

Mr Sukhbir Singh

Shiels and Steward Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this practice on 9 June 2015. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 17.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shiels and Steward Dental Surgery on our website at www.cqc.org.uk

Our findings were:

Are services well-led?

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

Background

CQC inspected the practice on 9 June 2015 and asked the provider to make improvements regarding Regulation 17 of the Health and Social Care Act. We checked these areas as part of this comprehensive inspection and found this had been resolved.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

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

- Review systems in place to ensure that staff are aware of all policies and procedures that are in place.

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 well-led?

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

At our previous inspection of the practice in June 2015 we identified that governance arrangements in place were not robust. We reviewed the action taken to address issues raised during this inspection and found that the practice were now meeting regulatory requirements. A new computer system had been introduced and the majority of information for patients care records had been transferred on to this system. Record card audits had been completed and issues identified for action addressed which had resulted in improvements in the quality of patient records at the practice. The practice are now recording details of the basic periodontal examination, extra oral and soft tissue examinations, the availability of medical histories, reporting, justification and grading of X-rays. X-ray audits had also been undertaken.

We also reviewed good practice issues identified during the previous inspection which related to the governance of the practice.

No action



Shiels and Steward Dental Surgery

Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an announced comprehensive inspection of this practice on 9 June 2015. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met

legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shiels and Steward Dental Surgery on our website at www.cqc.org.uk

The review was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our review, we checked that the registered provider's action plan had been implemented. We found that the practice was meeting their legal requirements under the well-led domain.



Are services well-led?

Our findings

Governance arrangements

At our previous inspection on 9 June 2015 we found that the practice did not have robust government arrangements in place. For example there was a full range of policies and procedure in place but staff were not always aware of these and had not read them. The practice had not followed their recruitment policy. There were no mechanisms in place to monitor the quality of X-rays or patient care records to ensure they were detailed. X-rays were not always justified, graded and reported in patient care records. Systems in place to assess, monitor and improve the quality of the service provided through audits and other checks including following the practice recruitment policy were not effective.

The practice had not maintained an accurate and complete record in respect of each patient, including a record of care and treatment provided to the patient.

Other issues were identified relating to Control of Substances Hazardous to Health (COSHH), national patient safety and medicines alerts, use of the rubber dam and staff appraisal.

We completed an announced inspection of the service on Wednesday 6 July 2016 to identify whether governance arrangements had been improved upon and the issues identified at our inspection of 9 June 2015 addressed.

We discussed the systems put in place to ensure staff were aware of the practice's policies and procedures. We saw the minutes of practice meetings which demonstrated that the whistle blowing and complaints procedure had been discussed. We saw that other policies had been discussed with newly employed staff during their induction training. However, there was no robust method of ensuring that all staff were aware of relevant policies and procedures such as infection control, confidentiality, disciplinary and grievance. Following this inspection we received an email which stated that all staff have been given copies of relevant policies and will be asked to sign that they have read and understood these policies. We will check this at our next inspection of the practice.

We discussed national patient safety and medicines alerts with the principal dentist. At our previous inspection of the practice we saw that a folder of alerts was kept but none had been received at the practice since March 2013. At this

inspection we saw evidence that the principal dentist had registered online and was receiving alerts on a regular basis. We discussed recent alerts received and were told that none of these had been relevant to the practice. We were told that any relevant alerts would be forwarded to clinical staff and discussions held at practice meetings and actions taken recorded and discussed.

At our last inspection it was identified that rubber dam was not routinely used by all dentists at the practice during root canal treatment. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). During this inspection we saw that a rubber dam kit was available in the principal dentist's treatment room. We were told that this would be used by any dentist at the practice and a new kit provided as necessary.

We looked at the minutes of practice meetings and saw that on 2 September 2015 a discussion was held regarding the use of emergency oxygen. We were told that staff were reminded of the process to follow to use emergency oxygen.

We discussed staff recruitment with the principal dentist. We were told that two new apprentice dental nurses had been employed since the last inspection of the practice. We looked at the recruitment information held for these staff. We saw that an interview schedule had been completed as well as an interview assessment. The practice had not requested any proof of satisfactory conduct in previous employment but we were told that these staff were apprentices and had not previously been employed. We looked at the practice's recruitment policy which recorded that references would be sought for all clinical staff but did not mention reception or cleaning staff employed.

Recruitment files did not contain any information regarding any physical or mental health conditions which are relevant to the person's capability to perform their job role. Following this inspection we received confirmation that staff had been asked to complete a health information questionnaire.

We discussed Disclosure and Barring Service checks (DBS) with the principal dentist as it was identified at the last inspection that DBS checks had not been completed. DBS checks help to identify whether a person has a criminal record or is on an official list of people barred from working



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in roles where they may have contact with children or adults who may be vulnerable. We were told that staff had kept the original copies of DBS checks. A record of the DBS reference number was available on file for all staff apart from one of the newly employed apprentices. We were told that a DBS check had been requested for this member of staff and should be available shortly. Following this inspection we received an email to confirm that a risk assessment had been completed for this staff member to identify the risk of being alone with patients until a DBS check was received.

We looked at Control of Substances Hazardous to Health (COSHH) information held at the practice. We saw that the practice had developed a COSHH risk assessment. This had been updated since the last inspection of the practice to include cleaning products such as bleach and furniture sprays and also products used during the decontamination process.

The practice had introduced a computerised patient record system approximately eight months ago. We were told that all X-rays were now digital and stored on patient's computerised records. We saw evidence of this in two sets of patient records reviewed. We saw evidence that X-rays were reported in patient records with justification for taking the X-ray recorded.

At our last inspection of the practice we identified that dentists were not undertaking audits on the quality of X-rays. During this inspection we were shown the audits of X-rays that had been completed since November 2015 to June 2016. We saw that the results of the audits which identified that no action was required as the practice were meeting their target standard.

We saw evidence that a new medical history form had recently been introduced and provided to each patient when they visited the practice. We were told that these would be reviewed and updated if necessary, at every visit.

Our discussion with the principal dentist showed that they were aware of the National Institute of Health and Care Excellence (NICE) guidelines in respect of recalls of patients. We were told that all dentists were now following these guidelines and patients were recalled on the basis of risk and recall intervals were appropriate to the needs of

the individual patient. The dentist discussed the recall intervals available and confirmed that the majority of patients were seen every six months but others, for example with a history of dental caries or gum disease were seen every three months and those with low risk who maintain good oral health were seen less frequently in accordance with guidelines.

The majority of information kept on patient records was now computerised. We saw evidence that the basic periodontal examination (BPE) had been completed. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed and to provide basic guidance on treatment need. We saw evidence of treatment options discussed and advice given. We saw that the new computer system had standard templates to enable dentists to record the BPE.

We were shown copies of the record keeping audits recently completed. We saw that audits were initially completed on a monthly basis. Issues for action were identified and action plans completed. Improvements in audit findings were noted and the audits were then completed on a three monthly basis.

We discussed the Department of Health publication 'Delivering Better Oral Health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. We were shown a copy of this document which was available to all staff to review. We were shown evidence that the dentists were working in accordance with this guidance and providing advice to patients. For example notes recorded that fluoride varnish had been applied. We were told that providing advice regarding smoking cessation, diet including acid and sugary foods was routine practice.

We saw that a staff appraisal system had been introduced. All dental nurses and reception staff had undertaken an appraisal in January 2016. Documentation in place enabled limited information to be recorded but staff training needs were identified and recorded. Staff signed documentation to confirm that they were in agreement with the appraisal record.