

Dr. Khalid Faiz

Confidential Care

Inspection Report

207 Southborough Lane
Bickley, Bromley
BR2 8AR

Tel: 020 8289 3388

Website: www.confidentialcare.co.uk

Date of inspection visit: 28 February 2019

Date of publication: 17/04/2019

Overall summary

We undertook this follow-up focused inspection on 28 February 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

We previously undertook a comprehensive inspection on 23 and 25 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective or well led care and was in breach of Regulations 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Confidential Care on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect the service again after a reasonable interval, focusing on the areas where improvement was required.

Our findings during this inspection were:

Are services safe?

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

The provider had made several improvements in relation to the regulatory breach we found during the previous inspection on 23 and 25 July 2018.

Are services effective?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 23 and 25 July 2018.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 23 and 25 July 2018.

Background

Confidential Care is in the London Borough of Bromley and provides NHS and private treatment to patients of all ages.

Summary of findings

The dental team includes three dentists, two qualified dental nurses (one of whom is a locum), a trainee dental nurse, three decontamination assistants (two of whom also undertake receptionist duties), and a receptionist. The provider had employed the services of a compliance adviser to assist them in implementing the necessary improvements.

The practice has five treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with two dentists, a compliance advisor, three dental nurses, a receptionist, and the practice administrator. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Mondays to Thursdays – 9am to 6pm

Fridays – 9am to 5pm

Every other Saturday – 9am to 1pm

Our key findings were:

- The provider had established a system for identifying, receiving, recording, handling and responding to complaints by service users.
- The provider had implemented an effective system to ensure all referrals could be monitored suitably.
- Risks related to fire safety, electrical safety, health and safety, significant events, Legionella prevention, the security of prescription pads, infection prevention and control processes had been reviewed and mitigated.
- The provider had checked that clinical staff had achieved a satisfactory level of immunity against Hepatitis B.
- Prescription pads were stored securely.
- There was sufficient equipment used to manage medical emergencies, and these had been suitably maintained and monitored.
- The provider had improved arrangements for monitoring medicines and dental materials to ensure they remained in date and fit for use.

- The provider had implemented suitable up-to-date policies to provide guidance to staff.
- The provider had not carried out audits to monitor the quality of safety of the practice's clinical systems and processes.
- The provider had made key safety improvements relating to the provision of dental treatment using conscious sedation. However, because the provider had not met all of the requirements of the conditions we had imposed upon their registration with the CQC in July 2018, we took the decision to continue the enforcement action to prevent them from providing dental treatments under conscious sedation until they have made the necessary improvements.
- The provider had improved their recruitment procedure to ensure key background checks were carried out for new staff, and they maintained up-to-date records relating to professional registrations and indemnity insurance for clinical staff.
- Staff had received appraisals, and they had completed key training and continuing professional development. The provider had implemented a system to monitor training needs of their staff.
- Staff reported that communication and morale had improved, and that there was more cohesive working amongst staff. They demonstrated a good understanding of governance arrangements and requirements.
- Dental care records were stored securely. Most dental care records were well-written but some lacked key information.
- Rubber dam was still not being used consistently or its non-use suitably risk assessed and documented by all dentists for root canal treatments.

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

- Review the practice's protocols for completion of dental care records, taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care and was complying with the relevant regulations.

The practice had established systems and processes to provide safe care and treatment.

They had made key safety improvements relating to the provision of conscious sedation.

However, because the provider had not met all of the requirements of the conditions we had imposed upon their registration with the CQC in July 2018, we took the decision to continue the enforcement action to prevent them from providing dental treatments under conscious sedation until they have made the necessary improvements.

Risks related to fire safety, electrical safety, health and safety, Legionella prevention, the security of prescription pads, infection prevention and control processes had been reviewed and mitigated.

The provider had checked that clinical staff had achieved a satisfactory level of immunity against Hepatitis B.

The practice evidenced the use of learning from incidents and significant events to help them improve.

Staff knew how to recognise the signs of abuse of children and vulnerable adults, and all staff we spoke with were clear on protocols for escalating concerns.

The dentists were adequately supported by a trained member of the dental team when treating patients in a dental setting.

Prescription pads and dental care records were stored securely.

There was sufficient equipment used to manage medical emergencies, and these had been suitably maintained and monitored.

The provider had improved arrangements for monitoring medicines and dental materials to ensure they remained in date and fit for use.

The provider had improved their recruitment procedure to ensure key background checks were carried out for new staff, and they maintained up-to-date records relating to professional registrations and indemnity insurance for clinical staff.

Rubber dam was still not being used consistently by all dentists for root canal treatments.

No action



Are services effective?

We found that this practice was providing effective care and was complying with the relevant regulations.

Staff had completed key recommended training and continuing professional development. The provider had implemented a system to monitor training needs of their staff.

Staff had received appraisals.

No action



Summary of findings

The practice had provided comprehensive inductions for recently recruited staff. They had induction forms available for locum staff if needed.

The provider had employed more staff to ensure the smooth running of the service.

The provider had implemented an effective system to ensure all referrals could be monitored suitably.

The practice could make further improvements to the quality of dental care records by ensuring key details about the patients' dental care and treatment was consistently recorded.

Are services well-led?

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

The provider had ensured risks relating to the safety, effectiveness and management of the service were assessed, identified, mitigated and suitably monitored.

Staff told us morale had improved and that there was more cohesive working and engagement amongst staff.

All staff we spoke with, including senior staff, demonstrated a good understanding of governance arrangements and requirements, and the various responsibilities, roles and systems of accountability.

The provider had not carried out audits to monitor the quality of safety of the practice's clinical systems and processes.

Dental care records were stored securely.

The provider had established a system for identifying, receiving, recording, handling and responding to complaints by service users.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services safe?

Our findings

At the previous inspection on 23 and 25 July 2018 we judged that the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice and enforcement notice.

During this inspection on 28 February 2019 we found the practice had made the following improvements to comply with the regulations:

- Risks to patient safety had been assessed, reviewed and mitigated. A fire risk had been completed by a competent person. Staff participated in fire evacuation drills and these were suitably logged. Health and safety, sharps and Legionella risk assessments had been carried out suitably and the relevant recommendations implemented.
- Electrical safety checks were in place and suitably logged.
- The provider had ensured prescription pads were stored securely and had an effective system in place to monitor their use.
- Staff had the training and competency to confidently set up the oxygen cylinder for use in an emergency.
- Infection prevention and control processes had been improved. The practice appeared to be clean. Dental instruments and materials were suitably stored. There was a spill kit staff could use to clean spilled bodily fluids. Staff had carried out regular infection control audits in line with national guidance, and they had implemented an infection control annual statement detailing their arrangements to prevent the spread of infections in the practice.
- The provider had checked that clinical staff had achieved a satisfactory level of immunity against Hepatitis B.
- The practice evidenced the use of learning from incidents and significant events to help them improve. Incidents had been logged and follow-up actions from accidents were suitably recorded. There was evidence the incidents had been discussed with staff. All staff we spoke with understood the practice's process for managing significant events. Senior staff demonstrated a clear understanding of the Serious Incident Framework for reporting safety concerns externally. They were also aware of incidents requiring notification to the Care Quality Commission.
- The practice had improved their system for receiving and sharing safety alerts relating to medicines and equipment from external bodies with relevant staff.
- Staff knew how to recognise the signs of abuse of children and vulnerable adults, and all staff we spoke with were clear on protocols for escalating concerns. Safeguarding policies had been updated and staff had received safeguarding training at levels relevant to their roles.
- Dental care records were stored securely.
- There was sufficient equipment used to manage medical emergencies, and these had been suitably maintained and monitored.
- The provider had implemented a suitable stock control system for monitoring medicines and dental materials to ensure they remained in date and fit for use.
- The provider had improved their recruitment procedures to ensure key background checks, such as criminal background checks, photo identification, evidence of previous satisfactory conduct in employment, were carried out for new staff. They maintained up-to-date records relating to professional registrations and indemnity insurance for clinical staff. They had created job descriptions for the dental nurse and receptionist roles and were in the progress of completing these for other roles in the practice.
- The provider had arrangements in place to ensure the safety of radiography equipment, and ensured they had the required information in their radiation protection file. For example, there were maintenance records for radiography equipment, local rules, details of the radiation protection adviser, an inventory of their radiography equipment, registration with the Health and Safety Executive and radiological risk assessment. In most dental care records we checked, recording of the justification and grading of radiographs had improved. The provider had completed radiography audits to monitor the quality of dental radiographs taken on the premises, and we were given evidence of radiography training for all relevant staff.

Are services safe?

The above-mentioned improvements showed the provider had taken action to comply with the regulations when we inspected the practice on 28 February 2019.

The provider had made key safety improvements relating to the provision of conscious sedation. The dentist showed us evidence that they had received the necessary training and completed continuing professional development in conscious sedation since their initial training in 2007. The dentist audited the provision of sedation to help them identify any areas for improvement and to check whether the necessary information had been recorded in the patients' dental care records. The practice had established clear policies regarding the recommended safe criteria for treating patients under conscious sedation in dental care, in line with the American Society of Anaesthesiologist's classification system. They had created protocols for the evacuation of sedated patients in the event of an

emergency, and for the disposal of controlled medicines. They ensured sedation medicines were stored securely, and that single-use items for administering sedation medicines were not re-used.

However, because the provider had not met all of the requirements of the conditions we had imposed upon their registration with the CQC in July 2018, we took the decision to continue the enforcement action to prevent them from providing dental treatments under conscious sedation until they have made the necessary improvements.

We also found the provider could strengthen arrangements in relation to the following:

- Rubber dam was still not being used consistently by all dentists for root canal treatments.

Are services effective?

(for example, treatment is effective)

Our findings

At the previous inspection on 23 and 25 July 2018 we judged that the practice was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

During this inspection on 28 February 2019 we found the practice had made the following improvements to comply with the regulations:

- Staff had completed key recommended training and continuing professional development. The provider had implemented a system to monitor training needs of their staff.
- Staff had received appraisals to monitor their progress, wellbeing and development needs.
- The practice had provided comprehensive inductions for recently recruited staff. They had induction forms available for locum staff if needed.

- The provider had employed more staff to ensure the smooth running of the service. They were actively recruiting for a dental nurse with training in conscious sedation.
- The provider had implemented an effective system to ensure all referrals could be monitored suitably.

The above-mentioned improvements showed the provider had taken action to comply with the regulations when we inspected the practice on 28 February 2019.

We found the provider could strengthen arrangements in relation to the following:

- Most dental care records contained key information about the patients' dental care and treatment. Some dentists had begun using a template to help them ensure this information would be consistently recorded. However, we found some information was lacking in some of the records we checked.

Are services well-led?

Our findings

At the previous inspection on 23 and 25 July 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

During this inspection on 28 February 2019 we found the practice had made the following improvements to comply with the regulations:

- Staff told us morale had improved and that there was more cohesive working and engagement amongst the team. They described a working culture that was more positive and inclusive. They reported feeling valued.
- Staff we spoke with said they felt confident they could raise any concerns with senior staff, and that they would be listened to.
- All staff we spoke with, including senior staff, demonstrated a good understanding of governance arrangements and requirements, and the various responsibilities, roles and systems of accountability. The team attended regular meetings where they were discussed a variety of topics and participated in training to keep them up to date.

- The practice provided staff with suitable up-to-date policies and procedures, and staff were aware of how they could access these.
- Senior staff monitored the wellbeing of staff through appraisals and regular discussions.
- The provider had carried out audits of radiography, record keeping and infection prevention and control to monitor the quality of safety of the practice's clinical systems and processes.
- Staff ensured that patients' personal information was adequately protected.

The practice had also made further improvements by establishing a system for identifying, receiving, recording, handling and responding to complaints by service users.

They had suitably assessed and mitigated risks relating to the safety, effectiveness and management of the service. Improvements they implemented provided a sound footing for the ongoing development of effective governance arrangements at the practice. They told us they would continue to work with their compliance adviser with an aim to ensuring the improvements remained embedded long-term.

The above-mentioned improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 28 February 2019.