

Mr Omar Ajaz Urban Dental

Inspection Report

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Overall summary

We carried out this announced inspection on 10 March 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 second dentally qualified inspector.

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

Urban Dental is in Salford and provides private treatment to adults.

The practice is located in high street premises. There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including for blue badge holders, are available at the rear of the practice.

The dental team includes one dentist and one dental nurse. The provider receives additional support from a practice manager at another dental practice where they work during the week. The practice has one treatment room which is on the ground floor.

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 spoke with three patients. Patients were positive about all aspects of the service the practice provided.

During the inspection we spoke with the dentist, the dental nurse and the supporting practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open by prior appointment on Saturdays only.

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 risks relating to fire safety had not been appropriately assessed.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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 practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice had a complaints procedure which was readily available to patients.

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

- Review the process for ensuring that fire detection and firefighting equipment are serviced and checked appropriately.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's audit protocols for radiography to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the process for ensuring the medical emergency kit reflects current guidance.

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 incidents and complaints to help them improve.

The practice followed relevant safety laws when using needles and other sharp dental items. The risk associated with dismantling matrix bands had not been assessed.

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 essential recruitment checks.

Premises and equipment were clean and properly maintained. Minor improvements could be made to the processes for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. The risks relating to fire safety had not been appropriately assessed and mitigated. Immediate action was taken by the practice to address this.

No action



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.

The dentist 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 three people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and kind. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. 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



Summary of findings

Are services responsive to people's needs?

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

Patients contacted the practice by telephone, email or via the website when they wished to arrange an appointment. Inconsistent information was provided to patients about how to access care quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Staff spoke Urdu and had access to interpreter services.

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

No action



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. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or 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 and staff. Radiographic audits were not carried out.

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, incidents and significant events. Staff told us there had not been any incidents at the practice. They knew about the importance of reporting any incidents and showed us how these would be recorded.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and 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 recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items and a sharps risk assessment was in place. The risk assessment did not include the risk from staff dismantling matrix bands. We discussed this with the dentist who told us that they would be responsible for these and they would update the risk assessment accordingly. The dentist used 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 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. We noted that the emergency kit did not include a portable suction device or syringes and needles for the administration of emergency adrenaline in the event of a severe allergic reaction. These were obtained immediately after the inspection, and we saw evidence of this. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedures.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate 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 in 2010 and a log book provided to enable staff to carry out regular checks of the safety systems and equipment. This had not been done. The premises were fitted with smoke detectors, a fire alarm, emergency lighting and fire extinguishers. We noted that the smoke detectors and fire alarm had not been serviced since their installation and the fire extinguishers had not been serviced since 2014. We saw evidence that the practice had taken action to arrange for the fire extinguishers to be serviced but not the fire alarm or smoke detectors. They were unaware whether the smoke alarms were operational or not. The practice took immediate action to arrange testing for the fire safety equipment and review policies and procedures relating to fire safety, and evidence of this was provided after the inspection.

Are services safe?

A dental nurse worked with the dentist when they treated patients.

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. We observed that minor improvements could be made to the processes. For example, staff did not maintain records of the manual cleaning processes and the lids of instrument transport containers were not labelled to identify whether they were clean or dirty. This was discussed with the dental nurse and supporting practice manager. They confirmed that action would be taken to label the transportation box lids and implement a process checklist. Evidence of this was sent after the inspection.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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.

The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. One member of staff was identified as a low responder, we saw evidence that they had attended for further vaccination boosters and testing. A risk assessment was not in place for this member of staff, the dentist confirmed that this would be documented without delay and evidence was sent after the inspection that this was addressed.

Equipment and medicines

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

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

Radiography (X-rays)

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

We saw evidence that the dentist justified and reported on the radiographs they took. We noted that the dentist did not routinely grade or audit their radiographs following current guidance and legislation. On the day of the inspection, we discussed ways to grade and audit their radiographs using the clinical computer system.

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

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

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education information throughout the practice. Patient's comments confirmed that the dentist was very informative and gave them information to improve their oral health.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

The staff comprised of two family members, appropriate induction policies and processes were in place to ensure that any future additional staff members would receive an induction and training.

Staff told us they discussed training needs and attended local training events and seminars. We confirmed clinical staff completed the continuous professional development

required for their registration with the General Dental Council. Plans were in place to ensure that clinical staff were appraised and completed their personal development plan in the future.

Working with other services

The dentist confirmed they had a system to refer 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. Staff only attended the practice on Saturdays and occasionally on Fridays. We discussed that the practice should ensure they have a system to receive mail and telephone calls received during the week in the event of urgent patient follow up being required.

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 practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy did not refer to Gillick competence; the supporting practice manager confirmed they would update the information. 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly and kind. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone. Anxious patients said staff were compassionate and understanding.

The layout of reception and waiting area did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. 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, practice information leaflets and thank you cards were available for patients to read.

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. The 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.

Patients contacted the practice by telephone, email or via the website when they wished to arrange an appointment. 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. Patients could choose to receive text messages and email reminders for upcoming appointments.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a lowered reception desk with a hearing loop and an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. The dentist and dental nurse could speak Urdu and had access to interpreter/translation services.

Access to the service

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

The website, information leaflet and answerphone did not provide information and telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Two patients told

us they had been provided with a mobile telephone number in case they required urgent advice or treatment; one patient told us they would telephone the practice. We discussed this with the provider who confirmed they would ensure that information is made available in the practice and on the answerphone to advise patients what to do if they require urgent care and provide consistent information for patients in the future. Patients spoke highly of the service and confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice 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 dentist was responsible for dealing with these. The dental nurse told us they would tell the dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The dentist 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 and compliments the practice received in the last 12 months. Staff told us the practice had not received any complaints. Processes were in place to ensure they could respond to concerns appropriately and discuss outcomes to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The dentist had overall responsibility for the management and clinical leadership of the practice with additional support from a practice manager.

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 not ensured that actions were taken after the fire risk assessment in 2010 to appropriately service and maintain the fire detection and safety systems. The fire extinguishers had not been serviced since 2014. We saw evidence that the practice took immediate action in relation to this.

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 knew who to raise any issues with and felt confident they could do this. Staff told us they held

informal discussions and occasional staff meetings where they discussed any concerns and clinical and non-clinical updates. It was clear the practice worked as a team and dealt with issues professionally.

Learning and improvement

During the inspection staff were responsive to discussion and feedback; actions were taken quickly to address our concerns. The practice had quality assurance processes to encourage learning and continuous improvement. Infection prevention and control audits were carried out on a six-monthly basis. Radiographic audits had not been carried out.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

We saw evidence that staff completed highly recommended 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 a suggestion box and verbal comments to obtain patients' views about the service.