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Southbrook Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 18 May 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 and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

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

Southbrook Dental Practice is in Bradford and provides NHS and private treatment to adults and children.

Due to the nature of the premises access for wheelchair users and those with limited mobility is limited. On street car parking spaces are available near the practice.

The dental team includes two dentists, three dental nurses, one dental hygienist, one receptionist and two administrative staff. The practice has two treatment rooms.

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 received feedback from 29 patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday and Thursday from 10:00am to 4:30pm

Tuesday and Wednesday from 9:00am to 4:30pm

Friday from 10:00am to 12:00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Some improvements were required to the process for validating the equipment used in the decontamination process.
- Staff knew how to deal with emergencies. Medicines and life-saving equipment were available but adjustments were needed to the contents and the storage of the kit.
- The practice had some systems to help them manage risk. The fire risk assessment required more detail.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- 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.

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

- 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 storage of dental care products requiring refrigeration to ensure they are stored in line with the manufacturer's guidance.
- Review the practice's testing protocols for equipment used for cleaning used dental instruments taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's environmental risk assessments, ensure a fire risk assessment is undertaken and the necessary actions are implemented.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's audit protocols to ensure audits of infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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.

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 were clean and uncluttered. Some improvements were required to the validation of decontamination equipment.

Adjustments were needed to the storage and availability of medicines and equipment for dealing with medical and other emergencies.

The fire risk assessment provided limited information about how risks associated with fire were managed. The practice did not carry out six monthly fire drills.

X-ray equipment had been serviced and was deemed safe to use. The practice did not maintain a radiation protection folder including historical records of the X-ray equipment which was in use.

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 being of a high standard, very caring and comfortable. 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 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were highly professional, helpful and polite. They said that they were given good explanations about dental treatment and care plans.

No action



Summary of findings

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.

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 access to telephone interpreter.

The practice took patients views seriously. They valued compliments from patients.

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. An infection prevention and control had not been regularly carried out at six monthly intervals.

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 knew about these and understood their role in the process. On the day of inspection the accident book could not be located. The principal dentist later sent us evidence a new accident book had been ordered.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

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. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists 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.

Not all emergency equipment was available as described in recognised guidance. We found a portable suction device was missing from the emergency kit. Glucagon, which is required in the event of low blood sugar, was kept with the emergency drugs kit but the expiry date had not been adjusted in line with the manufacturer's instructions. We found that when the date on the glucagon was adjusted (to reflect it not being stored in a fridge) it would have been past its expiry date. We discussed this with the principal dentist and we were sent evidence a portable suction device and some more glucagon had been ordered.

The practice only held one dose of adrenaline and this was an adult dose. We discussed the need for a child dose of adrenaline and supplementary doses of adrenaline in the event of an anaphylactic shock. We discussed this with the principal dentist and we were sent evidence these had been ordered.

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 three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments covered general workplace and specific dental topics. These had not been updated for over a year. We were told this would be done.

A fire risk assessment had been completed. This risk assessment provided limited information about how risks associated with fire were managed. Staff could not remember the last time a fire drill was completed. We were later sent evidence a fire risk assessment had been completed by an external organisation the following day. They were awaiting the report from this and would implement any required actions.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

A dental nurse worked with the dentists and dental hygienist 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 had completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. There were some gaps in the process for checking and validating equipment used in decontamination and sterilisation. There was no record of the weekly protein residue test having been carried out on instruments following the use of the ultrasonic bath. There was some confusion about the automatic control test. Staff were not recording the correct time which had elapsed during the sterilisation cycle. We discussed this with the principal dentist and we were told an alternative technique to carry out this test would be done.

The practice had carried out an infection prevention and control audit. This audit showed the practice was meeting the required standards. We noted it had been several years since the last infection prevention and control audit had been completed. The principal dentist advised us that a process would be put in place to ensure this audit was completed on a six monthly basis.

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.

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.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. The practice did not have a dedicated radiation protection folder. We saw the X-ray machines had been serviced and tested within the last three years. There was no historical records of servicing of the X-ray machines. After the inspection the principal dentist contacted the radiation protection adviser and sent evidence of historical servicing documents.

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 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.

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 health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff at the practice did not have formal appraisals. Staff told us they would be happy to discuss any training needs with the principal dentist.

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 dentists 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 also referred to Gillick competence and 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 highly professional, helpful and polite. We saw staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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.

Music was played in the waiting and treatment rooms and there were newspapers in the waiting room for patients.

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.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website and information leaflets readily available in the waiting room provided patients with information about the range of treatments available at the practice.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed 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.

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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice sent out appointment reminders by text message and when a recall appointment was needed. E-mail reminders could also be sent if requested.

Tackling inequity and promoting equality

The practice made some reasonable adjustments for patients with disabilities. Due to the nature of the premises wheelchair access is difficult. Access for patients with limited mobility would be possible through the rear door. The dental chair in the ground floor surgery was suited for those with limited mobility. The ground floor toilet had been adapted for those with limited mobility.

Staff said they could provide information in different formats and languages to meet individual patients' needs.

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 and kept appointments free for same day appointments. They also took part in an emergency on-call arrangement with some other local practices. The practice 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 principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal 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.

The practice had not received any complaints within the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice was a member of a 'good practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

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

The practice had policies and procedures to support the management of the service and to protect patients and staff.

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 said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held weekly 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 antibiotic prescribing, X-rays and infection prevention and control. An infection prevention and control audit had been completed within the previous two weeks. Prior to this it had been a number of years since one had been done. The principal dentist advised us a process would be put in place to ensure it was completed on a six monthly basis.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff did not have regular appraisals but informed us they were happy to approach the principal dentist to discuss any further training they felt they required. One member of staff informed us they were currently on a practice management course which was being paid for by the principal dentist.

Staff told us they completed 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 verbal comments to obtain patients' views about the service.

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.