

Dr. Diyari Abdah

Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection of Dentastique Dental Surgery 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. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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 well-led care in accordance with the relevant regulations.

Background

Dentastique is a well-established practice owned by Dr Diyari Abdah, situated to the south of Cambridge City. It provides both NHS and private treatment to patients of all ages. The dental team includes three dentists, a part-time hygienist, three dental nurses, and a receptionist. The practice has three treatment rooms and is open on Monday, Wednesday and Thursdays from 8am to 7pm; and on Tuesdays and Fridays from 8am to 4pm.

There is side entry access for people who use wheelchairs and partially enabled toilet facilities.

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.

Summary of findings

During the inspection we spoke with the principal dentist, two dental nurses and the receptionist. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected seventeen comment cards filled in by patients prior to our inspection, and spoke with another two during it.

Our key findings were:

- Opening times were good and the practice offered extended hours early in the morning and three evenings a week.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information. We received many comments from patients praising the caring and empathetic nature of the practice's staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Staff felt supported and valued by the principal dentist. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas where the provider could make improvements and should:

- Review the practice's governance procedures and implement robust systems to ensure that medical equipment checks are completed accurately, unusual events are recorded, cleaning is effective, X-rays are justified and recruitment checks are completed.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's policy in relation to products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure risk assessments are undertaken and safety data sheets are available
- Review staff awareness and understanding of patient consent issues in relation to children and young people.

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 arrangements for essential areas such the decontamination of instruments, clinical waste and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Equipment used in the dental practice was well maintained. There were sufficient numbers of suitably qualified staff working at the practice, although recruitment practices were not robust. Cleaning in some areas of the practice needed to improve.

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice, although some improvement was needed in the recording of patients' cancer, caries and periodontic risk. The staff received professional training and development appropriate to their roles and learning needs.

The practice had access to intra-oral cameras, ultrasonic scalers and oral screening equipment to enhance the delivery of care.

Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients. We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

The practice had good facilities and was well equipped to treat patients and meet their needs. The practice operated extended opening hours and patients told us it was easy to get an appointment. The practice had made reasonable adjustments to accommodate patients with disabilities including downstairs surgeries, ramp access for wheelchair users and a partially accessible toilet.

The practice had a complaints procedure and patients' concerns were dealt with in a timely and empathetic way.

No action



Summary of findings

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. Staff were well supported and it was clear the principal dentist valued them and supported them in their professional development.

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with were not aware of any policies in relation to the reporting of significant events, or of other guidance on how to manage different types of incidents. We found staff had a limited understanding of what might constitute an untoward event and they were not recording incidents to support future learning.

The principal dentist was not signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and relied on the alerts being sent by the local NHS. He assured us he would sign up immediately to receive them directly.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children and vulnerable adults and had received appropriate training for their role. The practice had basic safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact information for local protection agencies was available in the staff area, making it easily accessible. The practice had outlined its commitment to safeguarding in its patients' guide.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items, although staff were not aware that sharps' bins needed to be disposed of after a period of three months. The dentists mostly 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 that could disrupt the normal running of the practice, although this needed to be kept off site so it could be accessed in an emergency.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The principal dentist had led a resuscitation drill in July 2017 and delegated specific roles for staff in the event of a medical emergency.

Most emergency equipment and medicines were available as described in recognised guidance, although the practice did not have portable suction available, a pocket mask or spacer device, despite staff signing to state these were available in the kit. All missing items were ordered the day following our inspection.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We reviewed the files for two recently employed members of staff and found the practice was not following its own policy. No references had been obtained for the staff members concerned and a record had not been kept of their interview to demonstrate these had been conducted fairly.

Staff received an induction to their new role, which one member told us they had found useful.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. We noted that recommendations from the latest assessment conducted in November 2017 to undertake six monthly water temperature testing and quarterly dip slide testing had been implemented by staff.

Firefighting equipment such as extinguishers was regularly tested and staff rehearsed fire evacuations from the premises. We noted that signage to indicate the storage of oxygen on the premises was missing, but this was ordered on the day of our inspection.

The practice held a number of hazardous substances but no risk assessment had been undertaken for the products and no safety data sheets were available for them.

Are services safe?

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures. Infection prevention and control audits were undertaken, and results from the latest audit indicated that the practice met essential quality requirements.

Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that all dental staff had been immunised against Hepatitis B.

Most areas of the practice were visibly clean and hygienic, including the waiting area, toilet and staff area. There was a hand sanitiser station in the waiting room for patients to use. However, we noted that radiators were very dusty and cabinetry in one treatment room was chipped, making it difficult to clean. Hand wash sinks did not meet national guidance and there was a build-up of lime scale in the bowls. One dental chair had a number of splits that had not been covered or repaired. It was not clear how cleaning standards were monitored as there were no cleaning schedules in place and no accountability sheets for the practice's external cleaner to complete.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked area.

Equipment and medicines

Staff told us they had plenty of equipment for their work and the practice had invested in a range of modern technology and equipment to meet patients' needs.

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions, although we noted that the ultrasonic bath had not been serviced in the previous two years. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. Other equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Stock control was good and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable systems for prescribing and dispensing medicines, although a logging system was not in place to identify any missing scripts.

Temperature sensitive consumables were stored in the practice's fridge, but staff did not monitor its temperature to ensure it was operating effectively. A thermometer was purchased the following day after our inspection.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file.

Clinical staff completed continuous professional development in respect of dental radiography and regular radiograph audits were completed for the dentists.

Dental care records we viewed showed that dental X-rays were not always justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 17 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

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, although we noted that improvement was needed in the recording of patients' caries, cancer and periodontal risk.

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. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The practice had a selection of dental products for sale. We noted information in the waiting room about various oral health issues, including a children's oral health activity workbook that had been written by the principal dentist. The practice should also consider providing information about local smoking cessation services for patients.

Staffing

Staff told us there were enough of them for the smooth running of the practice and they did not feel rushed in their work. A nurse always worked with the dentist, although not always with the hygienist.

Staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs with the principal dentist who was supportive of their requests to attend courses.

Working with other services

Staff 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. The practice had recently implemented a central log of patients' referrals so they could be better tracked and monitored.

Consent to care and treatment

Patients confirmed the dentist listened to them and gave them clear information about their treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients. We found staff had a satisfactory understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves. Staff were less clear however, about consent issues for patients under 16 years of age, and there was no guidance for them in the practice's own consent policy about this.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring and empathetic to their needs. One patient told us that the practice was very good for children and another that staff always had time to sit and listen to them. Staff gave us specific examples of where they had supported patients such as driving them home, and sitting with them prior to their treatment if they were nervous.

The main reception area itself was not particularly private and those waiting could easily overhear conversations between reception staff and patients. The receptionist

assured us that they were careful not to give out patients' personal details when speaking on the phone. We noted that the dentist lowered his voice when talking to the receptionist about a patient's treatment.

Computers were password protected and the screen displaying patient information was not overlooked. Patient paperwork was kept well out of sight. All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy. Frosted glass was on windows for privacy.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had free on street parking directly outside the premises. In addition to general dentistry, the practice offered a wide range of treatments including teeth whitening, implants, adult orthodontics and dentures. The practice had invested in a lot of modern dental technology and had a cerec cadcam machine, an intra-oral camera, an ultrasonic scaler and specialist screening equipment to detect any mucosal abnormalities. The principal dentist told us that oral screening using this machine was offered free of charge to both private and NHS patients.

The waiting area provided good facilities for patients including magazines and leaflets about various oral health conditions and treatments. There was a box of toys to keep children entertained whilst they waited.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. The practice offered text appointment reminders for patients. Two emergency slots were available each day and staff told us time would always be made for those in dental pain.

Promoting equality

The practice had made some adjustments for patients with disabilities; there was ramp access at the side for

wheelchair users, downstairs treatment rooms and a partially accessible toilet. The practice's information leaflet was available in large print. Staff spoke a wide range of languages between them, although were not aware of local translation services that patients could access if needed. A portable hearing loop to assist those patients who wore hearing aids was ordered immediately following our inspection.

Concerns & complaints

Information on how patients could raise their concerns and complaints was on display in the waiting area. This included the timescales by which complaints would be responded to, although did not list other organisation that could be contacted if patients did not want to directly complain to the practice. Reception staff spoke knowledgeably about how they would handle a patient's concerns and showed us the specific form they would complete to capture a patient's concern.

The practice had received two formal complaints in the last year. We viewed the paperwork in relation to these and found they had been investigated and responded to appropriately. In response to one of the complaints, the practice had introduced a log of referrals made so they could be monitored more closely. Not all verbal and minor complaints were recorded and reviewed so that they could be used to improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. He was supported by the lead dental nurse who had been given some managerial tasks in addition to her clinical work. The practice had also purchased an on-line governance tool to assist them in the management of the service.

The practice had comprehensive 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. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them.

Leadership, openness and transparency

Staff told us they enjoyed their work and felt supported and valued in their work. They reported that they had the opportunity to, and felt comfortable, raising any concerns with the principal dentist who was approachable and responsive to their needs. The practice had a duty of Candour policy in place, although not all staff were aware of their responsibilities under it.

We were impressed in general by staff's enthusiasm and commitment to improve things where possible. Many of the recommendations and suggestions for improvement we had identified during our inspection had been implemented by the next day.

Learning and improvement

Staff told us the principal dentist was supportive of their training, not only paying for it, but also giving them time off to complete it. One nurse told us she had undertaken advance training in implants and radiography. The principal dentist had undertaken a number of postgraduate courses and, at the time of inspection, was completing a Masters in Business Administration.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on dental care records, X-rays, hand hygiene and infection prevention and control.

Most staff received an annual appraisal of their performance and we saw evidence of completed appraisals in staff folders.

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

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice's own survey asked patients for feedback about their experience of staff, appointment and opening times, and the quality of their treatment. We viewed recent results based on 22 responses that showed that 100% of patients rated the service highly. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Recent result showed that patients would recommend the practice.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that the principal dentist listened to them and was supportive of their suggestions to improve the practice.