

Mr Sukhbir Singh

Shiels and Steward Dental Surgery

Inspection Report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 9 June 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?

Summary of findings

We found that this practice was providing services 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

We carried out an announced comprehensive inspection on 9 June 2015.

The premises consists of a waiting area on the ground floor, a reception area, an accessible treatment room on the ground floor and three treatment rooms on the first floor. There is also a separate decontamination room.

The staff at the practice consists of the principal dentist, two associate dentists, a practice manager (who was on leave on the day of our inspection), two reception staff and three dental nurses. The practice has the services of a dental hygienist who carries out preventative advice and treatment on prescription from the dentists.

The principal dentist (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 spoke with five patients on the day of our inspection. Feedback received from patients was positive in all aspects of the care provided.

Our key findings were:

- Staff were aware of the safeguarding processes to follow to raise any concerns in the practice.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- There was evidence that patient's care and treatment was not planned and delivered in line with evidence based guidelines, best practice and current legislation.

- Documented evidence was not always evident to show patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system.
- Governance systems were not effective and there was not a range of clinical and non-clinical audits to monitor and improve the quality of services.

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

- Assess, monitor and improve the quality of the services provided through audits and other checks including following practice recruitment policy.
- Maintain an accurate and complete record in respect of each patient, including a record of the care and treatment provided to the patient.

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:

- Ensure all risks associated with COSHH are appropriately identified and managed.
- Ensure any relevant patient safety alerts are followed up.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering Better Oral Health: an evidence-based toolkit for prevention'.
- Ensure all staff familiarise themselves with operating emergency equipment.
- Ensure staff are aware of all policies and procedures that are in place.
- Ensure minutes of meetings are detailed.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society

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. We found recruitment procedures were not robust. We found the equipment used in the dental practice was well maintained and in safe working order. The staffing levels were appropriate but. system to receive and act on patient safety alerts needed to be improved.

Are services effective?

We found that this practice was providing care in accordance with the relevant guidelines. Dental care records we looked at lacked the required detail in many regards. Patients receiving an assessment of their dental needs but they were not always recorded. Explanations given to patients including risks, benefits, options and costs of treatment were not documented in patient care records although patients we spoke with told us that explanations were given. There was not formal appraisal process in place to support and develop staff.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Patients we spoke with told us they had very positive experiences of dental care provided at the practice and felt they were treated with respect. They felt listened to and not rushed. Staff displayed kindness, friendliness and a genuine empathy for the patients they cared for. Patients with urgent dental needs or in pain were responded to in a timely manner, often on the same day.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. The practice provided friendly dental care. Most of the staff had worked at the practice for many years and knew (and responded to) patients' individual needs well. Appointment times met the needs of patients and waiting time was kept to a minimum. Information about emergency treatment was made available to patients.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations (see full details of this action in the Requirement Notices at the end of this report). Overall we did not find the practice to have effective clinical governance and risk management structures in place. The practice did not regularly assess, monitor and improve the quality of the services provided. The practice did not have mechanisms in place to ensure complete and accurate records were maintained in respect of each patient.

Shiels and Steward Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on 9 June 2015 and was conducted by a CQC inspector and a specialist dental advisor.

The practice has been providing a general dental service from its current location for many years. The current provider had taken over the practice approximately three years before and the two previous dentists were still working at the practice as associate dentists.

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, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with the dentist two associate dentists, two dental nurses and two reception staff. We reviewed policies, procedures and other documents. In order to corroborate findings we asked the provider show us records of treatments undertaken.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

We spoke with the provider regarding reporting and management of incidents. We were told that no incidents had occurred since the provider had taken over the practice three years previously. We spoke with staff who showed us an accident book and told us that they would record any accidents or incidents in the book. They told us that they did not have any incidents that needed to be documented.

The practice received national patient safety and medicines alerts that affected the dental profession. We were shown a folder of alerts that had been received by the practice. It was not clear which alerts were relevant and what actions had been documented. Also, we saw that the last alert received by post was in March 2013. There were no further alerts received by the practice. The practice had not received any alerts and the provider was unable to confirm why they were not receiving any further alerts. We asked the provider to register online with appropriate agencies and to ensure any relevant alerts are followed up.

Reliable safety systems and processes (including safeguarding)

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

All staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Information available for staff detailed the actions they should take if an injury from using sharp instruments had occurred.

Rubber dam is a small rectangular sheet of latex (or other material if patient latex sensitive) used to isolate the tooth operating field to increase efficacy of treatment. Not all the dentists were using a rubber dam routinely.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. The practice kept and maintained oxygen, medicines for use in an emergency and an automatic external defibrillator (AED) which ensured patients could be provided with appropriate support in a timely manner. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver 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. All staff had been trained in basic life support and were aware of the location of emergency medicines and equipment in the event they needed to access it.

We asked two staff members to demonstrate use of emergency oxygen and found that they had some difficulty in doing so. We informed the provider so that action could be taken to familiarise all staff.

Staff recruitment

We looked at the folder containing staff files and found that they did not have appropriate recruitment records such as references and records of selection and interview process. We looked at the record of the most recent staff member recruited 18 months previously and saw that they did not have any records documenting appropriate recruitment process. The practice had a robust recruitment policy detailing the recruitment process. However, the policy had not been followed. We brought this to the attention of the provider who was unable to explain why the policy was not followed. We identified this as a governance issue at the practice as appropriate practice policies were not followed.

The staff records we looked at did contain evidence that Disclosure and Barring Service (DBS) checks had been completed. 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.

Monitoring health & safety and responding to risks

Are services safe?

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for 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.

There were other policies and procedures in place to manage risks at the practice. These included infection prevention and control, fire evacuation procedures and risks associated with Hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

There were not effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The practice had a COSHH risk assessment in a folder and staff we spoke with were aware of how to access this. However, this was limited and did not contain information on hazardous materials used by the external cleaner. Furthermore, we saw that other hazardous materials used by staff during the decontamination process were not included in the COSHH risk assessment.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene.

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 process and these included disposable gloves, aprons and protective eye wear. The practice had used an external agency specialising in helping develop decontamination facilities. We saw that staff had been trained in decontamination of used instruments by this agency.

The practice used ultrasonic cleaners to remove dirt from used instruments. After cleaning the instruments an

autoclave was used to ensure instruments were decontaminated and sterilised. We found daily, weekly and monthly tests were performed to check the autoclaves were working efficiently and logs were kept of the results.

The practice had an on-going contract with a clinical waste contractor. We found the practice managed clinical waste and the safe disposal of sharps appropriately. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of. This was in line with the recommended guidance.

The practice had an up to date legionella risk assessment in place. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

Radiography (X-rays)

We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed in accordance with guidance. We found procedures and equipment had been assessed by an independent expert within the recommended timescales.

Are services safe?

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only.

The practice used paper records but was migrating to a computer based system imminently as dates for installation had been booked. However, records we looked at showed that radiographs were not mounted and were loose in packets which, with the paper record system in use

at the time of our inspection, could lead to misplacement. Also, did not carry out any audits on the quality of X-rays for any of the dentists. Furthermore, patient care records we looked at did not justify the reason for taking an X-ray and they were not graded and reported in patient care records. This would not provide assurance that the practice was reducing the risk of patients being exposed to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with five patients on the day of the inspection. Most of the patients we spoke with had been registered at the practice for many years. For example, one patient had been registered with the practice for 65 years. It was evident that the practice staff knew their patients very well and the clinicians we spoke with confirmed this. Feedback from patients was very positive about the practice and the treatment they had received.

Patients told us that their diagnosis and treatment options were discussed with them. Most patients we spoke with also told us they were asked about their medical history by the dentist before treatment started. The dentists we spoke with also confirmed that this happened.

In order to corroborate findings we asked dentists to show us records of treatments undertaken recently. Records we looked at that dentists had only recently started to record medical histories. Older records we looked at showed that this had been done verbally and patient care records were very brief. Records we looked at were also brief in regards to recording of examination and outcomes. For example, records did not always document if basic periodontal examination (BPE) had been ascertained. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed and to provide basic guidance on treatment need. It does not provide a diagnosis. We did not see any risk assessments for caries (decay), gum disease or cancer recorded in the patient care records. We spoke with the provider who confirmed that they had not undertaken a record keeping audit to monitor if appropriate information was being documented.

Patients we spoke with told us that they were usually recalled for check-ups six monthly. Reception staff we spoke with confirmed this was the interval for check ups. Records we looked at showed that patients were being called for check-ups six monthly regardless of their oral health condition. This did not assure us that National Institute of Health and Care Excellence (NICE) guidance on recall intervals was being followed. 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.

Health promotion & prevention

The waiting room at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on gum disease, plaque control and good brushing and dental flossing technique. Information was also available on how to look after children's oral health.

However, we found a limited application of guidance issued in the Department of Health 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. Patient care records we looked at did not record any evidence that the dentists had provided any smoking cessation advice. There was no evidence of alcohol consumption recorded or that issue of weight was being considered.

Staffing

There were three dentists including the provider and a hygienist working at the practice. There were three dental nurses, two reception staff and a practice manager. The practice manager was away on the day of our inspection visit. Dental staff were appropriately trained and registered with their professional body. Records we looked at confirmed this.

The practice did not have procedures in place for appraising staff performance. The provider and the staff members we spoke with told us that discussions did take place regarding appraisal but this was not formalised. Staff members we spoke with told us that they felt supported and involved in discussions about their personal development. Staff members we spoke with told us that most of the staff had been working for a very long time at the practice as they found it a pleasant environment to work in.

We also spoke with the hygienist who told us that they often worked without a nurse. There was always a dentist working in the premises when the hygienist was working. Therefore, there was always an appropriately trained person available to deal with medical emergencies. The nurse told us that sometimes they saw patients that were

Are services effective?

(for example, treatment is effective)

below the age of 16 alone. Our discussion with the hygienist indicated that they knowledge on consent and were aware of and could use assess Gillick competency. A dental nurse was used for patients who were vulnerable.

Working with other services

The practice had a system in place for referring patients for dental treatment and specialist procedures to other colleagues where appropriate. Dentists we spoke with told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest. We saw evidence of communication with and referral to other services locally in Birmingham and Leicester for both primary and secondary carers.

Consent to care and treatment

Majority of the patients had been registered with the practice for a long time and verbal consent gained was

usually noted in patient records and with NHS patients via FP17 (NHS acceptance forms). Records we looked at were usually noted 'DWP' (discussed with patients). Very little was documented record in the patient care records by any of the dentists regarding options discussed, outcomes, patients wishes or treatment declined with consequences. Minutes of meetings from September 2014 we looked at showed that dentists were reminded to record treatments carried out on patient care records. They were asked to follow guidance which were available in the office. However, this had not been done and governance structures in place were not robust to ensure this was being done.

Dentists we spoke with told us how they included children and impaired adults in care discussions. We saw an example whereby one clinician had visited a GP practice to gain necessary details before commencing treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Most staff had worked at the practice for a number of years. Most of the patients were longstanding. We observed that staff treated patients with dignity and respect. It was evident that many of the patients were known to the patients and the patients also knew the staff well. Staff members we spoke with were able to tell us how they would maintain patient privacy and told us that they never asked patients questions related to personal information at

reception. They told us that if patients wanted to discuss anything in private they would take them in a quiet area although the arrangement of the reception area offered limited scope.

Patients told us the practice staff were thoughtful, understanding and respectful. Staff members told us that longer appointment times were available for patients who required extra time or support, such as anxious patients.

Involvement in decisions about care and treatment

Patients we spoke with told us that they were involved in the decisions about their care and treatment. However, we looked at a random selection of patient records and saw that they were not being regularly documented.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Appointment times and availability met the needs of patients. The practice was open from 8am to 4.30pm Monday to Friday (except Thursday when it closed at 2pm). Patients with emergencies were seen within 24 hours of contacting the practice, usually within hours.

Tackling inequity and promoting equality

The practice had four surgeries and one of the surgeries was on the ground floor. Staff told us patients who used a wheelchair were seen in the ground floor surgery. The dentists as well as the hygienist would swap and use the ground floor surgery if needed so that a patient with mobility issues could be seen downstairs. Reception staff also told us elderly patients newly registered at the practice were informed that they would be required to climb the stairs in the practice and were given option to be treated in the ground floor surgery. Practice staff were aware of the patients that attended with limited mobility and told us they supported them when they arrived.

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Some staff including the provider spoke a number of different languages between them but reception staff told us they would encourage a relative or friend to attend who could translate or if not they would contact a local interpreting service.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area. Staff we spoke with told us that patients could access appointments when they wanted them. Patients we spoke with on the day of the inspection confirmed that they were very happy with the availability of routine and emergency appointments.

Concerns & complaints

There was a complaints procedure displayed in the waiting area and in the reception for the benefit of patients and staff.

We were told that there was only one verbal complaint made in November 2014. This was the only complaint the practice had received since registering with the Care Quality Commission (CQC). We saw that the complaint was recorded in the complaints book and recorded as resolved. We saw minutes of meeting where the learning was discussed and shared with staff.

We spoke with five patients on the day of our visit and all of the patients told us that they had no reason to complain.

We saw 15 thank you cards displayed in the reception area expressing appreciation for the service patients had received. Staff also told us that they also received verbal comments and compliments but they did not record these.

Are services well-led?

Our findings

Governance arrangements

There was a full range of policies and procedures in use at the practice. However, staff were not always aware of these. For example, we saw an equality and diversity policy that was available in the office. However, staff members we spoke with were not aware of it. The practice also had a comprehensive recruitment policy; however, we saw that this had not been followed when the newest staff member had been recruited. Furthermore, staff members we spoke with confirmed that they did not read through all the policies and therefore were unaware of some of them. This did not enable dental staff to monitor their systems and processes to improve service.

There were some systems in place for carrying audits such as infection prevention and control. However, we did not see mechanisms in place to monitor the quality of X-Rays or patient care records to ensure they were detailed. For example, patient records we looked at showed some inconsistencies between clinicians and overall they were not detailed. We saw minutes of meeting from September 2014 reminding dentists to follow guidance on note keeping but no further checks were implemented to follow this up. Furthermore, we saw that X-rays were not always justified, graded and reported in patient care records. There were no audits in place to ensure that this would be picked up and addressed.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with any of the dentists 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.

All staff were aware of whom to raise any issue with and told us that the dentist and the practice manager was

supportive and would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

There were some mechanisms in place to enable continuous learning and improvement of service. For example, the practice had undertaken a recent audit of infection prevention and control in order to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. This indicated the facilities and management of decontamination and infection control were managed well.

However, there was no programme of clinical audits to ensure appropriate standards of note taking and X-Ray quality were being maintained. Staff appraisals were not formally documented and would not enable identification of training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice.

We were told that the practice had arranged to implement the installation of a new IT system to enable the practice to have an electronic record system. Staff members we spoke with told us that training had been arranged for them to operate the new system.

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

Staff told us that patients could give feedback at any time they visited. There was a comments box but staff told us that this was rarely used. We saw that the practice was taking part on the NHS Friends and Family Test. We saw that the outcome of this was positive.

The practice had systems in place to review the feedback from patients who had cause to complain. The practice had only received one verbal complaint since registration with the CQC. We saw that this was resolved appropriately.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not assess, monitor and improve the quality of the services provided. The provider did not maintain an accurate and complete record in respect of each patient, including a record of the care and treatment provided to the patient. The provider did not maintain appropriate records in relation to persons employed in the carrying on of the regulated activity.</p> <p>Regulation 17 (2) (a) (c) (d)</p>