Dr. Shubnum Rabaab

Pentwyn Dental Surgery

Inspection Report

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Date of inspection visit: 3 August 2017
Date of publication: 11/10/2017

Overall summary

We carried out this announced inspection on 3 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 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

Pentwyn Dental Surgery is in West Bromwich and provides NHS and private treatment to patients of all ages.

There is a treatment room on the ground floor and this accommodates patients with wheelchairs and pushchairs. However, there is no level access to the practice as there are a few steps leading to the main entrance. Car parking spaces are available near the practice.

The dental team includes two dentists, five dental nurses (one of whom is a trainee), one dental hygienist therapist,

Summary of findings

one receptionist and a practice manager. The dental nurses also carry out reception duties. The practice is in the process of recruiting another dentist. The practice has three 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 47 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 one dentist, two dental nurses, one 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 9am – 5:30pm

Tuesday 9am – 8pm

Wednesday 9am – 5:30pm

Thursday 9am – 5:30pm

Friday 8:30am – 4pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Some improvements were required.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available but improvements were required with checks undertaken.
- 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 staff recruitment procedures but improvements were required to ensure a robust system was in place.
- 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.

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

- Review availability of medicines and equipment to manage medical emergencies during domiciliary visits, giving due regard to guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team. Equipment checks should be in line with current guidance.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. .
- Review the practice's current audit protocols to ensure audits of key aspects of service delivery are undertaken at regular intervals and, where applicable, learning points are documented and shared with all relevant staff.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the flooring, work surfaces and upholstery in clinical areas and consider replacing them with a smooth impervious covering as soon as any defects are identified.

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?

No action

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 knew how to recognise the signs of abuse and how to report any safeguarding concerns. However, not all of the staff were up to date with safeguarding training.

Staff were qualified for their roles and the practice completed recruitment checks. We identified some processes which were not operating effectively.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning and sterilising dental instruments. We identified that instruments were not always stored correctly however.

The practice had suitable arrangements for dealing with medical and other emergencies. We noted that the frequency of checks undertaken was not in line with recommended guidance.

Are services effective?

No action

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. 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 but did not have systems to help them monitor this.

Are services caring?

No action

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

We received feedback about the practice from 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite and friendly. They said that they were given thorough explanations about their 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.

Summary of findings

Are services responsive to people's needs?

No action

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 interpreter services and had arrangements to help patients with 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?

No action

We found that this practice was providing well-led care in accordance with the relevant regulations.

We identified areas of weakness in governance at the practice. However, the provider had recruited a full-time practice manager a few weeks prior to our visit. We were told that many improvements had been identified and action already taken by the newly recruited manager.

The practice manager had already made many 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 now 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.

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) and the Central Alerting System. The practice's arrangements for this had changed only a few days before our visit. Previously, we were told that the provider received any relevant alerts and handed printed copies to relevant staff members. However, the practice manager had recently changed the process so that any new relevant alerts would be 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff shared an anonymised example of a referral that they made following safeguarding concerns about one of their patients. This demonstrated excellent team-working skills and appropriate discussions with relevant organisations. We reviewed a selection of staff files and found that many staff members had not completed recent verifiable training in safeguarding children and/or vulnerable adults. Staff had received internal training a few days prior to our visit. This was led by the provider.

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

We looked at the practice's arrangements for safe dental care and treatment. Risk assessments had recently been completed but these did not have review dates. The practice's approach was inconsistent with respect to following relevant safety laws when using needles and other sharp dental items. There were two risk assessments relating to the handling of sharp instruments. The most recent risk assessment stated that only the dentist/dental therapist should dismantle used sharp instruments so that fewer members of the dental team were handling these. This reduced the risk of injury to other staff members posed by used sharp instruments. However, we found staff were not consistently following their own guidance as we were told that the dental nurses were also involved in this process. Following the inspection, the provider informed us they had advised the clinicians that they must dismantle and dispose of used sharp instruments.

Not all of the dentists consistently used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. When the dentist(s) did not use rubber dam, we were told the reason(s) were documented in the patient's dental care records giving details as to how the patient's safety was assured.

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 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. However, these checks were not in line with current guidance by The Resuscitation Council (UK). The guidance states that staff in a primary care dental facility should check the resuscitation equipment at least weekly. Staff at the practice checked the emergency oxygen weekly but all of the other equipment was checked on a monthly basis.

We found that the bodily fluid spillage kit and mercury spillage kit had both expired. Within two working days, the provider sent us evidence that they had ordered the bodily fluid spillage kit.

Are services safe?

The practice's arrangements for dealing with medical emergencies did not extend to dental visits made by staff to the patient's home. Staff undertaking the external visits did not take the complete set of emergency equipment or medicines with them.

Staff recruitment

The practice had a recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure; however, they did not consistently document verbal references. We were told that verbal references were sought and obtained for two staff members; however, their file did not contain any details of the referees or dates. We also found that the provider was inconsistent when making decisions regarding seeking Disclosure and Barring Service (DBS) checks. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults. The provider had applied for DBS checks for some staff during the recruitment phase but did not for one staff member (whose DBS check was over three years old at the time of recruitment). The provider told us they would ensure that they follow strict recruitment procedures moving forward.

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

Monitoring health & safety and responding to risks

We reviewed the practice's health and safety policies and risk assessments and found that several of these required updating to help manage potential risk. These covered general workplace and specific dental topics. 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 and dental therapists when they treated patients.

The practice's arrangements for fire safety required improvements. We saw evidence that the fire extinguishers were serviced annually. Fire exit signage and instructions were clearly displayed and the fire blankets were easily accessible. One of the staff members had completed fire marshal training and this was valid until 2019. We were told that the smoke alarms were tested weekly but this was not documented. We were told that fire drills were carried out weekly to ensure that staff were rehearsed in evacuation procedures; however, this was also not documented. we saw evidence that the provider had made enquiries for an external contractor to undertake a fire risk assessment but this had not been completed at the time of writing this report. Within two working days, the provider sent us a log of the monthly fire drills.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. We looked at the COSHH file and found this to contain risk assessments for most relevant substances. Risk assessments for blood and saliva were not contained within the COSHH file but these were added within two working days of our visit.

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. We saw evidence that some, but not all, 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. The provider informed 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. However, these audits were not accurate representations of the practice, for example, they had not recorded that some of the chair upholstery was torn. Action plans were not documented following analysis of the results. Within two working days, staff had carried out a new audit and an action plan was provided to us. This included the relevant information.

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

Are services safe?

We saw cleaning schedules for the premises. These did not include cleaning of the carpets but this was added to the schedules after our visit. The practice was clean when we inspected and patients confirmed this was usual.

One of the autoclaves at the practice had been appropriately serviced recently but a protective cover was missing. Within two working days, the provider sent us evidence that this cover had been installed.

In two treatment rooms, there were small tears in the dental chairs which would make effective cleaning difficult. Some areas of the flooring and work surfaces in the clinical areas also were not appropriately sealed. Some of the walls required re-painting and the carpet in non-clinical areas needed to be added to the cleaning schedule. This was brought to the attention of the provider. Within two working days, the provider informed us they had arranged for the necessary repairs to be carried out in a few weeks' time.

On the ground floor, decontamination procedures were carried out in the treatment room. There was a separate decontamination room on the first floor which was used by staff in the two treatment rooms on this floor. HTM 01-05 acknowledges that a separate decontamination room is not always achievable due to physical limitations on space.

Equipment and medicines

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

The practice stored and kept records of NHS prescriptions as described in current guidance. However, there was no system for tracking prescriptions. Within two working days, the provider informed us that a logbook had been set up in order to track future prescriptions.

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. Staff told us they carried out X-ray audits every year following current guidance and legislation. We reviewed an X-ray audit from November 2015 during the inspection. Following the inspection, the provider sent us a more recent audit that was carried out in March 2017.

Clinical staff completed continuous professional development in respect of dental radiography but the provider did not monitor this for their staff.

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. However, there were no documented action plans as a result.

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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentist 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

Staff new to the practice had a period of induction based on a structured induction programme. We found that none of the staff had received a formal appraisal as the provider told us they were carrying out verbal appraisals. It was therefore not clear how their performance was assessed or their training needs identified. We found there was no formal system in place to monitor the continuing professional development of staff which is required for their registration with the General Dental Council. The practice manager informed was aware of this requirement and had plans to monitor this.

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. 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 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 had some information about the Mental Capacity Act 2005 (MCA). The dentist understood their responsibilities under the act when treating adults who might not be able to make informed decisions. There was no evidence that staff had completed any MCA training. The dentist was aware of the need to consider Gillick competence 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 polite, lovely and professional. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Nervous patients said they felt at ease and others praised the staff for their child-friendly approach.

Nervous patients also 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. 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 patient survey results were available for patients to read in the waiting room.

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

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 managed patients with physical disabilities.

Promoting equality

The practice made some adjustments for patients with disabilities. There was a treatment room on the ground floor for patients with mobility difficulties. However, there were some steps leading to the main entrance of the practice. Toilet facilities were available for patients but only on the first floor. Staff told us that new patients who hadn't previously visited the practice would always be informed about this. The practice did not have any dedicated car parking spaces for patients with disabilities; however, staff requested that patients informed them of their needs beforehand and they would ensure that the driveway was clear for those requiring parking outside the practice. A hearing loop was available for patients with hearing aids. The practice provided dental care for patients with hearing and visual impairments and described how they accommodated patients with specific requirements.

Staff said they could provide information in different languages to meet individual patients' needs. Staff spoke a variety of languages and we were told that they had not encountered any problems communicating with patients. Languages spoken by staff included Nepalese, Urdu and Punjabi. Staff did not have access to interpreter/translation services but said they had not needed to as the vast majority of patients spoke fluent English.

The practice welcomed and treated asylum seekers and patients from local supported housing – this included patients with diagnosed mental health issues.

Access to the service

The practice displayed its opening hours on their website.

The practice was aware that waiting times were a problem for some patients but they described methods they had adopted to keep this to a minimum. We were told that patients were always informed if the dentist/dental therapist was running late. There was also a notice for patients in the waiting room advising them to inform the receptionist if they were kept waiting beyond their allocated appointment time.

The practice was committed to seeing patients experiencing pain on the same day and utilised a 'sit and wait' policy for their patients requiring urgent treatment. The website, practice 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. Some patients commented they were kept waiting beyond their appointment time.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information was available in the waiting room for patients explaining how to make a complaint. This information did not include details of external organisations that the patient could contact in the event they were dissatisfied with the practice's response. Within two working days, the provider sent evidence to us that this information had been added to the policy.

The practice manager was responsible for dealing with verbal and written complaints. 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. Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

The practice had not received any written complaints in the past 12 months. We reviewed a historic complaint and this showed the practice responded to concerns appropriately.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The principal dentist was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The practice manager was recruited three weeks prior to our visit and many improvements had already been made relating to governance at the practice.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. We noted that a number of these required strengthening. Several of these were in the process of being updated by the recently recruited practice manager. We reviewed some policies that required updates as they referred to staff members who no longer worked at the practice. Other polices were no longer relevant as they did not reflect new legislation laws. The practice manager was experienced and had identified policies that required updating. They were in the process of improving governance arrangements.

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

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. These were on an irregular basis and were not always minuted. Immediate discussions were arranged to share urgent information. The provider informed us they would schedule regular staff meetings and would record minutes.

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. Their auditing processes required improvements as they lacked documented 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. We were told that the whole staff team received verbal appraisals but these were not documented. The practice manager understood the need for documenting this information and showed us blank templates that would be used in future for all appraisals. These would include learning needs, general wellbeing and aims for future professional development.

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. There was no formal method for the provider to monitor their staff's CPD training. Within two working days, the provider sent us evidence of blank training logs which would be used to monitor an individual's CPD.

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

The practice used verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, such as when the provider refurbished parts of the practice.

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.