

Mr Imran Azmat

# Mr Imran Azmat - Pershore Road

## Inspection Report

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### Overall summary

We carried out this announced inspection on 7 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was carried out by two CQC inspectors (one of whom was also a specialist dental adviser).

We told the NHS England area team that we were inspecting the practice. They did not provide any information for us to take into account.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

#### Background

Mr Imran Azmat – Pershore Road dental practice is in Stirchley and provides NHS and private treatment to patients of all ages.

# Summary of findings

The practice is situated on a busy street and the provider has been unable to provide level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice but there are not any dedicated spaces immediately adjacent to the practice.

The dental team includes two dentists, two dental nurses and one receptionist. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 32 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 5:30pm from Monday to Friday. The practice offers extended opening hours on Wednesdays when it remains open to patients until 7pm.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. We identified some necessary improvements and the practice responded promptly to resolve these.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available but some necessary improvements were required.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures although these had not been followed for the most recently appointed staff member with respect to the documentation of references.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. Reception staff did not lock the computer screen when it was unattended; however, they responded promptly when this was brought to their attention.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's current Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review stocks of medicines and equipment and the system for identifying, disposing and replenishing of out-of-date stock.
- Review the practice's systems for analysing the results of audits and reviews to identify, share and act on areas for improvement where appropriate.
- Review all policies and ensure they contain relevant information which is specific to the practice.
- Review the practice's induction procedures and ensure they are documented for newly recruited staff in future.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment but we identified some necessary improvements.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed recruitment checks. The practice had a very low turnover of staff and, therefore, we were only able to review one personnel file for a staff member who had recently been recruited. We noted that the reference was not documented and kept in the file.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We identified some necessary improvements and the practice responded promptly to resolve these issues.

The practice had suitable arrangements for dealing with medical and other emergencies. We identified some necessary improvements and the practice responded promptly to these with the exceptions of an oxygen cylinder at incorrect capacity and the sourcing of one face mask due to unavailable stock with their supplier.

They had systems for recording incidents but were not using these to document relevant incidents which would subsequently help them improve their service.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Some improvements were required as not all staff were up to date with some core training.

No action



### Are services caring?

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

No action



# Summary of findings

We received feedback about the practice from 32 people. Patients were positive about all aspects of the service the practice provided. They told us staff were knowledgeable, caring and friendly. They said that they were given helpful and professional explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality with the exception of I.T. security when the reception desk was left unattended. Patients said staff treated them with dignity and respect.

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included assisting patients with mobility issues and families with children. The practice had some arrangements to help patients with sight or hearing loss. They did not have access to interpreter services at the time of our visit but this information was made available to staff within a few days.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate and respond to accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording incidents for the purpose of supporting future learning. Examples of potential incidents were discussed with the provider and we were assured that these would be documented for learning purposes with immediate effect.

The practice had not registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System. The provider told us they checked any relevant alerts online; however, there was no evidence that recent relevant alerts had been discussed with staff, acted on and stored for future reference. Within two working days, the provider informed us they had registered to receive weekly MHRA alerts.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Contact details were available but these were dated from 2013. The provider told us these were up to date but there was no evidence to state they had been reviewed since 2013 to ensure that the details were still correct. Within two working days, the provider informed us that they had checked all of the contact details and the information was all up to date.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed regularly. The practice followed

relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how it would deal with events which could disrupt its normal running; however, this was generic and had not been customised to the practice. Also, it was not available to staff off site. The provider informed us that in the rare event that the practice was unable to operate, patients would continue to receive dental care at one of the provider's other two dental practices which were relatively local.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of one clear face mask. Current guidance recommends dental practices hold clear face masks in five different sizes -we found that four were available in the correct sizes but the fifth was missing. Several face masks were available but were unmarked so the provider could not assure us that this was the correct size. They had tried to obtain this from suppliers and made enquiries before and during the inspection; however, we were told this face mask was unavailable.

Current guidance recommends that the emergency oxygen cylinder contains 460 litres. The cylinder at the practice contained only 340 litres.

Glucagon was stored in the fridge but the temperature was not monitored to ensure it remained within the recommended parameters. Within two working days, the provider sent us evidence of a daily log that would be used to record the fridge temperature.

Staff kept records of weekly checks of the emergency medicines and oxygen to make sure these were available, in working order and within their expiry date; however, they were not carrying out checks of the automated external defibrillator to ensure this was in working order. Within two working days, the provider sent us a log sheet for checking this equipment.

Bodily fluid spillage and mercury spillage kits were available to deal with any incidents.

# Are services safe?

## Staff recruitment

The practice had a recruitment policy to help them employ suitable staff. This reflected the relevant legislation. We were told that all current staff (with the exception of one person) had been recruited over 17 years ago. Consequently, we reviewed the most recent staff recruitment file. This showed the practice followed their recruitment procedure with the exception of recording references for staff. We were told that the provider had sought and obtained a telephone reference but details of this had not been documented.

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

## Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. We looked at the COSHH file and found this was generic. We discussed the importance of customising it to the practice as many materials within the file were not used at the practice. The provider informed us they would amend their COSHH file in due course.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe; however, this was generic and not specific to the practice. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We saw evidence that the provider had completed infection prevention and control training in 2017 but there was no evidence that the other staff members completed this.

Within two working days, the provider sent us evidence of this. We reviewed these certificates and found that two staff members had completed infection control training in the few days after our visit.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We observed one staff member carrying out the decontamination from start to finish. We noticed that they did not wear the recommended personal protective equipment to protect their eyes. The equipment was available and the staff member told us they had forgotten to use the equipment as they felt under pressure whilst being observed. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Current guidance states that dental practices should carry out infection prevention and control audits twice a year. The practice carried out an audit in July 2017 and planned to complete the next one in January 2018 which was in line with the recommended intervals. However, there were no action plans implemented in response. Action plans should be documented subsequent to the analysis of the results. By following action plans, the practice would be able to assure themselves that they had made improvements as a direct result of the audit findings.

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A specialist company carried out a risk assessment in March 2016 and concluded that the practice was at low risk of developing Legionella. Several recommendations had been made at the time to reduce the risk further but these had not been updated within the risk assessment with completion dates or target dates for completion. The risk assessment also advised monthly temperature checks to ensure that the water temperature remained within the recommended parameters. Staff were using a generic log sheet to record the temperature and these were carried out less frequently than the interval recommended by the customised risk assessment. Within two working days, the provider informed us they would implement the recommendations in the future.

We saw cleaning schedules for the premises. The practice was clean when we inspected with the exception of a cobweb that we found in the treatment room. The provider



# Are services safe?

informed us they had spoken with staff to ensure their environmental cleaning methods were more thorough. Patients confirmed the practice was clean whenever they had been on the premises.

We observed waste was separated into safe and lockable containers for regular disposal by a registered waste carrier and appropriate documentation retained. Clinical waste storage was in an area where members of the public could not access it. The correct containers and bags were used for specific types of waste as recommended in HTM 01-05. A clinical dental technician was available and constructed prosthetic dental appliances on site for the dentists. We were told that they had a contract for the safe disposal of gypsum waste but the provider did not have a current copy for us to review. We requested this from them and it was forwarded to us three weeks after the inspection. We also noted that the practice did not have a system for the disposal of sanitary waste. Within two working days, the provider informed us they had contacted the relevant disposal company to acquire the appropriate waste disposal system.

Dental work that was sent to the laboratory was not always disinfected before insertion into the patient's mouth. This is a recommendation in HTM 01-05. Following the inspection the provider informed us that they had made all staff aware of the procedures required for the disinfection of laboratory work once it is returned to the practice. They also forwarded us a written policy with details of this.

## Equipment and medicines

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

The practice stored and kept records of NHS prescriptions as described in current guidance. They had previously tracked prescriptions that they issued by logging the prescription numbers but did this intermittently. The dentists had restarted this process one week before our visit. They assured us they understood its importance and would continue to do so for all further prescriptions.

The practice's system for the identification and disposal of expired dental materials needed to be more robust as we identified some dental materials that were out of date. These were disposed of immediately once we brought this to their attention. Within two working days, the provider informed us the expired materials had been replaced; however, they did not send us any details of any stock rotation systems they had implemented to prevent a recurrence.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Local rules were available in the practice for all staff to reference if needed; however, these had not been updated and some of the information within this document was no longer applicable to the practice. Within two working days, the provider informed us this document had been amended.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The provider carried out X-ray audits every year following current guidance and legislation. The last audit for one dentist was carried out in June 2017 and there was evidence that the results had been analysed and an action plan was made. However, the second dentist had not completed an audit. The provider told us they were responsible for auditing their own records and that they would discuss the importance of audits with the second dentist. Within two working days, the provider informed us that the second dentist would complete an audit for their own records within one week.

Clinical staff completed continuous professional development in respect of dental radiography.

The X-ray equipment should be fitted with a part called a rectangular collimator which is good practice as it reduces the radiation dose to the patient. The provider made the decision to remove this part as they found it had an adverse effect on the quality of their X-rays.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the provider audited their own patients' dental care records to check that they recorded the necessary information. This was carried out in June 2017 and there was evidence that the results had been analysed and an action plan was made. However, the second dentist had not completed an audit. The provider told us they were responsible for auditing their own records and that they would discuss the importance of audits with the second dentist. Within two working days, the provider informed us that the second dentist would complete an audit for their own records within one week.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments.

### Staffing

We were told that staff new to the practice had a period of induction; however, there was no evidence that this was based on a structured induction programme. We reviewed

a selection of staff training certificates which showed that clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions; however, this information was not always recorded in the dental care records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to young people's competence and the dentist was aware of the need to consider this when treating those aged under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were knowledgeable, caring and cheerful. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone. We saw that the receptionist had an excellent rapport with patients.

Nervous patients said staff were compassionate and understanding. Patients had a choice of seeing two dentists.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into the treatment room. The reception computer screens were not visible to patients

and staff did not leave personal information where other patients might see it. However, staff did not lock the computer screen when the reception desk was unattended. This should be done to reduce the risk of unauthorised access to the dental care records. Within two working days, the provider informed us they had informed all staff that the software system must be closed when the reception desk is unattended.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The treatment room had a computer screen and the dentists used this to show patients their X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that at the time of our inspection they had some patients for whom they needed to make adjustments to enable them to receive treatment. They shared examples of how they managed patients with physical disabilities.

### Promoting equality

The practice made some adjustments for patients with disabilities. The practice was unable to offer step free access to the premises; however, staff would assist patients with mobility difficulties and there were also hand rails. Toilet facilities were available on the ground floor but these were not wheelchair-accessible. Baby changing facilities were present. The practice welcomed patients with hearing impairments but no hearing induction loop was present. Written information was available in large font size upon request for patients with visual impairments.

Staff said they had not needed to provide information in different languages to meet individual patients' needs. Staff at the practice spoke a variety of languages and we were told that they had not encountered any problems communicating with patients. Languages spoken by staff included Punjabi and Urdu. Staff did not have access to interpreter/translation services but said they had never

needed to as use these services as the vast majority of patients spoke fluent English. Within two working days, the provider us they had made arrangements for staff to have access to an interpreter.

### Access to the service

The practice displayed its opening hours in the premises and their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept a few appointments free for same day appointments. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The provider was responsible for dealing with these. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The receptionist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was not available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. Within two working days, the provider sent us evidence they had included the necessary information on a poster which would be made available for patients.

The practice had not received any complaints in the 12 months prior to our visit.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The performer dentist was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. However, many of these were generic and were not specific to the practice. The provider paid for an external company to supply these policies and informed us they would review all of the policies to customise them to the practice so that all relevant information was included in these.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. However, staff did not lock the computer screen when the reception desk was unattended.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the provider encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the provider was approachable, would listen to their concerns and act appropriately. The provider discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and X-rays that the provider had carried out. We were assured that the second dentist would also carry these out. They had clear records of the results of these audits and the resulting action plans and improvements. We noted an exception in respect of action plans for the infection control audits.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and receptionist had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on; this included extending the practice's opening hours to accommodate patients.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.