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# 606 Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 28 April 2015.

The practice provides primary dental services to mainly NHS patients. The practice is open Monday to Friday between the hours of 9.00am and 5.30pm. The practice is also open from 9.00am to 12.30pm on Saturdays.

The practice has six surgeries located on the ground floor and first floor with waiting rooms on each floor. The staff structure of the practice consists of the practice manager, an assistant practice manager who was also a registered dental nurse. There were six dentists (two full time and four part time) and six dental nurses who also work as receptionists and a head receptionist. The practice has the services of four dental hygienists (one locum), who carry out preventative advice and treatment on prescription from the dentist.

We spoke with four patients during the inspection. They told us that they were very satisfied with the services provided, that the dentists provided them with clear explanations about their care and treatment, that costs were clear and that all staff treated them with dignity and respect.

We viewed 47 CQC comment cards that had been completed by patients at the practice. All of them reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found it easy to book an

appointment and they found the quality of the dentistry to be very good. They said explanations were clear and that the staff were kind, caring and reassuring. Patients also commented about the availability of a dentist when urgent treatment was required.

The CQC previously inspected the practice on September 2014 in response to anonymous information received. The specific concerns raised with the CQC were not substantiated. However, we found that patients were not protected from the risk of infection because appropriate guidance had not been followed. We also found recruitment procedures were not robust to ensure treatment and support was provided by suitably qualified, skilled and experienced staff. We asked the provider to send in an action plan outlining how they intended to make improvements.

At this inspection we checked that actions identified at our previous visit had been implemented and issues resolved. We had also received further anonymous information about the practice. We checked these areas of concern and found services being provided were safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

#### Our key findings were:

- The practice had a system in place to record, investigate and respond to significant events, safety issues and complaints.

# Summary of findings

- There were sufficient numbers of suitably qualified staff to meet the needs of patients
  - Staff had been trained to handle emergencies and appropriate medicines were readily available.
  - Infection control procedures were robust and staff were able to demonstrate how they followed the published guidance.
  - Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
  - Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in decisions about it.
  - Patients were treated with dignity and respect and confidentiality was maintained.
- The practice staff felt involved and worked as a team.
- There were areas where the provider could make improvements and should:**
- Ensure the Disability Discrimination Act (DDA) assessment is reviewed regularly and any action identified followed up.
  - Document the sharing of learning from complaints and concerns with the wider team.
  - Ensure feedback received from patients is regularly analysed with identified actions and responded to appropriately.
  - Ensure arrangements in place for monitoring and improving the service is effective and robust.

# 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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. The practice carried out and reviewed risk assessments to identify and manage risks.

### **Are services effective?**

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

The practice provided evidence based dental care which was focussed on the needs of the patients. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required. Staff were supported by the practice in continuing their professional development (CPD) and was meeting the requirements of their professional registration.

We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration

### **Are services caring?**

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

All the patients we spoke with and those who completed CQC comment cards were positive about the care they received from the practice. Patients we spoke with told us they felt they were treated with respect and were involved with the discussion of their treatment options. We observed the staff to be caring, compassionate during our inspection.

### **Are services responsive to people's needs?**

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

Patients could access routine treatment and urgent or emergency care when required. Patients we spoke with told us staff were very responsive in supporting those patients who were particularly anxious or nervous to feel calm and reassured. The needs of patients with a disability had been considered in the development of the service although this needed to be updated regularly. The practice was open on Saturdays from 9.00am to 12.30pm. This was useful for patients who worked, people with children who were at school and young people who were still in full time education.

### **Are services well-led?**

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

The practice manager was responsible for the day to day running of the service and was supported by the deputy practice manager. The dental practice had effective clinical governance and risk management structures in place. Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place. The practice sought the views of patients but did not always document the actions taken to improve patient safety and their overall experience.

# 606 Dental Practice

## Detailed findings

### Background to this inspection

The inspection was carried out on 28 April 2015 by an inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, ten clinical patient records and other records relating to the management of the service. We spoke to the practice manager, three dentists, two dental nurses, two receptionists, a dental hygienist and four patients. We also spoke the practice manager and the assistant practice manager. We reviewed 47 comments cards completed by patients.

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?

This informed our view of the care provided and the management of the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

Systems were in place to record incidents and the health and safety policy informed staff of their process. The practice recorded incidents in the accidents book. We saw that three incidents had been recorded in 2015. We saw that individuals form were filled for each incident with management completing a section titled 'additional action' taken. Two of the incidents involved matrix bands (a device used during restorative procedures). Staff recorded that they had cut their fingers during preparation of the matrix bands. We spoke with the assistant practice manager who told us that they had changed the bands they were using and had ordered a different brand. This showed that the practice responded to any developing themes and responded appropriately. However, minutes of meetings we looked at did not show that the learning was discussed with the wider practice team.

The practice received national patient safety and medicines alerts that affected the dental profession. We were shown a folder of alerts that had been received by the practice. We saw that the last alert received by post was in January 2013. The assistant practice manager told us that they had recently registered to receive alerts via Email and were now receiving them once again. We saw evidence of email communication with Medicines & Healthcare products Regulatory Agency (MHRA) as evidence that the practice had registered. The assistant practice manager told us they were going through the alerts from the last two years to ensure that any relevant alerts that were missed were now being acted upon. We saw this was actively being done. For example, the assistant practice manager showed us an alert where they needed to change a type of glucose monitor held in the practice. We saw that this had been acted upon.

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

Records we looked at showed that all staff at the practice were trained in safeguarding. Minutes of meetings we looked at showed that safeguarding (signs and symptoms) were discussed with staff. There had been no safeguarding incidents since they had registered in 2012. We saw a safeguarding poster with information and contact details was posted on the staff room. This set out the named GP

lead within the Clinical commissioning Group (CCG) as well as the duty and out of hours team at the local authority. CCGs are groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Staff spoken with on the day of the inspection were aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentists or practice manager. They felt confident that any issue would be taken seriously and action taken.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. The practice kept and maintained oxygen, medicines for use in an emergency and an automatic external defibrillator (AED) which ensured patients could be provided with appropriate support in a timely manner. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. All staff had been trained in basic life support and were aware of the location of emergency medicines and equipment in the event they needed to access it.

### Staff recruitment

During our last inspection we saw that recruitment procedures were not robust. At this inspection we found that improvements were made. We reviewed the employment files for six staff members including two dentists, a hygienist, a reception staff and a dental nurse and a trainee dental nurse. We saw that the files included application forms, employment history and evidence of qualifications.

Appropriate checks had been made before staff commenced employment. This included evidence of professional registration with the General Dental Council (GDC, where required) and Disclosure and Barring Service (DBS) checks. The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental

# Are services safe?

technicians. The DBS check helps to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We saw one file where reference request was made for an employee but the previous employer refused to supply the practice with the reference. We spoke via the telephone about this with the provider on the day of our inspection. They explained that they had sought appropriate guidance from NHS England in respect of this and explained what they had done.

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

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

There was a fire drill procedure and a fire risk assessment which was developed by an external organisation. We saw that most actions had been implemented from the risk assessments. However we saw that one action had not been completed. This was the installation of fire direction sign on the ground floor waiting room. The practice manager told us that they planned to refurbish the practice and were waiting to install this after the refurbishment. We saw a refurbishment plan displayed in the staff room which was scheduled to start August 2015.

We saw that the practice worked with an external organisation to help them develop relevant health and safety risk assessments. On the day of the inspection a representative had visited the practice to help with risk assessments. We were told that a staff member was pregnant and a risk assessment was put in place for new and expectant mothers.

There were other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, fire evacuation procedures and risks associated with Hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

## **Infection control**

Prior to our inspection we had received information of concern about infection prevention and control practices at the site. Other concerns raised included the lack of

disposable items in stock and a staff member treating patients without appropriate registration with their governing body. We found that there were enough disposable items in stock and the staff member in question had been registered and fit for their role.

At our previous inspection in September 2104 we saw that the standard of the treatment rooms varied greatly. Some of the rooms had recently been refurbished but others looked worn. In two of the rooms we saw that the laminate on cupboard doors and work surfaces was badly damaged making it difficult to clean effectively. At this inspection we found that these surgeries had been renovated addressing the concerns we had identified previously. We also saw that the damp problems identified at our last inspection had been resolved. We saw that decorative work was needed to be done following the remedial work to address the damp issues. The practice manager told us that the whole practice was being renovated including other treatment rooms with work due to commence in August 2015. Therefore, this was not being addressed until then. We saw plans in place in regards to the renovation work.

The practice did not have a central decontamination room and instead dirty instruments were processed in each surgery. We looked at five surgeries and found they were visibly clean and tidy. There were clearly marked clean and dirty areas for the decontamination process to take place. All surgeries we looked at now had two sinks and lidded bins. There was sufficient personal protective equipment (PPE) with plenty of gloves of varying sizes.

The autoclave used for sterilising was maintained and serviced as set out by the manufacturers' guidance. Daily, weekly and monthly records were kept of operating cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

We examined at instruments in all the surgeries we looked at. We saw that a couple of instruments in one of the surgeries were no longer suitable for use. We pointed this out to the practice manager who took them out of use and arranged for them to be replaced. We saw that there were no keyboard covers in any of the surgeries and the practice manager had made an order for these during our inspection so that this could be addressed. We also saw

# Are services safe?

small tears on two of the dental treatment chairs. This would not enable effective infection control processes and pointed this out to the practice manager who agreed to have this addressed.

The practice had an up to date legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

## **Equipment and medicines**

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all X-ray equipment to ensure they were operating safely.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order

## **Radiography (X-rays)**

We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed in accordance with guidance. We found procedures and equipment had been assessed by an independent expert within the recommended timescales.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

We spoke with four patients and reviewed 47 CQC comment cards. Feedback we received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

### Health promotion & prevention

The waiting rooms on both floors contained a range of literature that explained the services offered at the practice in addition to information about oral hygiene and how to reduce the risk of poor dental health, Solihull stop smoking leaflet as well as information on alcohol consumption. The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. Three dentists we spoke with told us that they referred patients for smoking cessation, alcohol consumption and dietary advice if appropriate. We saw evidence where patients were prescribed high concentration fluoride toothpaste with high risk of caries (decay).

### Staffing

We looked at six staff files. The assistant practice manager told us that all staff files were reorganised to ensure all

information related to recruitment was available. This was because we had identified some issues with staff recruitment during our previous inspection. We saw that issues identified at last inspection had been addressed.

We saw evidence that immunisation status, references and Disclosure and Barring Service (DBS) had been carried out for all staff. DBS checks help to identify people who are unsuitable to work with children and vulnerable adults.

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There was an appraisal system in place for dental nurses and administration staff. The practice manager and the assistant manager told us the dentists did not have an appraisal but had meetings with the principal dentist.

### Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. This included referral for specialists' treatments such as orthodontics, patients with complex needs such for extractions. Dentists we spoke with told us patients were referred to Solihull Hospital oral medicine/surgery if needed.

### Consent to care and treatment

The dentists we spoke with explained to us how valid consent was obtained for all care and treatment. We reviewed a random sample of ten clinical patient records. The records showed and staff confirmed individual treatment options benefits, risks and costs were discussed with each patient and documented in a written treatment plan. This was reflected in comment cards completed by patients. The practice did not have a consent policy but had developed one after the inspection.

Clinical staff we spoke with demonstrated satisfactory understanding of how the Mental Capacity Act (MCA) 2005 applied in considering whether or not patients had the capacity to consent to dental treatment. Staff files we looked at showed that staff had attended training that covered consent as part of their continuing professional development (CPD) training. The practice manager told us that specific training for MCA was being organised.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We saw confidentiality protocols were displayed in both waiting areas on the ground and first floor. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. We observed an elderly patient being helped by staff to exit the practice. There were two reception areas and staff we spoke with were aware of how to protect patients privacy. They also confirmed that should a confidential matter arise, a private area or a free surgery was available for use.

Dentists we spoke with told us that if a patient was anxious they were happy to reassure them and provide options to have their treatment under sedation.

Patients we spoke with and comments cards we reviewed confirmed they were always treated with respect by caring and patient staff.

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

Patient we spoke with told us that the dentists listened to them and they felt involved with the decisions about their care and treatment. They told us that consultations and treatment were explained to them in a way they understood, followed up by a written treatment plan that was clear and that explained the costs involved.

We looked at some examples of written treatment plans which documented the treatment required and outlined the costs involved.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

Staff reported that the practice scheduled enough time to assess and undertake patients' care and treatment needs. We looked at the appointment system which confirmed this. Appointments were allocated according to dentists requested by patients and slots for emergencies were available.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

The practice had step free access to assist patients with mobility issues, using wheelchairs or parents with prams or pushchairs. We saw that practice staff supported a patient with limited mobility.

The practice had a folder on disability awareness and there was evidence that staff had discussed the barriers to care this group of patients faced. Staff files we looked at showed that they had attended training as part of their CPD in ethical and legal issues. Staff explained that this training covered issues around equality and diversity. The staff we spoke with displayed understanding of the cultural needs of some of their patients.

Most of the practice population were able to speak English, but staff members we spoke with were aware of translation services if required.

The dentist told us that they were open Saturdays between 9.00am and 12.30pm. This enabled working patients and children to attend without taking time out from work or school.

We saw that the practice had conducted a Disability Discrimination Act (DDA) assessment with some limitations documented. However, the DDA assessment did not have a date or when it was due for review. The practice manager and the assistant manager were not aware that it had been done and told us that it may have been done by the previous manager. The practice should ensure that the DDA

assessment is reviewed and any action identified followed up. This would be useful as there were plans to renovate the practice and any actions identified could be incorporated within the renovation. DDA worked to protect people with disabilities by encouraging service providers to make reasonable adjustments. The DDA act has been repealed and replaced by the Equality Act 2010.

### Access to the service

Patients were able to access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen the same day if necessary. Saturday appointments were available. Receptions staff we spoke with told us they prioritised emergency patients by asking them if they had pain and swelling. If an emergency slot was not available then dentists were asked if they would see the patient as an 'extra'.

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We were told that the answer machine also gave the providers number on a bank holiday out of courtesy.

CQC comment cards we reviewed and a patient we spoke with told us that the availability of appointments met their needs. They said they had no problems obtaining an appointment that was convenient for them.

### Concerns & complaints

There was a complaints handling policy which was displayed in both waiting areas in the surgery and also provided staff with information about handling formal and informal complaints from patients.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. However, the practice needed to share learning from complaints with the wider team. We did not see evidence in the minutes of meetings that this was being done. Although, staff members we spoke with told us that learning from complaints were discussed with them where appropriate.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had some arrangements in place for monitoring and improving the services provided for patients. However, we found some gaps because we found a couple of dental instruments that were no longer suitable for use and the practice failed to pick this up. We also found that the practice manager and assistant manager were not aware that a DDA audit had been undertaken and needed review.

There were some policies and procedures in use at the practice such health and safety, infection prevention control, patient confidentiality and recruitment. However, the practice manager was aware that they needed to develop a consent policy. Staff we spoke with were aware of the policies and they were readily available for them to access.

### **Leadership, openness and transparency**

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider or the practice management team without fear of discrimination. Staff felt well supported by the practice management team. All staff were aware of whom to raise any issue with and told us that the practice manager and dentist would listen to their concerns and act appropriately.

### **Management lead through learning and improvement**

We found that there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, record keeping, X-ray quality, DNA (did not attend), waiting time audits. Where areas for improvement had been identified action had been taken. We saw evidence that re-audits were undertaken where appropriate and improvements documented. For example, we saw that a record keeping audit conducted in 2014

identified improvements for recording smoking status and sugar intake for patients. We saw that a re-audit identified that improvement had been made. This ensured the practice regularly monitored the quality of care and treatment provided and made any changes necessary as a result.

Staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice. Staff spoke very positively about the open culture within the practice. They told us that there were opportunities for learning and personal development.

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

The practice had conducted a patient survey in March 2015 by asking patients to complete a questionnaire about the services they provided. The survey had not been analysed yet and the management staff told us that this was something they were planning to do. There were no surveys carried out in 2013-14 but we looked at another survey 2012-13. However we did not see any analysis of the survey or actions identified to improve the practice.

The practice had a comments box which was reviewed regularly. We saw that the comments received were positive but some suggestions were about the lack of car parking. There was also a comments and feedback book which we looked at. We saw that there were positive comments and some thank you notes. There was also some feedback regarding parking difficulties. The management staff explained that they were unable to increase parking so in the practice leaflet patients were advised to park at the nearby car park on their practice leaflet. The practice did not respond to feedback received from patients directly but recognised the need to do so. Management staff told us that they were conducting the NHS friends and family test and as part of that they planned to feedback their response to all comments and suggestions received.