

Mr. Naveed Khaled

JD Dental Practice

Inspection Report

110 Raddlebarn Road
Sellyoak
Birmingham
West Midlands
B29 6HH
Tel: 0121 471 3377
Website:

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Overall summary

We carried out this announced inspection on 15 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.

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

JD Dental Practice is in Sellyoak, Birmingham and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. The practice does not have a car park but patients have access to unrestricted parking on local side roads.

Summary of findings

The dental team includes two dentists, three dental nurses, one dental therapist, one patient care manager, one clinical manager (who is also a registered dental nurse) and a business manager. Human resource support is also provided by an external contractor. The practice has three treatment rooms, one of which is on the ground floor.

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 two patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday, Wednesday and Friday 9am to 5pm and Tuesday and Thursday 9am to 8pm.

Our key findings were:

- The practice has been updated and refurbished recently and was clean and well maintained although a few loose wires were noted in the first floor treatment room.
- Evidence was not available to demonstrate that all equipment was serviced or maintained in accordance with manufacturer's instructions.
- The practice had infection control procedures which reflected published guidance. Staff were not clearly identifying the date that pouched equipment required sterilising on all occasions.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk although these were not robust.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures although evidence of conduct in previous employment was not available for one member of staff.
- We did not see evidence that the principal dentist had completed continuous professional development in respect of dental radiography.
- 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 patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's infection control procedures and protocols to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review the systems for checking and monitoring equipment taking into account current national guidance and ensure that all equipment is well maintained.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Review the current performance review systems in place and have an effective process established for the on-going assessment and supervision of all staff.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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. One recruitment file seen did not contain any information regarding conduct in previous places of employment but other files seen contained this information.

The premises were clean and the practice followed national guidance for cleaning and sterilising dental instruments. Five sets of pouched instruments seen in treatment rooms were either not dated or had a date of November 2017 recorded.

Evidence was available to demonstrate that the majority of equipment was properly maintained but there were no service or maintenance records for the compressor.

The practice had suitable arrangements for dealing with medical and other emergencies.

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 recognized guidance. Patients described the treatment they received as professional and efficient. 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 two 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 detailed 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.

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

Ramped access was provided to the front of the practice and there was a treatment room on the ground floor. Plans had been developed to extend the practice to include a ground floor disabled access toilet with emergency call bell. The practice had access to interpreter services and staff at the practice spoke various languages such as Bengali and Urdu. Arrangements to help patients with sight or hearing loss were not robust. The practice did not have a hearing loop but a member of staff was learning how to communicate in sign language.

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.

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. Incident reporting forms and guidance was available in an information file held in each treatment room. Staff told us that they would report any accidents or incidents to the clinical manager who would complete any necessary paperwork. The clinical manager held the lead role regarding this.

The practice recorded all incidents to reduce risk and support future learning. We were told that incidents would be discussed during practice meetings as necessary and we saw that the practice kept an accident log on a monthly basis which would be discussed at practice meetings.

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. Staff told us that the principal dentist was the safeguarding lead and they would raise any concerns with them or the clinical manager. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff told us that they had read these policies as part of their induction to the practice. We were shown the information file held in each treatment room. This contained information regarding safeguarding, log sheets for recording suspected abuse and documentation to request support from Birmingham Safeguarding Authority. Contact details for external organisations involved in the investigation of safeguarding issues were available in each information file and on the reception desk. 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. External organisation contact details were also available for staff if they wished to raise concerns.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice were not using safe sharps but we were told that needle blocks were used to remove and hold any sharps whilst safe re-sheathing took place. There was no needle block in one of the treatment rooms at the time of inspection. There was no sharps bin in treatment room three; sharps bins were available in all other treatment rooms and in the decontamination room. 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. This document required review and updating as it recorded some out of date information.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. We were shown records to demonstrate that a medical emergency simulated training scenario took place at the practice in January 2017.

Emergency equipment and medicines were available as described in recognised guidance. 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 four staff recruitment files. We saw evidence that the practice had written requesting satisfactory evidence of conduct in previous employment relating to health or social care, or children or vulnerable adults and where these had not been received, in the majority of cases telephone references had been received. There was no evidence of any satisfactory



Are services safe?

conduct in previous employment in one staff file seen. Some of the information in staff recruitment files did not record the name of the member of staff, for example equal opportunities monitoring forms.

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 had some health and safety policies and risk assessments which were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. We were not shown a general health and safety risk assessment for the practice.

Following this inspection we were forwarded a one page document regarding slips and trips and one page statement of general policy and arrangements. An external company had completed a fire risk assessment of the practice in 2015 and suggested an annual review. The practice had gone through extensive refurbishment since this risk assessment took place. The principal dentist conducted a brief fire risk assessment in September 2017. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental therapists when they treated patients. The practice contacted a dental nurse agency to provide dental nurses 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. The clinical manager held the lead role for infection prevention and control. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM01-05. We saw that three sets of pouched instruments in one treatment room had not been dated and two in another room had been dated as November 2017. This did

not give an exact date that re-sterilisation was required. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. We were shown audits for July and August 2017. 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 which was completed in April 2016. Water temperatures were recorded on a regular basis in line with the requirements of the legionella risk assessment. Other recommendations of this report had either been addressed or were in the process of being actioned.

We saw cleaning schedules for the premises. A member of staff was responsible for daily cleaning of the practice. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We were not shown servicing documentation for all of the equipment used at the practice. For example we were not shown evidence of recent servicing or maintenance of the compressor. Staff carried out checks in line with the manufacturers' recommendations for other equipment at the practice.

The practice had suitable systems for prescribing 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. 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 following current guidance and legislation.

We were not shown evidence to demonstrate that clinical staff completed continuous professional development in respect of dental radiography. Following this inspection we



Are services safe?

were provided with copies of training certificates which demonstrated that the associate dentist and dental therapist had completed this training. We were not provided with evidence of any training for the principal dentist.



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 dentists 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 dentists 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 dentists 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.

Documentation was available to demonstrate that the practice were highlighting poor staff performance if required. Brief information was recorded regarding the issues identified; this information was not dated to evidence when the issues were highlighted. There was no evidence on each occasion of action taken, follow up or review. We saw that one review meeting had been held but these brief notes had not been signed by the person conducting the meeting or the person involved in the disciplinary meeting. We were told that further information was held by the human resources manager and was not

available at the practice. We saw appraisal documentation which did not identify that verbal warnings had been given or of any action taken following identification of these issues.

We could not find evidence of completed appraisals for all staff. The majority of staff employed had not worked at the practice for a 12 month period and as such had not had an appraisal completed. Following this inspection we were told that the practice had conducted a "mini appraisal" and that full appraisals would be held within the next few weeks. The appraisal documentation would be amended to include disciplinary actions, improvements in performance, training and job satisfaction. Appraisal meetings would be held on an annual basis.

Working with other services

Dentists 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 guidelines relating to competency principles when treating any child aged under 16 years and the dentist we spoke with was aware of the need to consider this when treating young people. 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 friendly, knowledgeable and informative. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

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.

We were told that patients received email, text or telephone call reminders of their appointment. A courtesy call was also made to patients following any treatment to ensure they were alright.

There were magazines in the waiting room and the practice provided drinking water.

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. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice had a website which was under construction and a practice information leaflet was being developed and waiting to be printed.

Each treatment room had a screen so the dentists could show patients photographs and 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. 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 they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example if a patient was unable to access the stairs but had an appointment to see the dental therapist or associate dentist they would be seen in the ground floor treatment room.

Staff said that occasionally patients who were extremely anxious found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure that their appointment was booked at a time when the practice was quieter, if this was acceptable to the patient. For example the first or last appointment of the day. A note was put on the patient's records and the dentist was informed when any anxious patients attended so that they could see them as soon as possible after they arrived.

Promoting equality

Ramped access was provided to the front entrance of the practice and one of the treatment rooms was located on the ground floor. Two other treatment rooms were on the first floor of the practice and only accessible via steep steps.

The patient toilet was on the ground floor of the practice. The Business Manager told us that plans had been drawn up to extend the practice at the rear of the building and this would include a new accessible toilet with hand rails and a call bell which was currently not available for patients. The practice did not provide a hearing loop but we were told that staff were able to communicate with patients with hearing difficulties using other methods. The patient care manager said that they were learning sign language which would help communication with patients who had hearing difficulties.

Staff said they had access to interpreter/translation services but had not used this recently as staff at the practice could communicate in various languages such as Hindi, Urdu, Bengali and Punjabi.

Access to the service

The practice displayed its opening hours in the premises. We were shown a draft of the newly developed practice information leaflet which also recorded the opening hours.

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

The patient care manager confirmed that dentists did not keep time free for same day appointments but in an emergency, patients were always able to see a dentist within 24 hours of telephoning the practice. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint.

Information for patients on how to make a complaint was on display in the waiting room. The clinical manager was responsible for dealing with complaints. Staff told us they would tell the clinical manager about any formal or informal comments or concerns straight away so patients received a quick response.

The clinical manager 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 were shown a complaint log which recorded details of the complaints received by the practice within the last 12 months as well as some associated documentation. The clinical manager discussed these complaints and action taken and was able to demonstrate that the practice responded to concerns appropriately. Details of complaints received would be recorded on the patient's dental care records. Verbal complaints would not be recorded on the complaint log but details of the complaint would be recorded on the patient dental care records.



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management of the practice. The practice also employed a clinical manager who was responsible for clinical leadership and a business manager. Day to day running of the service was the responsibility of the clinical manager and business manager. 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. Some improvements were required to governance systems and we noted that service and maintenance records were not available for all equipment in use at the practice. For example there was no evidence of service of the compressor.

The practice were not using safe sharps or any re-sheathing device in line with the EU directive on the safe use of sharps.

The practice had not obtained all of the required pre-employment information for staff as detailed in Schedule three of the Health and Social Care Act.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Staff were given a copy of an information governance handbook upon employment at the practice.

Leadership, openness and transparency

Duty of candour was mentioned in the practice's complaints policy and also in the accidents and incidents policy. 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 culture at the practice. They said the clinical 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 clinical manager and the business manager were approachable, would

listen to their concerns and act appropriately. The clinical 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, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The audits of dental care records completed in May 2017 identified shortfalls in recording of information. A re-audit was completed in October 2017 which showed improvements, further improvements were required.

The principal dentist discussed areas for improvement and changes made at the practice recently, this included the introduction of more robust recruitment procedures, refurbishment at the practice including the reception and waiting area, new signage at the front of the practice and the introduction of a third treatment room and a dedicated decontamination room.

An appraisal system had recently been introduced. We saw some partially completed appraisal documentation in one recruitment file. Following this inspection the Business Manager told us that a mini appraisal had been conducted and that full appraisals would be held with all staff in the next few weeks. We also noted that the majority of staff were new to the practice. The Business Manager informed us that appraisal documentation would be amended to include information regarding any disciplinary action, training and job satisfaction.

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



Are services well-led?

The practice used patient surveys, comment cards and verbal comments to obtain patients' views about the service. Staff we spoke with were not aware of any changes at the practice as a result of patient feedback but we were told that the staff were new to the practice.

A suggestions box was available in the waiting area and the clinical manager was responsible for reviewing and acting upon suggestions made by patients.

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. A poster showing the October 2017 FFT results was on display in the waiting area. This recorded positive comments and identified that 60 percent of patients who responded were extremely likely to recommend this service and 39.5 percent were likely to recommend this service.