London and provides private treatment to patients of all ages.

The practice is located in the basement of the building and there is step access as well as lift access for people who use wheelchairs and pushchairs. The practice is in the City of London and therefore parking is limited, however parking is available for a fee in the surrounding area. There are good transport links in the vicinity.

Summary of findings

The dental team includes eight dentists, two dental nurses, two dental hygienists and a practice manager. All of the dentists are specialists in areas such as orthodontics, prosthodontics, endodontics, periodontics and oral surgery. The practice has two treatment rooms.

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 14 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

8.00am to 6.00p Monday to Fridays. Appointments are available outside of these times on request.

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.
- 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 thorough staff recruitment procedures.
- 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.
- 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.

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 and the practice completed essential recruitment checks.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

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. Patients described the treatment they received as professional, thorough and informative. 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 14 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, caring and kind. They said that they were given helpful and thorough explanations about dental treatment, 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.

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



Are services responsive to people's needs?

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

No action



Summary of findings

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 telephone interpreter services if required 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.

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, clearly written or 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, 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. There was a log of significant events and analysis was shared with staff verbally. Staff were aware of RIDDOR reporting procedures and had completed training.

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 displayed on the staff noticeboard for staff to reference.

There has been one accident in the past 12 months. The accident was recorded in the accident book.

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. The principal dentist was the safeguarding lead and staff were aware of this. Details of the local authority for reporting safeguarding concerns was in the policy, which was easily accessible to all staff. 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 practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

us examples of recent events which they had to use the procedure for. This included a total loss of electricity. The plans in place ensured that patients care had minimal disruption.

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. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. They also kept an additional stock of emergency medicines to ensure they never ran out of medicines due to expire.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. Prior to employment staff were required to provide information which included proof of qualifications, up to date CV, safeguarding training and proof of identity. We looked at six staff recruitment files. These showed the practice followed their recruitment procedure.

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

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. A general health and safety risk assessment had been carried out on the 4 August 2017 by an external company. No major risks were identified however suggestions were made to improve health and safety. The practice also carried out their own general risk assessments annually to ensure risks were monitored internally.

A Legionella risk assessment was carried out by the landlord for the whole building however the practice also completed their own assessment every two years. We saw

Are services safe?

the most recent assessment completed on the 4 August 2017. There were minor actions to be completed however the practice had already completed some and had an action plan in place to complete the remaining actions.

A fire risk assessment had been recently carried out by an external company. The practice had evidence of the weekly tests the landlords carried out to test the smoke alarms and other fire safety tests. There was a contract in place for servicing fire equipment annually.

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 dentists. Dental hygienists did not have nurses working with them. There was no written risk assessment in place for their either. We spoke with the principal dentist and they explained that whilst there was no written procedure they had considered the risks. Their explanations demonstrated that risks has been considered and procedures were in place in the event of a hygienist needing a dental nurse (the practice manager was a qualified dental nurse with current registration and they provided cover if necessary).

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. 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.

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. Thorough checks were made to medication and records maintained to demonstrate what, when, and to whom medicines were dispensed. All medicines were dispensed by the dentist along with advice on how to administer.

The practice stored and kept records of prescriptions as described in current guidance.

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. The practice carried out X-ray audits every six months 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.

The practice did not carry out conscious sedation however if a patient required sedating an external seditionist was requested. The practice had systems to help them do this safely. This included systems and checks before and after treatment, medicines management, sedation equipment checks and their training. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice assessed patients appropriately 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 American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health.

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. One of the dental nurses' was an oral health educator and also provided patients with oral health advice.

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 on a regular basis with the principal dentist and felt confident that development opportunities were available. For example one of the staff team was in the process of developing to a more senior role.

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. Some of the specialists were in house so referrals were often made internally. Even when a referral was made internally, the dentist always carried out their own assessment.

There was a procedure in place for 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. The practice monitored urgent referrals to make sure they were dealt with promptly.

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.

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

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

Staff said that nervous patients were treated compassionately and with understanding. They had a screen in each treatment room and patients could watch TV to ease their anxieties and distract them.

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.

Music was played in the treatment rooms and there was television access so patients could watch TV whilst being treated. In the reception there were magazines and music was also played. The practice provided drinking water, tea and coffee.

Information leaflets 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 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 and more complex treatment such as implants and orthodontic work.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. Staff also used models and photographs to explain treatment options to patients needing more complex treatment.

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 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.

Staff told us that they currently had patients for whom they needed to make adjustments to enable them to receive treatment. The patient population was predominantly local professionals who worked close to the practice. Due to this whilst the practice generally closed at 6pm they often made appointments outside of their core hours to suit patients' availability.

The practice population was mainly professional working in the local area. In response to patients needs they supplied free Wi-Fi so that patients could access the internet and work while they were waiting for their appointment, if they needed to.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. The practice was in the basement of the building and there was lift access for people with mobility problems and prams/ wheelchairs. There were accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services and staff spoke different languages including Russian, Slovakian, Greek, French and Polish.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum. The majority of staff worked locally and made appointments in between work times.

Staff told us that if the dentist was running late they would ring patients to alert them so that they could leave their office a little later and avoid being absent from work longer than necessary. Staff told us that patients appreciated this.

The practice was committed to seeing patients experiencing pain on the same day and was usually always able to fit people in for same day appointments. Patients were sometimes given an actual appointment time otherwise they were invited to come in and wait for the next available slot to see the dentist. Patients who had extensive treatment such as an implant or extractions were always given the dentists telephone number following the treatment in case they developed any problems and needed advice or treatment out of opening hours. For general emergencies; the 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.

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. There had not been any complaints in the past 12 months. We reviewed historical complaints and saw they were handled in line with their policy. Compliments and comments we looked at were very positive. 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. 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. The principal dentist and practice manager were responsible for reviewing and updating the practice policies and procedures. 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.

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.

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. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held informal meetings on a regular basis because many of the staff worked part time. If important outcomes were discussed then this would be

communicated to the staff who did not attend and if necessary a message put on the staff notice board to update them. 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, clinical waste and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They discussed learning needs, general wellbeing and aims for future professional development on a regular basis and staff were supported to fulfil development aspirations. Not all staff had written appraisals however all staff we spoke with were happy with development and support they were given. Staff gave examples of areas they had been supported and assisted to develop.

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 patient comment cards/verbal comments/ online rating systems to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted upon. For example patients required more hygienist appointments so as a result they employed an additional hygienist to meet the demand.