

Dr. Mamtaz Masood

# Dr Mamtaz Masood – Edendental

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 28 June 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which did not fully reflect published guidance.
- Staff knew how to deal with medical emergencies.
- Improvements could be made to ensure all appropriate medicines and life-saving equipment were available and reflected current guidelines.

# Summary of findings

- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Improvements could be made to ensure substances hazardous to health were appropriately risk assessed.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement; systems to ensure audits were effective could be improved.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Eden Dental is in Edenthorpe, Doncaster and provides private dental care and treatment for mostly adults and a small number of children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice and nearby on local roads. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist and 1 dental nurse. The practice has 1 treatment room.

During the inspection we spoke with the dentist and the dental nurse.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday 12pm – 6pm, Tuesday 9am – 8pm, alternate Wednesday and Friday 9am – 3pm and Thursday 9am – 6pm.

The practice had taken steps to improve environmental sustainability. For example, reducing paper and electrical use where possible.

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

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

# Summary of findings

- Review current systems to ensure the availability of emergency medicines and equipment in the practice to manage medical emergencies taking into account the guidelines issued by the guidelines issued by the British National Formulary, Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's processes for the control of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.
- Take action to ensure audits of radiography, infection prevention and control and antimicrobial prescribing are undertaken at regular intervals in line with guidance to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

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

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

The practice had infection control procedures which did not fully reflect published guidance, for example:

- The reprocessing of un-bagged instruments, including reusable burs, did not align with published guidance.
- Sterilised pouched instruments were not transported in an appropriate container.
- Autoclave validation records were not consistent.
- The temperature of the solution used for manually cleaning instruments was not monitored.
- The solution used to disinfect impressions was not used in line with manufacturer's instructions.
- Heavy duty gloves were not changed weekly.
- Hand towels and hand soap was not wall mounted.
- The treatment room work surface and sink unit were not compliant with published guidance.

The infection prevention and control audit did not accurately reflect our findings.

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

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. The provider had systems in place to complete monthly in-house fire safety checks, but not all of these were recorded.

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

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Not all emergency equipment and medicines were available, and these were not checked in accordance with national guidance, for example:

- The medical oxygen cylinder and automated electronic device (AED) was checked monthly and not weekly.
- Oral glucose was not present.

# Are services safe?

- There was no razor or scissors present with the AED.
- There was no eye bath present.

Staff knew how to respond to a medical emergency and had completed on-line training in emergency resuscitation and basic life support in the last 12 months. The practice had a cardiopulmonary resuscitation (CPR) simulation dummy on-site, and records showed the team regularly practiced their CPR skills during staff meetings. We discussed options to ensure they maintained up-to-date accredited CPR training in line with current guidance.

The practice held safety data sheets for all substances that are hazardous to health, but these had not been risk assessed to minimise associated risks.

## **Information to deliver safe care and treatment**

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

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

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not being carried out.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents.

The practice had systems in place to review and take action on all dentally related safety alerts, but any action taken was not being recorded.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

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

### **Helping patients to live healthier lives**

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

The team were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

The team obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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

### **Monitoring care and treatment**

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

The team conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out annual radiography audits, these were not completed six-monthly following current guidance.

### **Effective staffing**

The team had the skills, knowledge and experience to carry out their roles.

Systems were in place to ensure newly appointed staff would have a structured induction. The clinical team completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

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

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

The practice was a referral clinic for minor oral surgery, orthodontics, endodontics, periodontics and prosthodontics. These were monitored to ensure the dentist was aware of all incoming referrals.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

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

On the day of inspection, we reviewed patient feedback. Patients commented staff were friendly and helpful, compassionate and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

The team was aware of the importance of privacy and confidentiality.

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

### **Involving people in decisions about care and treatment**

The team helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, X-ray images and an intra-oral camera.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

The team were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a ground floor treatment room and toilet facilities for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's website, 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 who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. The team discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

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

Except for the areas where we identified improvements could be made, systems and processes were embedded.

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

### **Culture**

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

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

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

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

Improvements could be made to ensure there were clear and effective systems and processes for managing risks, issues and performance. In particular, infection prevention and control procedures, oversight of the medical emergency kit, risk management of hazardous substances and quality assurance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

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

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

The practice was also a member of a good practice certification scheme.

### **Continuous improvement and innovation**

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

# Are services well-led?

These included audits of patient care records, disability access, radiographs and infection prevention and control. Improvements could be made to ensure audits of radiography, infection prevention and control and antimicrobial prescribing are undertaken at regular intervals and accurately reflect current processes in line with guidance to improve the quality of the service.

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