

# Mr Imad Hashim Al-Hussein

# Montreal Dental Care

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 16 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

### **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 safe care in accordance with the relevant regulations

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

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

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

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

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

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

### **Background**

Montreal Dental Care is situated in Chapel Allerton which is on the outskirts of Leeds. The dental practice comprises of a reception and waiting area, four treatment rooms, a decontamination room, a staff room, toilet facilities and a baby changing area. The premises have been adapted to accommodate wheelchair users, including step free access to the premises, toilet facilities, a lowered reception desk and a special chair that enables treatment to be carried out in a more upright position.

The practice provides NHS and private dentistry. There are four dentists and two hygiene/therapists who are supported by five dental nurses, one of whom is the practice manager and reception staff. Montreal Dental Care is a training practice, they accommodate one foundation dentist each year.

The practice is open from 8.45am to 12.45pm and 2pm to 5.15pm Monday to Thursday, the practice closes at 5pm on Fridays. When the practice is closed, the answerphone directs patients to the NHS 111 service.

The practice is a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 25 patients. These provided a completely positive view of the services the practice provides.

Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

## **Our key findings were:**

- Patients were pleased with the care and treatment they received at the practice.
- Feedback from patients highlighted the practice supported patients to make decisions based on the treatment options available.
- Staff demonstrated a patient-centred approach in the way they worked and showed commitment to providing a quality service to their patients.
- Well organised governance arrangements were in place at the practice.
- Staff said they were well supported and the team worked well together.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.

- The practice had systems and resources in place to assess and manage risks to patients and staff including, infection prevention and control, health and safety and the management of medical emergencies.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- The practice was exceptionally clean, clutter-free and well maintained.
- Patients' needs were assessed and care was planned and delivered in line with current professional guidelines.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding vulnerable adults and children.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- A policy and process was in place for managing complaints.

## **There were areas where the provider could make improvements and should:**

- Review the procedures for checking emergency equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

# 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.

A process was in place for managing significant events. Staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

There were sufficient numbers of suitably qualified staff working at the practice. A recruitment policy was in place.

The practice had systems in place to assess and minimise risks to patients and staff.

Staff had received safeguarding training and they were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Comprehensive infection prevention and control policies were in place. Infection prevention and control audits were being carried out on a six monthly basis.

On the day of inspection we noted the automated external defibrillator and the emergency oxygen were only checked on a monthly basis. The Resuscitation Council UK guidelines suggest these checks should be on a weekly basis. This was raised with the practice manager and the registered provider on the day of inspection and we saw a new checklist was made up by the end of the inspection.

No action



### Are services effective?

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

The team worked well together and there was evidence of good communication with other dental professionals.

The staff received professional training and development appropriate to their roles and learning needs. Staff received an annual appraisal.

Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Consent to treatment was obtained from patients and staff were familiar with the principles of the Mental Capacity Act (2005).

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Staff told us that extra-long appointments were available to support patients who were anxious.

We received feedback from 25 patients. All of the patients commented that the quality of care was very good. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

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.

Patients could access treatment and urgent and emergency care when required.

The practice had been modified to accommodate the needs of people with mobility needs. This included ramp access to the premises, a lowered reception area, accessible toilet and special upright dental chair

Staff told us they could access interpreter services and members of staff spoke a range of languages including Arabic, Spanish and Polish.

No action



## Are services well-led?

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

The principle dentist and practice manager were responsible for the day to day running of the practice.

There was a clearly defined management structure in place and all staff felt supported and in their roles. Staff said there was an open culture at the practice and they felt confident raising any concerns.

The practice held regular staff meetings, which provided an opportunity to openly share information and discuss any concerns or issues at the practice.

The practice undertook audits to monitor their performance and help improve the services offered. The audits included X-rays and dental care record audits.

No action



# Montreal Dental Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection took place on 16 November 2016 and was led by a CQC inspector and supported by a second inspector who was dentally qualified.

Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

We informed the NHS England area team that we were inspecting the practice; they had no concerns about the practice.

During the inspection, we spoke with the principal dentist, the practice manager, two dentists, three dental nurses, the receptionist, one dental hygiene therapist, and reviewed policies, procedures and other documents. We reviewed 25 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

A policy and procedure was in place outlining what constitutes a significant event and how these events should be managed. The practice manager advised us that there had been no significant events or incidents at the practice. A process was in place for recording accidents, the last accident recorded was in 2015, this was an incident where a member of staff splashed bleach in their eye and training on the correct use of personal protection equipment (PPE) was provided as a result. The practice manager said that if an incident occurred then it would be investigated and any learning or changes as a result would be discussed with the staff team at a practice meeting.

The practice manager was knowledgeable about RIDDOR (the reporting of injuries, diseases and dangerous occurrences regulations) and how it applied in practice.

The practice received national and local alerts relating to patient safety and safety of medicines. If these were relevant to the practice then they were discussed at the team meeting and the alert made available to staff.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements. Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

### Reliable safety systems and processes (including safeguarding)

Child and vulnerable adult safeguarding policies and procedures were in place, including a designated lead for safeguarding. Staff had a good understanding of issues relating to abuse and neglect. Staff were knowledgeable about abuse and were aware of how to report any concerns in relation to abuse. Local safeguarding contact numbers were available for should staff have a concern they wished to report. All staff had undertaken level two safeguarding training.

A whistleblowing policy had been developed for the practice which included external contacts. Staff were confident they could raise concerns with the practice manager or external agencies without fear of recriminations.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

A sharps safety policy and sharps risk assessment was in place. The practice used a safety syringe system and it was practice policy that dealing with needles was the dentist's responsibility and staff confirmed this was the case. Staff provided a good overview of what they would do in response to a sharps injury.

### Medical emergencies

Arrangements were in place to deal with medical emergencies. The practice had an automated external defibrillator (AED); a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. Oxygen was available; along with other related items were in place, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely in a central location known to all staff.

The practice manager said they checked the AED and oxygen and one of the dental nurses carried out routine checks of the medicines, monitoring expiry dates of medicines and equipment on a monthly basis. This enabled the staff to replace out of date drugs and equipment promptly. The Resuscitation Council UK guidelines suggest the checks on the AED and the oxygen should be on a weekly basis. This was raised with the practice manager and the registered provider on the day of inspection and we saw a new checklist was made up by the end of the inspection. The practice provided annual training so the staff team could maintain their competence in dealing with medical emergencies. All staff had received update training within the last 12 months.

### Staff recruitment

# Are services safe?

A recruitment policy was in place for the practice. We noted that proof of identity, evidence of qualifications, confirmation of professional registration and a Disclosure and Barring Service (DBS) check were on file for all staff. A DBS check identifies 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 adults who may be vulnerable.

Qualified clinical staff working at the practice were registered with the General Dental Council (GDC). The practice manager had a system that ensured the status of GDC registration for staff to was current. The staff that required personal indemnity insurance had this in place; insurance professionals are required to have in place to cover their working practice. In addition, there was employer's liability insurance which covered employees working at the practice.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff confirmed a dental nurse always worked alongside the dentists and therapists.

## **Monitoring health & safety and responding to risks**

A range of up-to-date assessments had been undertaken to identify and manage risk at the practice. They included, a sharps risk assessment, environmental risk assessment and risk assessments in relation to the use of specific items of equipment. Where risks had been identified, control measures had been put in place to reduce the risk. The practice had a latex free policy in place to eliminate the risk of latex allergy.

Procedures were in place to reduce the risk from fire. An external company checked the firefighting equipment on an annual basis. The practice manager carried out weekly checks of the fire alarm system and smoke detectors and organised a fire drill with the staff team. The fire management procedure was displayed in the practice.

The practice maintained a file relating to the Control of Substances Hazardous to Health (COSHH) 2002 regulations, including substances such as disinfectants, and dental materials in use at the practice. The file was regularly reviewed by the dental nurses particularly if new COSHH products were introduced. Staff were advised of any changes at staff meetings.

## **Infection control**

Effective systems were in place to reduce the risk and spread of infection within the practice. One of the dental nurses was the lead for infection control. There was detailed infection prevention and control (IPC) policy and procedures in place that were subject to regular review. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance.

Decontamination of dental instruments was carried out in a dedicated decontamination room. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. We observed a dental nurse undertaking a validated decontamination cycle and this was carried out in accordance HTM 01 05 (national guidance for decontamination in dental practices). It involved the inspection of the instruments under magnification following manual cleaning and automated cleaning in an ultrasonic bath. Water temperatures were recorded with a digital probe. The clinical staff had received annual training in IPC. Washer disinfectors were installed but not in use at the time of the inspection due to the devices malfunctioning. Instruments were appropriately bagged and stamped with a use by date one year from the day of sterilisation. Instruments for use the same day were placed on trays ready for use and removed for decontamination at the end of the day.

Sharps bins were located appropriately in all surgeries. Clinical waste was stored appropriately. A contract was in place with an external organisation for the collection of clinical waste each month.

The staff records we reviewed with the practice manager provided evidence to support that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We looked around the premises and noted that all areas were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various

# Are services safe?

areas of the practice and bare below the elbow working was observed. The staff team carried out the cleaning of the premises and equipment and worked to cleaning schedules.

The practice carried out six monthly Infection Prevention Society (IPS) self- assessment audits relating to the Department of Health's guidance on decontamination in dental services (HTM 01-05). This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

A Legionella risk assessment had been completed for the practice. The dental water lines were flushed to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We saw evidence that staff had received additional legionella awareness training to understand the risks and undertake regular checks. Water temperatures were checked monthly to ensure they were within the correct range to minimise the risk of Legionella contamination and staff described to us the process to disinfect the dental water lines and suction unit. This was in accordance with guidance to prevent the growth and spread of Legionella bacteria.

## Equipment and medicines

The service had maintenance contracts and recorded routine checks in place for the equipment used at the

practice, including the autoclaves. Portable appliance testing (PAT) had been completed annually. PAT testing confirms that electrical appliances which can be moved about are routinely checked to ensure they are safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. We found that the practice stored prescription pads securely to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillages.

## Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A comprehensive radiation protection file in line with these regulations was in place. It included the Local Rules, critical examination packs, IR(ME)R certificates, acceptance tests, a notification to the Health and Safety Executive and radiation risk assessments.

X-ray audits were carried out every year. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The dentists we spoke with described how they carried out assessments including, taking a patient's medical history and their current medication. The assessment also included details of the patient's dental and lifestyle history. The dental records we looked at showed that the medical history was refreshed at subsequent visits.

The dentists advised us that the assessment was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following this, the diagnosis, treatment options and costs were discussed with the patient. The dental records we looked at confirmed this process.

We saw that dentists used NICE guidance to determine a suitable recall interval for individual patients. This guidance takes into account the likelihood of the patient experiencing dental disease based on a range of risk factors.

The dental records informed us that antibiotic prescribing was recorded in the dental records and included the dose and justification for the prescription. The batch numbers and expiry dates were also recorded.

### Health promotion & prevention

The practice supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Fluoride varnish was applied if appropriate to minimise the risk of tooth decay and high fluoride toothpastes were prescribed for adults at high risk of dental decay. A range of dental health and treatment information leaflets were available in the waiting room for patients. The practice had undertaken an assessment of patient records to ensure that staff were following DBOH guidance and recording this on patients' records.

### Staffing

An induction policy and process was in place to inform new staff about the way the practice operated. The induction process included making new members of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of a completed induction for a member of staff who joined the practice in the last year.

Staff were required to undertake routine and regular training. This included training in managing medical emergencies, basic life support, infection control and safeguarding. We saw this training was up-to-date. Staff said they had good access to on-going training to support their skill level and they were encouraged and supported to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

Staff had an annual appraisal and the practice manager provided evidence to show these had taken place. CPD and training needs were discussed at appraisal.

### Working with other services

The dentists completed referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

The practice had a procedure for the referral of patients with a suspected malignancy. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

The practice maintained a log of all referrals which had been sent. This allowed them to monitor their referrals.

### Consent to care and treatment

Patient records showed clear evidence that treatment options and costs were discussed with each patient. Patients were provided with relevant verbal and written information to support them to make decisions about the treatment available. We saw that verbal consent to treatment was recorded in the dental records and this was done in accordance with the consent policy for the practice.

## Are services effective?

(for example, treatment is effective)

Staff had received specific training in the 2005 Mental Capacity Act (MCA), and staff had a good awareness of the principles of the MCA and how it was applied when assessing whether patients had the capacity to consent to their dental treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. Twenty five comment cards were completed. All feedback was positive and patients commented that the quality of care was very good. Comments about the service suggested patients were treated with care, respect and dignity. They described a professional, friendly and responsive staff team. We observed staff treating patients in a respectful and appropriate way during the inspection.

Staff confirmed that a nurse always worked alongside the dentists and the therapists. Staff told us that if a patient wished to speak in private then this could be accommodated. Staff also told us that extra-long appointments were available to support patients who were anxious. Patient comments aligned with this.

Personal confidential information, including dental care records were handled securely. Electronic records were password protected and regularly backed up to secure storage. Patient's paper records were stored in locked metal filing cabinets.

### **Involvement in decisions about care and treatment**

The patients who provided feedback about the service said they were involved in planning their treatment. They said treatment options and costs were fully explained to them and they were provided with information to support with making informed choices. Staff described to us how they involved the relatives or representatives of patients in treatment planning if appropriate, and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an efficient appointment system in place to respond to patient's needs. Patient feedback indicated it was easy for patients to book an appointment at a time that suited them. We observed the practice ran smoothly on the day of the inspection and patients were not kept waiting.

Feedback from patients suggested they were fully aware of and satisfied with the arrangements for routine and urgent appointments. They were aware of how to access the out-of-hour's dental service. Patients commented they had sufficient time during their appointment and they were not rushed. Patients said the dentists took their time to discuss their treatment needs in detail and explained the treatment options in a way they understood.

A practice information leaflet was given to new patients that included details about the staff team, treatment costs, opening times and the complaints procedure. In addition, the practice was planning a new comprehensive website to provide clear information about the services provided.

### Tackling inequity and promoting equality

The practice operated to the company's equality and diversity policy. A disability and discrimination audit had also been completed. The premises had wheelchair access, an accessible reception area and adapted toilet. A special

chair that enabled treatment to be carried out in a more upright position was also available. Staff told us that dentists would see patients with limited mobility in a ground floor surgery.

Staff told us they could access interpreter services and members of staff spoke a range of languages including Arabic, Spanish and Polish.

### Access to the service

The practice displayed its opening hours in the premises and in the practice information leaflet and they ensured that information was up to date on the NHS Choices website.

The practice manager told us that if a patient needed an appointment urgently and the emergency appointment slots for each dentist were taken, they were always offered an appointment the same day and informed that they may need to sit and wait to be seen. If the practice was closed the practice answer machine directed patients to the out-of-hour's services.

### Concerns & complaints

A complaints policy was in place for the practice and the practice manager was responsible for handling complaints. There were details of how patients could make a complaint displayed in the waiting room.

Staff told us that they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found that they had been dealt with in line with the practice's policy

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager was responsible for the day-to-day running of the service. Staff said they felt supported and were clear about their role, responsibilities and accountability. Members of staff were identified as dedicated leads for specific topics, such as infection control, complaints and safeguarding.

The governance arrangements for the practice were well organised. A comprehensive portfolio of operational policies and procedures was established. In addition, a range of risk assessments covering all aspects of clinical governance were in place. These included control of substances hazardous to health (COSHH), fire, environment and Legionella.

Staff said communication was timely and effective because information was shared as needed, including at the eight-weekly practice meetings. We looked at minutes of practice meetings and noted they were used to discuss all aspects of the running of the practice, including providing safe care and treatment to patients. For example, the meeting in September 2016 involved discussions about COSHH, practice policies and personal development plans.

A comprehensive business continuity plan was in place and it outlined the action to take if there was an impact on day-to-day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire. The document contained essential contact details for utility companies, practice staff and company head office support staff.

The practice was a member of a 'Good Practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

### Leadership, openness and transparency

Staff said there was an open culture within the practice that encouraged openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From the minutes of meetings and from discussions with staff, it was evident the practice was inclusive and worked well as a team.

All staff were aware of with whom to raise issues and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

The principal dentist was an approved trainer for foundation year dentists. The practice accommodated one foundation year dentist each year; they received support and mentorship from the trainer who attended additional meetings and events to help them fulfil this role. The principal dentist also told us that they were always available for the other dentists if they required help with any treatments.

### Learning and improvement

The practice had a programme of audit to support quality monitoring and promote continuous improvement and learning. The audits included dental care records, X-rays, infection prevention and control and a DBOH audit. Any issues identified from an audit translated into an action plan, which was checked at the next audit or earlier if urgent, to ensure the actions had been addressed. The audits we looked at showed the practice was performing well. The outcome of audits were shared with staff at practice meetings.

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

The practice used the Friends and Family NHS process to seek feedback from patients. Feedback was analysed and translated into a satisfaction survey report. We noted the survey for 2016 was positive.