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# Princes End Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 25 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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**

Princes End Dental Practice is in Tipton and provides NHS and private treatment to patients of all ages. The practice is situated in a purpose built NHS health centre which provides many other health services in addition to dentistry. There was another dental clinic within this health centre and they were separately registered with the CQC. This inspection focused on Dr Azam and Dr Da

# Summary of findings

Costa's registered dental clinic only. Some areas of the dental practice were shared by both dental practices (such as the waiting area and the decontamination rooms).

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including six for patients with disabled badges, are available immediately outside the practice. There is a large car park for up to 130 cars.

The dental team includes one dentist and three dental nurses (two of whom are trainees). The dental nurses also carry out reception duties. The senior dental nurse also is responsible for managerial duties. The practice has one treatment room although other spare treatment rooms are available.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Princes End Dental Practice was the senior partner.

On the day of inspection we collected 38 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist and three dental nurses. We also spoke with an external contractor who is responsible for conducting and maintaining many aspects of health and safety at the practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 5pm on Monday to Thursday. The practice is closed on Fridays.

## Our key findings were:

- The practice was clean and patients confirmed this.
- The practice did not consistently follow recommended guidance regarding the maintenance of one item of their infection control equipment.
- The practice had infection control procedures which reflected published guidance. We identified some necessary improvements and these were actioned promptly.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. One item was missing although this was available within the same building in the adjacent dental practice. The missing item was promptly ordered.
- 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 contact details of relevant protection agencies required updating.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review availability of an interpreter services for patients who do not speak English as a first language.
- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. They should also review the practice's waste handling policy and procedure to ensure gypsum waste is segregated and disposed of in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Establish whether the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.

# Summary of findings

- Review the protocol for completing accurate records relating to the recruitment of staff. This includes establishing the immunisation status of clinical staff members and ensuring these are updated throughout the course of the individual's employment.

# 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. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse. The policies did not include contact details for the relevant local organisations.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice was unable to demonstrate they were maintaining one item of equipment in line with the manufacturer's instructions.

The practice had suitable arrangements for dealing with medical and other emergencies. One essential item of equipment was missing but this was ordered promptly. In the interim, this item was available in the adjacent dental practice.

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 kind and caring. 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.

No action



### Are services caring?

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

We received feedback about the practice from 41 people. Patients were positive about all aspects of the service the practice provided. They told us staff were supportive, friendly and attentive. They said that they were given helpful and clear explanations about dental treatment, and said their dentist listened to them. Patients commented that the staff were wonderful and made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## Are services responsive to people's needs?

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

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had arrangements to help patients with sight or hearing loss, although did not have access to interpreting services

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. Some of these systems required improvements. There was a clearly defined management structure and staff felt supported and appreciated.

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

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

No action



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System. Relevant alerts were discussed with staff, acted on and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that the safeguarding lead had received appropriate training. Some of the staff needed to update their training and this was completed online during our visit. Staff knew about the signs and symptoms of abuse and neglect. However, there was some confusion about reporting concerns as the contact information was not clear.

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 and we were told that these were reviewed every year; however, the review date was not documented. The practice followed relevant safety laws when using needles and other sharp dental items. The dentist told us they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Where this was not possible, it was documented in the patient's clinical record and the dentist described precautions they took to protect the patient's airways in the absence of a rubber dam.

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 required further details. Within 48 hours, the registered manager informed us they had updated this policy so that it was specific to the practice.

### **Medical emergencies**

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

Emergency equipment and medicines were available as described in recognised guidance; however, the practice did not carry a paediatric self-inflating bag with paediatric face masks. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Within 48 hours, the registered manager informed us they had ordered the missing item of equipment. In the interim, we were assured that the adjacent dental clinic had this available and this could be used in an emergency.

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

### **Staff recruitment**

The practice had a recruitment policy and procedure to help them employ suitable staff. The practice had recruited two staff members since their partnership formed in April 2016. We looked at both of these staff recruitment files and these showed that the procedures reflected relevant legislation. The practice's recruitment policy needed to be more specific with regards to the recruitment processes, such as immunisation status of the prospective employee. Within two working days, the registered manager told us that the policy had been amended and now included all of the necessary information.

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

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

We reviewed the practice's health and safety policies and risk assessments. We were told that these were reviewed annually to help manage potential risk but they had not been dated. These covered general workplace and specific dental topics. The practice's risk assessment for handling

# Are services safe?

sharp instruments was generic and required more information. Within 48 hours, the registered manager informed us that the policies had been reviewed, dated and amended where necessary. 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 dentist when they treated patients.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe; however, the policy was generic and not specific to the practice. Consequently, not all of the procedures were applicable although they did follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year. Within 48 hours, the registered manager informed us they had reviewed and updated this policy so that it was more specific to the practice.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. However, we found that the syringes for administering local anaesthetic were pre-loaded with the local anaesthetic cartridge and needle.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

We reviewed a selection of staff files and saw evidence that clinical staff were immunised against Hepatitis B to ensure the safety of patients and staff. However, there was incomplete information about the immunisation status of one staff member. We did not receive any evidence of seroconversion so this staff member could not assure themselves that they had responded adequately to the vaccine.

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. However, the practice was disposing of dental gypsum with their clinical waste but gypsum should be collected separately. Within 48 hours, the registered manager informed us that they had made suitable arrangements for the gypsum waste to be disposed of appropriately.

## Equipment and medicines

Limited records were available on the day of our visit which showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We reviewed maintenance contracts for the dental chair and the pressure vessels. Staff used an ultrasonic cleaning bath to clean the used instruments before the sterilisation process. The ultrasonic cleaning bath was annually serviced by an engineer but staff were not carrying out weekly maintenance checks as recommended. Within 48 hours, the registered manager informed us that they had ordered the kit to enable staff to carry out weekly maintenance checks on the ultrasonic cleaning bath. They had also completed training in ultrasonic bath testing and validation to refresh their own knowledge about this aspect of infection control.

The practice stored and kept records of NHS prescriptions as described in current guidance. Some improvements were required regarding the logging of prescriptions but the log sheet was amended immediately to reflect this.

## 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. Evidence of the Critical Examination Report of the X-ray machine was not available on the day of our visit as they were kept centrally and the registered manager did not have access to this. The registered manager wrote to us after the visit and explained that they were still attempting to retrieve these records. At the time of publishing this report, this requested information had not been forwarded to us. On the day of inspection, we did see evidence of the annual service report for the X-ray machine.

## Are services safe?

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

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

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed 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

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

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice'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 Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

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

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

Patients commented positively that staff were wonderful, warm and friendly. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

Thank you cards were available for patients to read.

### **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 practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, tooth whitening and some orthodontic 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 reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell. Baby changing and feeding facilities were also available. The practice accommodated patients with visual and hearing impairments.

Staff said they could provide information in different languages to meet individual patients' needs. The dentist spoke a variety of languages and we were told that they had not encountered any problems communicating with patients. Languages spoken by staff included Urdu, Punjabi, Hindi and Gujarati. Staff did not have access to interpreter/translation services but said they had never needed to as the vast majority of patients spoke fluent English.

### Access to the service

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

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 two appointments free for same day appointments. They had good professional relationships with local practices and they would treat patients for each other on days when dentists were not available at the practice. The website, 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 practice information leaflet explained how to make a complaint. The registered manager was responsible for dealing with these. Staff told us they would tell the registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The registered manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past year. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. They were also 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.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff we spoke with 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 registered manager 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 registered manager was approachable, would listen to their concerns and act appropriately. The registered manager 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, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team 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 surveys and verbal comments to obtain staff and patients' views about the service. Staff discussed suggestions made by patients with us and explained why some of these were not realistic, such as extending opening hours beyond the contractual hours. The practice also held a 'Meet the Dentist' session every three [BJ1]months. This gave new and existing patients the opportunity to have informal discussions with the dentist in a non-clinical environment. Staff focused on making this as relaxing as possible for patients where tea, coffee and biscuits were provided.

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.