

Mrs. Akvinder Pooni

# Callowbrook Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 23 May 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**

Callowbrook Dental Practice is in Rubery and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes three dentists, two dental nurses, one dental hygienist and a practice manager. The practice manager and dental nurses also carried out reception duties. The practice has two treatment rooms.

# Summary of findings

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

During the inspection we spoke with one dentist, 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:

Monday 8am – 6 pm

Tuesday 8am – 7pm

Wednesday 8am – 6pm

Thursday 8am – 5pm

Friday 8am – 1pm

## **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.
- 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 but these required improvements.

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. However, some patients commented they were kept waiting beyond their scheduled appointment time.
- 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.

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

- Review the staff supervision protocols and ensure an effective process is established for the on-going appraisal of all staff
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review availability of an interpreter services for patients who do not speak English as a first language.
- Review the practice's recruitment policy and ensure that the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Necessary employment checks should be in place for all staff and the required specified information in respect of persons employed by the practice should be held.

# 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 complaints to help them improve. They had not documented learning from 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 recruitment checks. Some improvements were required in the practice's recruitment procedures.

Premises and equipment were clean and properly maintained. One item of equipment had not been serviced in accordance with the manufacturer's guidance; however, this was completed on the day after our visit. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

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 efficient and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 26 people. Patients were positive about the service. They told us staff were lovely, caring and professional. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



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

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

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Some patients commented that they were kept waiting beyond their appointment time.

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

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints constructively.

## 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. The practice carried out audits but these required improvements as many were incomplete and irregular. There was a clearly defined management structure and staff felt supported and appreciated.

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

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

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. Staff knew about these and understood their role in the process. However, these procedures did not extend to incidents and significant events. Staff should record, respond to and discuss all incidents to reduce risk and support future learning. Within 48 hours, the provider informed us that they had introduced a new recording tool for staff to document all incidents with immediate effect.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff and acted on but we did not see any evidence that these were 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 reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every two years. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists had recently started to use 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 the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance. 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 policy and procedure to help them employ suitable staff. This reflected the relevant legislation but it did not have specific information about the acceptance of historical Disclosure and Barring Service (DBS) checks. The DBS carries out checks 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 vulnerable adults.

We looked at three staff recruitment files. These showed that the provider did not always follow their recruitment procedure. None of the recruitment files contained any references although their own policy stated that two references would be sought for each prospective staff member. One staff file did not contain evidence of identity verification.

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 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 fire risk assessment had been carried out by an external contractor in 2011. Some recommendations were made to improve fire safety. We were told that these had been completed but staff had not documented this in the assessment. One of the recommendations was to carry out fire drills every six months, however, the most recent one was carried out in July 2016. Other regular tests were

# Are services safe?

carried out to check that the smoke detectors and emergency lighting was functioning. Within 48 hours, the provider informed us that fire drills would take place every three months with immediate effect.

A dental nurse always worked with the dentists when they treated patients; however, the dental hygienist sometimes treated patients unassisted.

## 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 records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. It is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Staff did not carry these out every six months. They were usually carried out every 9-12 months. The provider assured us these would be carried out regularly with immediate effect.

We reviewed the audit from September 2016 and this highlighted some areas of improvements. Action plans were not always documented subsequent to the analysis of the results. By following action plans, the practice would be able to assure themselves that they had made improvements as a direct result of the audit findings.

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. Some of the paintwork was flaking in one of the clinical rooms. The provider informed us this would be repaired within the next five weeks.

We reviewed a selection of staff files and found that one clinical staff member had not given evidence that they were adequately immunised against Hepatitis B to ensure the safety of patients and staff. Within 48 hours, we were sent evidence of this.

## Equipment and medicines

We saw servicing documentation for most of the equipment used. The machine used for developing X-rays had not been serviced since 2013. We were sent evidence that the machine was serviced the day after our visit. Staff carried out checks in line with the manufacturers' recommendations.

The practice stored and kept records of NHS prescriptions as described in current guidance. However, this was not done consistently. The provider informed us this would be routinely recorded by all dentists with immediate effect.

## Radiography (X-rays)

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

We did not see evidence of notification to the Health and Safety Executive (HSE). Employers planning to carry out work with ionising radiation are required to notify HSE and retain documentation of this. The provider sent us evidence that they had notified the HSE the day after our visit.

The X-ray equipment in one treatment room was fitted with a part called a rectangular collimator which is good practice as it reduces the radiation dose to the patient. This was removable but was not routinely used by the dentists. The provider informed us that these would be regularly used with immediate effect.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice had carried out an X-ray audit but this was undated. It was not clear how often these audits were repeated.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

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

### Health promotion & prevention

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

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

None of the staff had received an appraisal so it was not clear how their performance was assessed or their training needs identified.

### 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 practice monitored urgent referrals to make sure they were dealt with promptly although this system needed to be more thorough. The provider contacted us after the inspection to inform us they had introduced a log book in the treatment rooms and a log sheet at reception which would enable the referrals to be tracked with accuracy.

### Consent to care and treatment

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

The team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

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

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

Patients commented positively that staff were lovely, helpful and efficient. We saw that staff treated patients in a caring and professional manner and were friendly towards patients at the reception desk and over the telephone.

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 reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazines in the waiting room.

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

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. However, some feedback from patients did state that they were kept waiting beyond their scheduled appointment time.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. They described an example of the measures taken to accommodate a specific patient.

Staff told us that at the time of our inspection they had some patients for whom they needed to make adjustments to enable them to receive treatment. They shared examples of how they managed patients with physical disabilities.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and a hearing loop. A magnifying glass was not present but staff shared examples of how they accommodated patients with visual impairments, such as providing written information in larger font size. Toilet facilities were available on the ground floor but these were not wheelchair-accessible. One of the treatment rooms was able to accommodate patients with wheelchairs and pushchairs.

Staff said they could provide information in different formats and languages to meet individual patients' needs, if needed. They did not have access to interpreter/translation services but contacted NHSE after our visit to enquire about this. The provider informed us that they would use interpreter services on a private basis if any patients required this service.

### Access to the service

The practice displayed its opening hours in the premises.

We confirmed the practice kept waiting times and cancellations to a minimum. We were told that the receptionist informed patients if the dentist was running late.

The practice was committed to seeing patients experiencing pain on the same day and utilised a 'sit and wait' policy for their patients requiring urgent treatment. They took part in an emergency on-call arrangement with some other local practices. The answerphone and information in the waiting room 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. Some patients commented they were kept waiting beyond their scheduled appointment time. Staff told us this would happen if the dentists needed to treat patients with urgent dental needs. As a result, the practice introduced some emergency slots per dentist per day to help to resolve this.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information was available at the practice for patients explaining how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received. No complaints had been received in the past 12 months. We reviewed a complaint from 2015 and found there was a delay in the practice's response to the patient. However, the relevant staff members had apologised and the complaint was resolved to the patient's satisfaction. We saw evidence that relevant staff had discussed outcomes with the dental team to share learning and 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. The practice manager was 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 practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns with staff and it was clear the practice worked as a team and dealt with issues professionally.

Formal staff meetings with minutes did not take place. However, we were told that the practice held informal meetings regularly where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Within 48 hours, the provider emailed us to inform that monthly staff meetings would take place with immediate effects and these would be documented.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement; however, these required improvements. Staff carried out audits of dental care records, X-rays and infection prevention and control. Not all of these were carried out regularly and not all had clear records of the audit results and the resulting action plans and improvements. Some audits were undated. The provider was already aware that the format and frequency of their audits required improvements and had dedicated some time to this in the few months preceding our visit.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. There was no evidence of annual appraisals. Regular staff appraisals are important as it enables staff to discuss learning needs, general wellbeing and aims for future professional development. Within 48 hours, the provider contacted us to inform us that all of the staff had received appraisals on the day after our visit. They also said these would be formally repeated on an annual basis.

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 verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. One example was the provision of a handrail outside the practice to allow easier access for patients.

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.