

Mr. Jonathan Taylor

# Mr Jonathan Taylor - Bordesley Green

## Inspection Report

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### Overall summary

We carried out this announced inspection on 3 October 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 provided information which we took 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 Jonathan Taylor – Bordesley Green dental practice is in Birmingham and provides NHS treatment to patients of all ages.

The premises are located on the first floor so access is limited for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

# Summary of findings

The dental team includes two dentists and three dental nurses (one of whom is a trainee). The dental nurses also carry out reception duties. The dental team is supported by an administrative assistant who helps with administrative duties and visits the practice a few times per month. The practice has three treatment rooms.

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 15 CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses and the administrative assistant. 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 on Mondays, Wednesdays and Thursdays. It is open between 9am and 6pm on Tuesdays and between 9am and 4pm on Fridays.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of a few items which were 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 practice had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. Dental care record keeping required improvements as they were not sufficiently detailed.
- 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.

# 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 accidents and complaints to help them improve; however, they were not documenting all incidents.

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 essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. The practice required a more robust process for stock rotation.

The practice had arrangements for dealing with medical and other emergencies. We identified some missing items of essential equipment but these were promptly ordered once we brought it to their attention.

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 professional and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. We identified improvements that the discussions were not always documented in the records and patients were not always offered private treatment options.

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 16 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, lovely and competent. They said that they did not feel rushed and many patients had attended this practice for decades.

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. The practice had access to face to face interpreter services and had arrangements to help patients with sight or hearing impairment. The premises were located on the first floor and the practice had completed an accessibility audit. The practice had made arrangements for patients with limited mobility to receive dental treatment.

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 written 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.

Appropriate forms were available for recording incidents although no incidents had been recorded to 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 staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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 every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The dentists gave us details as to how the patient's safety was assured in the absence of a rubber dam. However, details were not always documented in the patient's dental care records. Within 48 hours, the provider informed us they had ordered a new rubber dam kit which had since arrived at the practice.

The practice had a business continuity plan describing how it would deal with events which could disrupt its normal running.

### **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 a paediatric self-inflating bag (and associated face masks). A pocket mask was also missing. Staff ordered these immediately once we brought this to their attention. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

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

### **Staff recruitment**

The practice had a recruitment procedure to help them employ suitable staff; however, they did not have a written policy. We looked at three staff recruitment files and found that they reflected the relevant legislation. However, we found some inconsistencies relating to the number of references sought for each candidate. The practice had recruited trainee dental nurses and some did not have any employment history. We spoke with senior staff and they explained they would consider seeking character references (or references from schools if applicable) if they were not in a position to seek a reference from a former employer. We also found that the practice did not hold updated records of immunisation status for an ex-employee whilst they were in employment at the practice. Staff assured us they would keep abreast of changes in future. Within 48 hours, the provider sent us a recruitment policy that was specific to their practice procedures.

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

# Are services safe?

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.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed 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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The guidance recommends the use of a magnifying device with task lighting. Staff were using magnification to improve the value of this inspection process but no illuminated lighting was available. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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.

## Equipment and medicines

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

The prescription pads were kept securely so that prescriptions were safely given by authorised persons only. The practice did not keep a log of prescriptions given so they could not ensure that all prescriptions were tracked. Within 48 hours, the provider sent us a template of the tracking form that would be used at the practice with immediate effect.

The practice's arrangements for stock rotation of their dental materials needed to be more robust as we found some expired dental materials in the treatment rooms. However, an effective system was in place for ensuring that all processed packaged instruments were within their expiry date. Within 48 hours, the provider informed us they had introduced a new system for stock rotation at the practice.

## 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.

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.

Rectangular collimators can be fitted to the X-ray equipment and this is good practice as it reduces the radiation dose to the patient. The dentists were not using any rectangular collimation at the practice. Within 48 hours, the provider informed us they had contacted their suppliers and was in the process of researching a suitable device for the X-ray machine used at the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept written dental care records and these contained information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance but the details were not consistently documented in the dental care records.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. We saw that these were carried out regularly but the records required further improvements as they were not consistently in line with recommended guidance. We discussed this with the provider and they informed us they would re-audit in six months to ensure that all relevant information is recorded.

### 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. The practice provided health promotion information in the waiting room to help patients with their oral health. They also had free samples of a selection of dental products for patients' use.

### 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

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 dentists told us they followed up urgent referrals to make sure they were dealt with promptly. However, there was no tracking log.

### Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment; however, they did not consistently record this in the patients' dental care records. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions but this was not always documented. The practice provided NHS treatment and staff told us that patients were not always offered alternative private options for treatment. The provider informed us they would make changes and re-audit their clinical records in six months to ensure that this information was documented. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Patients were given written treatment plans for all treatment required.

Staff we spoke with understood their responsibilities under The Mental Capacity Act (2005) when treating adults who might not be able to make informed decisions. This information was not included in the practice's consent policy. Within 48 hours, the provider sent us an amended policy which included the relevant information. They were also aware of Gillick competence and 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 kind, caring and competent. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. The provider had owned this practice for thirty years and had treated up to three generations of families. We were told that some patients travelled from afar to see the staff at this practice.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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 appointment diaries in reception were not visible to patients and staff did not leave personal information where other patients might see it.

Staff stored paper records securely.

Music was played in the treatment rooms and there were magazines and a television in the waiting room.

Information posters, patient survey results and testimonials were available for patients to read.

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

The practice gave patients information to help them make informed choices. Patients confirmed that staff listened to them and did not rush them. Dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. The practice provided NHS dental care and we were told that patients were not always offered private options for 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 usually 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.

The practice was able to accommodate patients requiring urgent treatment by utilising a 'sit and wait' policy. We reviewed the appointment book and found that some appointments were double-booked but there was also a high rate of patients who failed to attend their appointments.

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 limited mobility to enable them to access the first floor. The patients would call the practice in advance and staff would meet them on the ground floor. They would offer their assistance so they were able to safely manage the stairs and reach the first floor.

### Promoting equality

The practice was unable to accommodate patients with advanced mobility issues as the premises were on the first floor. The provider had carried out an accessibility audit on patients with disabilities. They had considered the option of installing a lift but this was not possible due to various reasons. A handrail was fitted on the stairs and staff would meet patients downstairs and offer help to patients who were able to access the first floor with assistance. This included patients with pushchairs. A portable frame had also been provided for patients to use in the toilet and this would help patients with limited mobility. This frame was purchased in 2016 as a result of an audit that the practice had carried out. Patients who required level access were given details of another NHS dental practice which was situated locally.

The practice did not have a hearing loop for patients with hearing impairments; however, staff described to us methods they used for some of their existing patients who had communication difficulties.

Staff said they could provide information in different formats and languages to meet individual patients' needs. We saw evidence that oral health advice was provided in different languages in the waiting room. Staff had access to interpreter/translation services which included British Sign Language and braille.

Staff said they could provide information in different languages to meet individual patients' needs. One of the dentists spoke a variety of languages which was relevant to the local population. Languages spoken by staff included Pashto and Mirpuri. Staff had access to interpreter/translation services but said they had never needed to use them as the vast majority of patients either spoke English or the same language as staff at the practice.

The practice welcomed and treated patients from local supported housing – this included patients with diagnosed mental health issues.

### Access to the service

The practice displayed its opening hours in their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum. Patients were encouraged to speak to the receptionist if they were kept waiting more than 10 minutes beyond their allocated appointment time.

Staff told us the majority of patients who requested an urgent appointment would be seen within 24 hours. The practice utilised a 'sit and wait' policy for their patients requiring urgent treatment. We saw that many patients failed to attend their appointments. Consequently, the dentists could accommodate additional patients requiring urgent treatment.

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

# Are services responsive to people's needs?

(for example, to feedback?)

The practice provided guidance to staff on how to handle a complaint. The practice information leaflet explained how to make 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 provider 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. One relevant organisation was not included but this was added promptly once we brought it to the attention of staff.

We looked at comments, compliments and complaints the practice received over 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 provider had overall responsibility for the management and clinical leadership of the practice and they were 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 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. Staff discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held quarterly 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 provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses 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, written comments and verbal comments to obtain staff and patients' views about the service.

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.