

Dr. Clifford Bullard

Abbotsford House Dental Practice

Inspection Report

159 Prince of Wales Lane
Warstock
Birmingham
B14 4LR
Tel: 0121 474 4944

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Overall summary

We carried out this announced inspection on 30 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information for us to take into account.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Abbotsford House Dental Practice is in Birmingham and provides NHS and private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and pushchairs. Public car parking facilities are available near the practice. There are no dedicated spaces for patients who are blue badge holders; however, patients are able to park directly outside the practice, if they require this.

The dental team includes one dentist, three dental nurses, one dental hygienist therapist, one hygienist and a practice manager. The dental nurses and practice manager also carry out reception duties. The practice has two 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.

On the day of inspection we collected 52 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday 10am – 7pm

Tuesday 8:30am – 5:30pm

Wednesday 8:30am – 5:30pm

Thursday 8:30am – 5:30pm

Friday 8:30am – 4:30pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. We identified some necessary improvements and the practice responded promptly to resolve these.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. We identified some necessary improvements and the practice responded promptly to address these.

- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures but these processes required improvements.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had not received any written complaints within the past few years. They had procedures to deal with these if they were received.

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

- Review the current Legionella risk assessment and implement the required actions including the monitoring and recording of water quality.
- Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's current audit protocols to ensure audit learning points are documented and shared with all relevant staff.
- Review the decontamination room and make arrangements for the installation of a sink for hand washing.

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 but we identified some necessary improvements.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed recruitment checks. Additional checks were required for the procedures to be in line with current regulations. The practice had a very low turnover of staff and therefore did not have any personnel files we could look at for staff who had recently been recruited.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We identified some necessary improvements and the practice responded promptly to resolve these issues.

The practice had suitable arrangements for dealing with medical and other emergencies. We identified some necessary improvements and the practice responded promptly to these.

They had systems for recording incidents but were not using these to help them improve their service.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and professional. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

The practice supported staff to complete training relevant to their roles.

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 52 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, lovely and welcoming. They said that they were given thorough explanations about dental treatment and

No action



Summary of findings

they would recommend this practice to all. Many patients had been attending this practice for decades and commented they wouldn't go anywhere else for dental treatment. Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Patients commented they felt involved in their treatment and it was fully explained to them. Nervous patients said they felt at ease here and the staff were supportive and understanding. Some patients commented that the practice was child-friendly.

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

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 was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

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

No action 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate and respond to accidents and significant events. Staff knew about these and understood their role in the process. However, they were not recording incidents for the purpose of supporting future learning. Examples of potential incidents were discussed with the practice manager and we were assured that these would be documented for learning purposes with immediate effect.

The provider informed us they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) via post. However, we did not see any evidence that recent alerts had been received, discussed with staff or acted upon.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. Staff carried out procedures in line with regulations for handling safer sharps; however, they did not have a written risk assessment for this. The provider investigated this and produced an assessment immediately which we reviewed during our visit. The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal

treatment. On the rare occasion that the dentist did not use rubber dam, we were told the reason(s) were documented in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a business continuity plan describing how it would deal with events which could disrupt its normal running.

Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance with the exception of oropharyngeal airways. The provider held these at the practice but they were aware they had expired. The provider explained they had not replaced these because they were advised these were no longer required. The provider contacted us after our visit to inform us they had purchased a new set of airways within 24 hours of our visit.

Current guidance recommends that the emergency oxygen cylinder contains 460 litres. The cylinder at the practice contained 340 litres. The provider contacted us to inform us they had purchased a new oxygen cylinder within 24 hours of our visit.

Staff kept records of monthly checks of the emergency medicines to make sure these were available and within their expiry date; however, they were not carrying out checks of the emergency oxygen or automated external defibrillator to ensure they were in working order.

Glucagon was stored in the fridge but the temperature was not monitored to ensure it remained within the recommended parameters. Within two working days, the provider informed us they had purchased a thermometer for the fridge and would record the temperature daily.

A mercury spillage kit was available but had expired. The provider informed us they had purchased a new kit the day after our visit.

Staff recruitment

Most of the staff at the practice were longstanding members of the team and had been recruited many years

Are services safe?

ago. The practice had recruited members more recently but we were told that the personnel files were handed to staff once they had ceased employment at the practice. The relevant staff member no longer worked at this practice.

The practice had a recruitment policy but this was generic and did not include details about Disclosure and Barring Service (DBS) checks. There was a recruitment procedure to help them employ suitable staff but this required some improvement as it did not fully reflect the relevant legislation.

We looked at four staff recruitment files but three of these were longstanding staff who had been recruited many years ago. There was only one file for a recently recruited staff member who was an apprentice at college. The provider told us they had sought and followed advice from the college regarding recruitment. We found that they had not implemented robust recruitment procedures within the practice. For example, the provider did not seek references as the college had advised them they had obtained these. The provider did not request these from the college. Additionally, the provider did not arrange for a DBS check for the individual as the college advised them to wait for six months. In the absence of a DBS check, there was no written risk assessment. This individual's job description required them to carry out clinical duties; however, there was no evidence that they had received the appropriate immunisations for this role.

Within two working days, the provider informed us they had amended their recruitment policy and that it now included information about DBS checks. They informed us they would seek references for all future recruits and record these. They said they understood the importance of carrying out a written and comprehensive risk assessment for new recruits who are awaiting a new DBS check. We found that there was no evidence that one staff member had seroconverted following a course of immunisations. The provider informed us that the staff member was in the process of consulting their physician to have their serum levels checked.

Current staff members had recent DBS checks carried out and evidence of satisfactory immunisation records.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. We were told that the provider's indemnity cover also included their employed dental nurses; however, we were not shown evidence of this.

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. The risk assessment for handling sharp instruments was completed during our visit once we brought this to the attention of the provider.

The health and safety policies and risk assessments covered general workplace and specific dental topics. A fire risk assessment had been carried out by staff but the provider told us they were considering contacting a specialist company for further advice and recommendations. The practice had current employer's liability insurance.

A dental nurse worked with the dentist, dental hygienist and dental therapist when they treated patients.

Information on COSHH (Control of Substances Hazardous to Health 2002) was available for all staff to access. We looked at the COSHH file and found this was not comprehensive. It did not contain any safety data sheets or risk assessments and had not been reviewed since 2015. Within two working days of our inspection taking place, the provider informed us that their COSHH file was in the process of being updated as required.

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.

Are services safe?

Decontamination procedures were carried out in a dedicated decontamination room. HTM 01-05 guidance recommends that a wash-hand basin should be provided for use by staff at the completion of each stage in the decontamination process. Guidance also states it should be distinctly separate from the sinks used in decontamination. This sink was not available. The provider informed us they planned to refurbish and arrange for a separate sink to be installed and would treat this as a matter of urgency.

The practice carried out infection prevention and control audits twice a year; however, there were no action plans implemented in response. Action plans should be documented subsequent to the analysis of the results. By following action plans, the practice would be able to assure themselves that they had made improvements as a direct result of the audit findings.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A specialist company carried out a risk assessment in 2011 and the provider reviewed this in 2017. The practice carried out regular water temperature checks as recommended by the risk assessment. However, they did not carry out water quality checks. Within two working days of our inspection, the provider informed us they had purchased the equipment necessary to carry out these checks; however, they did not specify when the first test would be or how frequently they would do this subsequently.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Sharps bins were appropriately located and out of the reach of children. However, they were not signed or dated. The provider contacted us within two working days of our inspection and informed us that all bins had now been signed and dated.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations for the autoclave but not for the ultrasonic cleaning bath. The practice had systems in place for quality testing the autoclave equipment periodically. We saw records which confirmed these had taken place. Within two working days, the provider informed us they had purchased the equipment to carry out these checks; however, they did not specify when the first test would be or how frequently they would do this subsequently. They also informed us that the ultrasonic cleaning bath had been sent for a service.

The practice stored NHS prescriptions as described in current guidance; however, they were not tracking the prescriptions that had been issued by logging the prescription numbers. The provider informed us they would begin doing this with immediate effect.

The practice's system for the identification and disposal of expired dental materials needed to be more robust as we identified some dental materials that were out of date. We were told that these materials were no longer used by staff. Within two working days, the provider informed us they had checked all dental materials at the practice and no further expired materials had been found.

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 dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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 dentists recorded the necessary information.

Health promotion & prevention

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

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

The 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 information about health promotion to help patients with their oral health.

Staffing

We saw evidence of a written structured induction programme for staff that were new to the practice. However, this was not always fully completed for new staff. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

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 might not be able to make informed decisions. The policy also referred to young people's competence and the dentist was aware of the need to consider this when treating those aged under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were professional, friendly and accommodating. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients told us staff were kind and helpful when they were in pain, distress or discomfort. They also commented that the practice was child-friendly.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

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.

The dentist told us they used photographs and X-ray images when they discussed treatment options with patients. Staff also used videos to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

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

Staff told us that appointment reminders were sent 48 hours before appointments for all patients who had consented.

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

Promoting equality

The practice made reasonable adjustments for patients with disabilities such as step free access to the building. The reception area had a dedicated area at a lower level so that staff could converse at eye level with patients in wheelchairs. Toilet facilities were available on the ground floor but these were not accessible to wheelchair users.

The practice did not have a hearing induction loop for those with hearing problems or a magnifying glass for patients with visual impairments. However, staff described the methods they had used to accommodate patients with such impairments. The practice information leaflet was available for patients in a larger font size.

The practice had completed an Equality Act audit to improve access for their patients who had disabilities.

Staff said they could provide information in different languages to meet individual patients' needs upon request; however, we were told this had not been necessary to date. Staff at the practice spoke a variety of languages and we were told that they had not encountered any problems communicating with patients. Languages spoken by staff

included Punjabi, Gujarati and Croatian. Staff did not have access to interpreter/translation services but said they had never needed to as the vast majority of patients spoke fluent English. They informed us they would make arrangements to ensure they had access to an interpreter.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. They did not have dedicated appointment slots for urgent appointments as they told us they had availability at different times of the day. They told us this suited their patients' needs. The 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 confirmed they could make routine and emergency appointments easily.

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

Staff 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 that the practice received within the past few years. No written complaints had been received in the three years preceding our visit. Staff described to us changes they had made as a direct response to concerns raised by patients. This assured us they used this feedback to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

Leadership, openness and transparency

Some of the staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The provider informed us this would be discussed at the next staff meeting and this would take place within one week of our visit.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and X-rays. They had clear records of the results of these audits and the resulting action plans and improvements. We noted an exception in respect of action plans for the infection control audits.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used comment cards and verbal comments to obtain patients' views about the service. They also carried out patient surveys every 3-4 years. They also carried out staff satisfaction surveys every three years. We saw examples of suggestions from patients the practice had acted on.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.