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Scott Arms Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 27 May 2015 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 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 not providing well-led care in accordance with the relevant regulations.

There were 12 surgeries with 31 dentists working at the practice. Some of the dentists specialised in orthodontics (treatment of irregular teeth). The practice also has self

employed therapists and there was a team of dental nursing staff who also undertook dental nursing duties. There was also a practice manager and a deputy practice manager. The practice offered both private and NHS treatment. The provider told us that 80% of treatment provided was private and they saw approximately 6000 patients a month. The patient population was diverse and the provider told us that many patients came from out of the locality.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered 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.

We viewed 13 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that the staff were friendly and helpful and made them feel at ease. We spoke with seven patients during our inspection visit and all the patients said they found the staff were very friendly and

Summary of findings

approachable and they found the quality of the dentistry to be excellent. They said explanations were clear and with alternative options for treatment made clear to them.

Our key findings were:

- The practice had a system in place to record significant events, safety issues and complaints and to cascade learning to staff.
- Most staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of staff to meet the needs of patients requiring general dental treatment. However, there was only one dental nurse trained to support with treatment requiring sedation.
- Staff had been trained to handle emergencies and appropriate medicines were readily available.
- Infection control procedures were robust and staff were able to demonstrate how they followed the published guidance.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in decisions about it.
- Patients were treated with dignity and respect and information about them was handled confidentially.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.

- There was a range of clinical and non-clinical audits to monitor the quality of services. However, we were not provided with a recent audit on the quality of X-rays on the day.
- The practice sought feedback from patients about the services they provided.

We identified regulations that were not being met and the provider must:

- Ensure robust governance structures are in place to ensure quality and safety of the service.

You can see full details of the regulations not being met at the end of this report.

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

- Document actions discussed following an incident where appropriate.
- All staff should attend formal safeguarding training.
- Checks on the Automated External Defibrillator (AED) should be documented.
- Take due regard to the new guidelines in conscious sedation published by the Intercollegiate Advisory Committee.
- Consider arrangements to provide a translation service when required.

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. There were effective systems in place in the areas of infection control, clinical waste control and management of medical emergencies. We found the equipment used in the dental practice was well maintained and in safe working order. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were appropriate for delivering most treatments. However, there was only one dental nurse formally trained to assist in treatments involving sedation.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental needs including taking a medical history. Risks, benefits and costs of treatments were explained to patients in a way that they understood. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff had received training in and understood the Mental Capacity Act.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients we spoke with and comments we received through CQC comment cards told us they had very positive experiences of dental care provided at the practice and felt they were treated with respect. Patients felt involved with the discussion of their treatment options. Patients told us staff here helpful, kind and friendly. On the day of the inspection we saw staff display this with patients.

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 routine treatment and urgent or emergency care when required. Patients we spoke with told us patients told us that staff were responsive and good at making them feel calm and reassured if they were particularly anxious. The practice offered options for treatment under sedation for nervous or anxious patients. A practice leaflet was available in reception to explain to patients about the services provided and the website also detailed services and prices for both NHS and private treatment. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report). Overall we found the practice did not have robust governance processes in place to ensure quality and safety of the service. The practice recruitment policy did not reflect current guidance and as a result we found recruitment processes were not adequate. We were not provided with a recent X-ray audit during our visit but an audit was forwarded to us following the inspection. Records we looked at showed that some staff had not received formal training in safeguarding. The practice had a system to manage incidents but did not document actions taken in response to incidents.

Scott Arms Dental Practice

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 was carried out on 27 May 2015 by an inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice's policies and protocols, ten clinical patient records and other records relating to the management of the service. We spoke to the principal dentist, three other dentists, the practice manager and three dental nurses. We reviewed 13 comment cards completed by patients and spoke to one patient.

We informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern relevant to the work of the Care Quality Commission (CQC).

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.

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There were systems in place to record incidents. We saw that the accident book was used to report incidents and the report was then kept in an incident folder. We saw that five incidents had been recorded in 2015, 10 in 2014 and 2 in 2013. This indicated that the practice had a track record for recording incidents. Staff members we spoke with told us that any learning was communicated to them. However, no records or minutes of meetings were made available to evidence that incidents had been discussed with staff and where themes and trends had been analysed.

The practice had a system in place to respond to medical alerts such as those from the Medical and Healthcare Products Regulatory Agency (MHRA). We saw that the practice had kept a record of all alerts received and actions taken where relevant.

Reliable safety systems and processes (including safeguarding)

We spoke with staff about safeguarding policies and procedures. Staff members were aware of the signs and symptoms for recognising concerns and how they would respond. We saw information was displayed in the training room for safeguarding contacts at the local authority.

Records we looked at showed that the last safeguarding training had been arranged in May 2012. Any staff starting their role after this date, including dentists, would not have received any training in safeguarding. We looked at the training record of one dentist and saw that they had not received training in safeguarding.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns about a colleague's practice without fear of recriminations.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK and British National Formulary (BNF). This included face masks for adults and children, oxygen and medicines for use in an emergency and an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities

of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. We saw logs were in place to document daily checks of emergency medicines and oxygen. Staff told us that they checked the AED battery daily along with the other emergency medicines and oxygen. However, this check was not recorded and therefore we could not be assured it had been completed.

Staff recruitment

The practice had a recruitment policy. We looked at five personnel records for a mix of staff and confirmed that the recruitment policy had been followed. However, we noted that the recruitment policy was not monitored to ensure it set out appropriate recruitment processes. For example, the policy only detailed the recruitment and interview process. It did not state if the practice should seek references or carry out DBS checks. Following our inspection visit, the practice informed us that they had amended the policy to include DBS checks for all staff that have contact with patients and to seek references for candidates successful at interview stage.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for the risk of fire. Fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly

Are services safe?

described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow.

We found that there were adequate supplies of liquid soaps and paper hand towels throughout the premises so that staff could maintain good hygiene. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed and dated and not overfilled. A clinical waste contract was in place and waste matter was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the decontamination process and these included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01:05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers and the X-ray equipment. We were shown the annual servicing certificates. The records showed the practice had had an efficient system in place to ensure equipment in use was safe, and in good working order.

An effective system was in place for the prescribing, recording, stock control and dispensing of the medicines used in clinical practice. The systems we viewed provided an account of medicines prescribed, and demonstrated patients were given their medicines when required. The type, batch numbers and expiry dates for local anaesthetics were mostly, but not always recorded, in clinical patient records.

Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in areas where X-rays were carried out.

A radiation protection advisor (external contractor) and a radiation protection supervisor (the provider) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). Records showed an examination of a patient's soft tissues (including lips, tongue and palate) was routinely carried out and their use of alcohol and tobacco was recorded. These measures demonstrated to us a risk assessment process for oral disease was carried out. We observed one dentist provide oral assessment including hard/soft tissue, gum, and teeth examination.

The dentists followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. The justification, findings and quality assurance of X-ray images taken was recorded in the patients' records.

The practice kept up to date with current guidelines in order to develop and improve their system of clinical risk management. The dentists we spoke with demonstrated working knowledge of National Institute for Health and Care (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

We spoke with one patient and reviewed 13 CQC comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, and the quality of the dentistry and outcomes of their treatment.

The practice had a business continuity plan to deal with any emergencies that might occur which could disrupt the safe and smooth running of the service. For example, this covered fire, loss of power and equipment.

Health promotion & prevention

We found that the dentists applied the guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. We saw leaflets that were given out to patients

as part of a preventative approach. We saw dental models that were used to educate patients on good oral hygiene such as effective brushing technique and we saw patients at high risk of gum dental decay prescribed high concentration fluoride toothpaste.

Staffing

There was an induction programme for new staff to follow to ensure they had the necessary knowledge and competence to effectively support the provision of care and treatment to patients. Staff had undertaken training to ensure they kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention, and radiography/radiation protection.

Staff spoken with said they felt supported and involved in discussions about their personal development. One staff member told us that they were supported financially to attend training for sedation training, as well as radiography.

The practice has 31 self employed dentists, two therapists and a team of dental nurses. However, we were told that only three staff had undergone a recent appraisal of their performance. Other staff had last undergone an appraisal in 2012. The practice manager told us that they were in the process of reintroducing yearly appraisal, planning dates for staff appraisal.

We did not see an effective system to ensure staff training was being monitored and that training updates and refresher courses were provided. We saw that there were gaps in staff training such as safeguarding training.

The practice provided treatment under sedation but we were told that only one dental nurse had been formally trained in this. We saw that treatment under sedation had taken place when the practice nurse had been away. Other nurses working in the practice were not formally trained in sedation though we were told that they had received in house training.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialists' treatments such as orthodontics, sedation or hygienists. Although, the practice offered sedation service referrals were made to other providers such as the dental

Are services effective?

(for example, treatment is effective)

hospital for complex cases. We saw three record cards where patients had been referred to an orthodontist with the referral letters kept in patient notes. Referral within the practice was also possible as there were other dentists within the practice who specialised in orthodontics and endodontics. We saw referrals to dental hygienist working within the practice were made with a written prescription of what treatment needed to be done.

Consent to care and treatment

We spoke with five dentists on the day of the inspection and they were able to demonstrate appropriate knowledge of the Mental Capacity Act (MCA). MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions

for themselves. The dentist we spoke with was also aware of and understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

There was a consent policy and it made reference to adults unable to make informed decisions. We saw separate consent forms were used for dental implants and sedation. We looked at the implant consent form and saw that it included treatment options, information on procedure including risks and benefits. The costs were discussed with the patient and documented.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. We observed that staff were caring and friendly. Patients told us staff always treated them with dignity and respect. All the patients we spoke with were positive about the staff and this aligned with the comments we had received.

The reception area was open plan but we were told by reception staff/dental nurse that they considered conversations held at the reception area when other patients were present. They also confirmed that should a

confidential matter arise, a private area or a free surgery was available for use. Staff members we spoke with told us that they never asked patients questions related to personal information at reception.

We observed one dentist who modified the dental chair for a patient as they were unable to lie flat due to medical condition.

Involvement in decisions about care and treatment

The dentists told us they used a number of different methods including tooth models, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. We saw models and various leaflets were available and were shown to us by some of the dentists we spoke with.

All patients requiring treatment signed a treatment plan which listed the procedure and cost and were given a copy to take away.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice information leaflet and information displayed in the waiting areas described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered private treatment and the costs were clearly displayed in the practice and the practice website.

Appointment times and availability met the needs of patients. The practice was open seven days a week. The opening time was 8.30am to 11pm Monday to Sunday. Patients with emergencies were seen within 24 hours of contacting the practice or sooner.

Tackling inequity and promoting equality

The practice had also considered the needs of patients who might have difficulty accessing services due to mobility or physical issues. The practice did not have a step free access through the front of the practice. However, patients using a wheelchair could access the surgery through a door to the rear of the property. Patients were informed that they could be seen in the practice information leaflet. The practice could also offer text service to patients who had difficulty with their hearing.

Some of the dentists and nurses were multilingual and could speak languages such as Punjabi and Urdu. However, there were no arrangements for a translation service. A staff member we spoke with told us the practice provided emergency dental treatment and not having access to a translation service was not ideal.

The practice offered longer appointments to patients with learning disability. Patients who were anxious could be offered treatment with sedation.

Access to the service

The practice provided urgent care and some patients we spoke with confirmed that they were able to get an appointment when needed. The patient leaflet and the practice website informed patients about the opening times and the treatments offered.

CQC comment cards we reviewed and a patient we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting once they had arrived for their appointment. They said they had no problems obtaining an appointment at a time of their choice. On the day of our inspection we saw that patients were not kept waiting.

Concerns & complaints

Patients were able to access treatment provided by the NHS and on a private basis. We saw there were both complaints policy for both NHS patients and patients receiving treatment privately. The practice leaflet and the website informed patients of the complaints process. Staff we spoke with were aware of the procedure to follow if they received a complaint.

There were procedures in place for investigating and responding to complaints. These set out how complaints and concerns would be investigated, responded to and how learning from complaints would be shared with staff. From information received prior to the inspection we saw that 12 complaints had been received from May 2014 to May 2015. We saw that the practice had responded where appropriate.

The complaints records were summarised with a traffic light system so that those that had been resolved were graded as green, those being investigated were graded amber and those unresolved were graded red.

Staff we spoke with told us that complaints were discussed in team meetings and used to improve the practice.

Are services well-led?

Our findings

Governance arrangements

The practice had some arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice. There were designated leads for different roles such as infection control.

There were systems in place for carrying out clinical and non-clinical audits within the practice. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments. For example, there was a COSHH folder containing risks/actions for harmful substances being used in the practice such as bleach and etching acids.

We saw an audit to monitor the quality of X-rays from 2010. Evidence of a more recent audit was not provided to us at the inspection. We brought this to the attention of the provider who later sent us records of an audit carried out in 2014 and repeated in 2015.

The practice had a recruitment policy. We saw that the recruitment policy was not robust and had not been monitored to ensure it set out appropriate and safe recruitment processes. For example, the policy only detailed the recruitment and interview process. It did not state if the practice should seek references or carry out Disclosure and Barring Service (DBS) checks. DBS checks help 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 adults who may be vulnerable. We looked at five personnel records for a mix of staff and saw that dental nurses did not have DBS checks completed and some did not have references checked. The practice manager told us that they did not carry out DBS checks for dental nurses and only carried out a risk assessment. We informed the practice that DBS checks were required for all clinical staff.

Following our inspection visit, the practice informed us that they had amended the policy to include DBS checks for all staff that have contact with patients and to seek references for candidates successful at interview stage. However, this highlighted that the governance of the practice were not sufficiently robust to ensure that the practice was aware of these requirements and to have an appropriate policy.

Staff record we looked at showed that some staff had not received any training in safeguarding because no training had been arranged since 2012. The practice was aware of this but had yet to address this.

The practice had a system in place to record incidents. Records we looked at confirmed that incidents were responded to appropriately. Staff members we spoke with confirmed this and that learning was shared with them. However, there was no evidence recorded to indicate this.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff members we spoke with told us that they could speak with each other, the practice manager or the provider if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

Staff reported they felt valued and supported by the providers and could raise issues at any time without fear of discrimination.

Management lead through learning and improvement

The practice carried out audits such as clinical record keeping, infection control and X-ray quality. The most recent X-ray audit was provided to us after the inspection.

Two dentists we spoke with told us that they were undertaking postgraduate training in dental implants and they were being mentored by the principal dentist.

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

Staff members we spoke with told us that meetings took place regularly. They told us that they found these meetings useful to share ideas and experiences which were listened to and acted upon by the management where appropriate. Staff members we spoke with told us that staff were always asked at the end of the meeting if they had any feedback about any issues at the practice.

The practice asked every patient who had provided an email address for feedback after their treatment. We saw records of feedback received from patients. Staff members told us that patient feedback was discussed in meetings.

Are services well-led?

However, the practice did not analyse for any themes or trends and although the practice always responded to individual feedback there was no collective mechanism to provide feedback to patients within the practice.

We also saw that that the practice kept a record of compliments received via email, NHS choices and verbally. We saw there was a record of 28 compliments received from patients satisfied with a variety of treatments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not ensure systems or processes were operated effectively to ensure the quality and safety of the services provided were assessed and monitored. Recruitment policies were not robust and did not reflect appropriate guidance. Regulation 17 (1) (2) (a)