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# Highfields Dental Practice

## Inspection Report

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Date of inspection visit: 14/02/2018

Date of publication: 20/04/2018

### Overall summary

We carried out this unannounced inspection on 14 February 2018 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 Cheshire and Merseyside 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 not 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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

Highfields Dental Practice is close to the centre of Crewe and provides dental care and treatment to adults and children on a privately funded basis.

The provider has a portable ramp available to facilitate access to the practice for wheelchair users. The practice has two treatment rooms. Car parking is available near the practice.

The dental team includes one locum dentist, one dental hygiene therapist, three dental nurses, two of whom are trainees, and one receptionist. The provider manages the practice.

# Summary of findings

The practice is owned by an individual. 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.

The premises is shared with another separately registered dental service provider.

During the inspection we spoke to the three dental nurses. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am to 5.30pm

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures in place which reflected published guidance.
- The practice had safeguarding processes in place and staff knew their responsibilities for safeguarding adults and children.
- The practice had a procedure in place for dealing with complaints.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took patients' needs into account. Dedicated emergency appointments were available.
- The practice asked patients and staff for feedback about the services they provided.
- Staff knew how to deal with emergencies. Appropriate medical emergency medicines and equipment were available with the exception of a child sized self-inflating resuscitation bag.

- The practice had systems in place to help them manage risk, but had not put in place all reasonably practicable measures to reduce these risks.
- The practice had staff recruitment procedures in place. Some pre-employment checks had not been carried out.
- Staff had limited access to supervision and support.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's whistleblowing policy to ensure that details of external organisations are included should staff wish to raise concerns.
- Review the availability of equipment to manage medical emergencies taking into account the guidance issued by the Resuscitation Council (UK), and the General Dental Council.
- Review the practice's protocols in relation to the use of closed circuit television to ensure staff and patients are fully informed as to its purpose and their right to access footage, and ensure registration with the Information Commissioner's Office is current.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

# 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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Staff knew how to recognise the signs of abuse and how to report concerns.

We observed that the provider did not always ensure that staff had the qualifications, skills, competence and experience to provide care in a safe way.

Not all reasonably practical measures were in place to reduce risk, for example, in relation to Legionella and fire.

The practice had suitable arrangements for dealing with medical and other emergencies. We observed that one item of medical emergency equipment was not available.

We found that the practice had systems in place for the safe use of X-rays. We observed that one X-ray machine was not fitted with a device to further reduce patient dose.

The provider had arrangements in place for staff to raise concerns. We saw that no details of external organisations staff could contact were available.

Requirements notice



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. We saw that the dentist discussed treatment with patients so they could give informed consent and recorded this in their records. We observed dental care records were not always sufficiently detailed or personalised to each individual patient.

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.

The provider used closed circuit television for monitoring the waiting and reception areas in the practice but insufficient information about this was displayed.

As part of our information sharing agreement with NHS England, we are working in partnership to review the effectiveness of clinical care provided at this location.

No action



# Summary of findings

## Are services caring?

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

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment.

No action



## Are services responsive to people's needs?

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

The practice's appointment system took account of patients' needs. Patients could obtain an appointment quickly in an emergency.

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

The provider had considered patients' individual needs. Limited adjustments had been put in place to meet these needs.

No action



## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had arrangements in place for managing and delivering the service. These included systems for the practice team to review the quality and safety of the care and treatment provided. We observed that not all these systems were operating effectively, for example, systems relating to staff recruitment and training.

Staff were aware of the importance of confidentiality and protecting patients' personal information

The practice asked for and listened to the views of patients.

We observed that the provider's system for assessing, monitoring and mitigating risks at the practice was not operating effectively. Some risks had not been not been appropriately assessed, monitored and mitigated, for example, in relation to fire.

We saw staff had limited supervision and support for their roles and responsibilities.

The provider demonstrated limited evidence of forward planning, following the recent service disruption at the practice, to ensure the quality and safety of the service were maintained.

We observed the provider did not always share information appropriately with staff in a timely way.

Requirements notice



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We observed that some significant events had been investigated and analysed.

Staff described further events which had occurred at the practice which could constitute significant events. We observed that these had not been investigated and recorded in line with the provider's procedures in order to learn from them.

The practice received national medicines and equipment safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. Relevant alerts were discussed with staff, acted on and stored for future reference.

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

The practice had safeguarding policies and procedures in place to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances. Staff knew the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place. Staff told us they were not confident to raise concerns. We observed that the policy did not contain details of external organisations staff could contact should they wish to raise concerns.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the procedures the dentist followed when providing root canal treatment and found these were in accordance with recognised guidance.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. We observed this contained limited information.

We observed that the provider had not ensured that all the people providing care and treatment had the qualifications, competence, skills and experience to do so safely, for example, no evidence was available at the practice that the provider had checked references and qualifications for one of the clinical staff, or references for a further member of the clinical staff. The provider had not checked to ensure all clinical staff were up to date with essential training, such as, medical emergencies and life support training, and infection control training.

### **Medical emergencies**

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

The practice had emergency equipment and medicines available as recommended in recognised guidance, with the exception of a child sized self-inflating resuscitation bag. Staff carried out, and kept records of, checks to make sure the medicines and equipment were within their expiry dates and in working order. We observed that the automated external defibrillator, (AED), was stored on the ground floor and the rest of the medical emergency kit was stored on the first floor. One member of staff did not know where the medical emergency oxygen and AED were stored.

### **Staff recruitment**

The practice had staff recruitment procedures in place to help them employ suitable staff. We looked at three staff recruitment records. Staff were unsure as to whether all the pre-employment checks had been carried out where appropriate; namely a Disclosure and Barring Service Check, (DBS), references and evidence of qualifications for one member of the clinical staff, photographic identification and a DBS check for another member of the clinical staff, and references for a further member of the clinical staff.

Clinical staff were qualified and registered with the General Dental Council, where necessary.

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

# Are services safe?

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, control of hazardous substances, and specific dental practice risks. We saw that the practice had put in place some measures to reduce some of the risks identified in the assessments but not all reasonably practicable measures had been put in place for all risks, for example,

- Nine priority actions were identified in the Legionella risk assessment carried out in July 2017 of which four had been completed. We saw records of the monthly water temperature monitoring. We observed that the hot water temperatures were below the recommended temperature for four consecutive months. We were told no action had been taken in respect of this.
- Staff were unable to find evidence of a fire risk assessment. We saw that the provider had put in place some measures to reduce the risks associated with fire, for example, fire extinguishers which were serviced regularly and emergency exit signage. None of the staff could recall participating in a recent fire drill but were familiar with the evacuation procedures at the practice in the event of a fire. A roll call staff list was displayed on the ground floor. Several staff listed no longer worked at the practice and some who worked at the practice currently were not on the list.
- The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and to check its effectiveness. We observed that no risk assessment had been put in place in relation to one member of staff working in a clinical environment where the response to the Hepatitis B vaccination was inadequate.
- We saw professional indemnity insurance for one of the staff. We observed that the indemnity insurance for another member of the clinical team had expired on 1 January 2018 and staff were unable to find evidence of a renewal.

- We observed that the employer's liability insurance expired on 10 February 2018. Staff were unsure as to whether this had been renewed.

## Infection control

The practice had an infection prevention and control policy and associated procedures in place. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health.

Staff followed arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

Staff carried out infection prevention and control audits twice a year.

We saw cleaning schedules for the premises. The practice was clean when we inspected.

## Equipment and medicines

We saw servicing documentation for the equipment used in the practice. Staff carried out checks in accordance with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

## Radiography (X-rays)

The practice had arrangements in place for X-ray procedures and had the required information available. We observed that no rectangular collimator was in use to assist in reducing patient exposure, for one of the X-ray machines.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits regularly following current guidance.

Where appropriate, staff completed continuing professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentist assessed patients' treatment needs in line with recognised guidance. The dentist kept dental care records containing information about patients' current dental needs, past treatment and medical history. We observed records were not always sufficiently detailed or personalised to each individual patient.

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

### Health promotion and prevention

Staff supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. We saw that the dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentist also discussed smoking, alcohol consumption and diet with patients during appointments.

### Staffing

Staff new to the practice completed a period of induction based on a structured induction programme.

The General Dental Council requires dental professionals to complete continuing professional development as a requirement of their registration. Staff told us the practice provided training opportunities to assist them in meeting the requirements of their registration. The provider did not monitor training to ensure essential training was completed within the appropriate timescale. We were not

provided with evidence of medical emergencies and life support training, and infection control training for two members of staff, or radiology training for one member of staff.

Staff told us they had annual appraisals.

### Working with other services

The practice monitored referrals to ensure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. We saw that the dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The provider had installed a closed circuit television system, (CCTV), in the reception and waiting room and at the entrance to the practice. We saw that notices were displayed to inform people that CCTV was in use to protect the premises but the provider had not displayed information to make patients aware of their right of access to footage which may contain their images.



# Are services caring?

## Our findings

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

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

We saw that staff treated patients kindly and with respect and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment.

The layout of the reception and waiting areas provided limited privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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

We saw that the dentist provided patients with information to help them make informed choices.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appointment system in place which took account of patients' needs. Staff told us that patients requiring urgent appointments were seen the same day.

We saw that the dentist tailored appointment lengths to patients' individual needs and patients could choose from morning and afternoon appointments. We observed that several appointments on some days were 'double booked'.

### Tackling inequity and promoting equality

The practice had assessed the needs of different groups of people, for example, people with disabilities. We observed that limited reasonable adjustments had been put in place to meet those needs.

The practice was accessible to wheelchair users, with the exception of the toilet facilities which were located on the first floor accessed by a flight of stairs. One of the treatment rooms was located on the ground floor.

Staff told us they did not have access to interpreter and translation services for people who required them. Patients were informed to attend with a relative or friend who could interpret for them. The practice had no arrangements in place to assist patients with sight or hearing impairment.

### Access to the service

The practice displayed its opening hours on the premises, in the practice's information leaflet and on their website.

Staff made every effort to keep waiting times and cancellations to a minimum.

The practice made every effort to see patients experiencing pain or other dental emergencies on the same day. The practice's website, information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was not open.

### Concerns and complaints

The provider had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The provider was responsible for dealing with complaints and aimed to resolve these in-house where possible. Staff told us they raised any formal or informal comments or concerns with the provider to ensure the patient received a quick response.

We observed that information was available about organisations patients could contact should they not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.

We looked at comments and complaints the practice had received in the previous 12 months. We saw that the practice responded to the complaints received in an appropriate way and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider obtained advice and assistance from an external compliance adviser to support the management and delivery of the service.

We observed the practice had limited arrangements in place to monitor the quality and safety of the service and make improvements where required.

We saw that systems, including policies, procedures and risk assessments, were in place to support governance and to guide staff. We observed that several of these systems and procedures were operating ineffectively, for example, those relating to recruitment and training.

The provider had arrangements in place to ensure some risks were identified. We observed the provider had some measures in place to reduce these risks, but not all reasonably practicable measures were in place, for example, in relation to Legionella, fire, and indemnity insurance. We observed that risks from service developments and disruption had not been appropriately assessed, planned for and managed in advance.

Staff were aware of the practice's information security arrangements and of the importance of these in protecting patients' personal information. We observed that the provider's registration with the Information Commissioner's Office had expired in August 2017. Staff were unsure as to whether this had been renewed by the provider.

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

The provider had overall responsibility for the management and clinical leadership of the practice. One of the dental nurses assisted with the day to day running of the service.

We saw staff had limited supervision and support for their roles and responsibilities. Staff told us the provider attended the practice infrequently and the external compliance consultant had last visited in November 2017.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

The provider demonstrated limited evidence of forward planning, following recent disruption of the service at the practice, to ensure the quality and safety of the service were maintained. We observed the provider did not always share information appropriately with staff in a timely way.

We were told the staff met monthly. We observed that the last meeting was held in November 2017. We saw minutes of this meeting.

### **Learning and improvement**

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these. We observed that these did not always result in improvements, for example, in clinical record-keeping.

Staff told us the practice provided training opportunities for their on-going learning.

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

The practice had a system in place to seek the views of patients about all areas of service delivery through the use of patient surveys and the NHS Friends and Family Test. A summary of patient survey results were available for patients to read.

The practice gathered feedback from staff through meetings and informal discussions.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met</b></p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Nine priority actions were identified in the Legionella risk assessment carried out in July 2017 of which four had been completed. No action had been taken where the sentinel hot water temperatures and calorifier temperature were below the recommended temperature for four consecutive months.</li><li>• The indemnity insurance for one of the clinical staff had expired on 1 January 2018 and no renewal evidence was available.</li><li>• The employer's liability insurance expired on 10 February 2018. No evidence of a renewal of this was available at the practice.</li></ul> <p>The registered person had not ensured that all the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none"><li>• No evidence was available at the practice that the registered person had checked references and qualifications for one member of the clinical staff, or references for a further member of the clinical staff.</li><li>• No evidence was available of medical emergencies and life support training, and infection control training for two members of the clinical staff, or radiology training for one member of the clinical staff.</li></ul>

## Requirement notices

### Regulation 12 (1)

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### How the regulation was not being met

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The registered person's staff recruitment procedures were not operating effectively. No evidence was available at the practice that all pre-employment checks had been carried out in accordance with the practice's recruitment procedures for three members of the clinical staff.
- The registered person did not monitor training to ensure essential training was completed within the recommended timescales, for example, in relation to radiology training for one of the clinical staff.
- The registered person had not communicated appropriately with staff in relation to significant changes in service provision.
- The registered person had limited arrangements in place for the supervision and support of clinical and non-clinical staff.
- The registered person had limited arrangements in place for ensuring good governance and leadership were sustained in the longer term.

## Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- No evidence of a fire risk assessment was available at the practice
- No risk assessment had been put in place in relation to one member of staff working in a clinical environment where the response to the Hepatitis B vaccination was inadequate.
- Risks from service developments and disruption had not been appropriately assessed, planned for and managed in advance.

### **Regulation 17 (1)**