

Azam & Associates Healthcare Ltd

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Inspection report

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Overall summary

We carried out this announced focused inspection on 21 March 2022 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

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

Our findings were:

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The dental clinic was visibly clean, but improvements could be made by the introduction of cleaning schedules to cover all areas of the practice.
- The practice had infection control procedures in place, improvements could be made to some procedures to reflect current guidance.
- Staff knew how to deal with emergencies, but the system for ensuring the availability of medical emergency equipment was not effective.

Summary of findings

- The practice had good systems to help them manage risk to patients and staff, improvements could be made to the fire assessment and the provision of emergency lighting.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

The provider has two practices and this report is about Azam and Associates Healthcare Ltd in Halifax, which provides NHS and private dental care and treatment for adults and children.

There is level access to the practice (via a portable ramp) for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes four dentists, five dental nurses/receptionists and a practice manager. The practice has four treatment rooms.

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

The practice is open:

9am-5:30pm

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

- Take action to review the fire risk assessment and the provision of emergency lighting to ensure ongoing fire safety management is effective.
- Implement an effective system of checks of medical emergency equipment and review staff training.
- Improve the practice's infection control procedures and protocols.
- Review audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. However, we noted heavy duty gloves were not changed on a weekly basis and the ultrasonic cleaner solution was not changed frequently enough in line with manufacturer's guidance. We discussed this with the provider who assured these shortfalls would be addressed.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice was visibly clean throughout when we inspected. A prompt sheet was available for staff, but cleaning schedules were not in place. The provider told us cleaning standards were visually monitored but not recorded. We were assured records would be introduced.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

The practice ensured the facilities were maintained in accordance with regulations.

Fire equipment was regularly checked, fire drills were in place and a fire risk assessment was carried out by the provider in line with the legal requirements. We noted that there was no emergency lighting in place for use in an evacuation. The provider told us that they would review the risk assessment and the provision of emergency lighting in an emergency.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety, for example in relation to sharps safety.

Staff had completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were checked weekly, staff could not find all the equipment as this was held in different locations. All equipment was eventually found but this raised concerns regarding prompt response in an emergency. The provider told us that they would urgently review the location of equipment, weekly checks and staff training in this area.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Are services safe?

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. However, antimicrobial prescribing audits were not carried out. The College of General Dentistry guidelines identify these should be completed regularly.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

Leadership capacity and capability

There was strong leadership and emphasis on continually striving to improve.

Most systems and processes were embedded, where the inspection highlighted issues or omissions with systems and processes, the practice took action to rectify these.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisal meetings. They also discussed learning needs, general wellbeing and aims for future professional development. The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance. We highlighted where improvements could be made in relation to fire safety, access to medical emergency equipment and infection prevention and control.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Are services well-led?

Staff kept records of the results of these audits and the resulting action plans and improvements.