

Dr. Ishtaq Mohammed

Dr Ishtaq Mohammed - Queens Park Health Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 December 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Dr Ishtaq Mohammed - Queens Park Health Centre is located in the London Borough of Westminster and provides NHS and private dental services.

The opening hours for the practice were 9.00am – 5.30pm Monday, Tuesday and Wednesday and Friday and 9.00am to 2.00pm on Thursdays.

The premises consist of a treatment room, a decontamination room, and a reception area.

The practice comprises of a principal dentist and three dental nurse/receptionists. The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. 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.

During the inspection we asked patients to complete CQC comment cards. We received 18 comment cards back from patients. We spoke with three patients and three members of staff on the day of the inspection. The patients who provided feedback were positive about the

Summary of findings

care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring and helpful and they were treated with care, dignity and respect.

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE) Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Staff were trained in and there was appropriate equipment for them to respond to medical emergencies.
- Patients told us that staff were caring and treated them with dignity and respect.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.

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

- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice.

The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. However improvements could be made in regards to the practice developing an adult safeguarding policy.

No action



Are services effective?

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

The practice followed guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health. Patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation advice where appropriate.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

No action



Are services caring?

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

The patient feedback we received was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

No action



Are services responsive to people's needs?

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. Patients were given the opportunity to give feedback through the practice's own feedback surveys. There was a complaints policy but improvements could be made to the policy.

No action



Summary of findings

Are services well-led?

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

There was a vision for the practice that was shared with the staff. Staff told us they felt supported and were clear about their areas of responsibility.

Staff told us regular meetings were held to discuss issues in the practice and update on things affecting the practice.

The quality audits undertaken at the practice included infection control, radiography audits and record keeping audits.

No action



Dr Ishtaq Mohammed - Queens Park Health Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

We carried out an announced comprehensive inspection on 16 December 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During the inspection we asked patients to complete CQC comment cards. We received 18 comment cards and spoke

with three patients. We also spoke with four members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through team meetings if an incident ever occurred. Staff had knowledge of the type of incidents that would be recorded and the incident logging process. There had been no adverse incidents over the past 12 months.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

Staff understood the importance of the Duty of Candour and the need to inform the patients affected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The principal was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. There was a child and vulnerable adult safeguarding policy in place. The practice also had a safeguarding checklist that had last been reviewed in December 2016. The practice had details of what should be considered abuse and the practice staff were aware of the relevant people to contact in the local safeguarding team if they had any safeguarding concerns. Staff were aware of whom to report safeguarding concerns to and had an understanding of safeguarding issues. Staff had undertaken safeguarding training.

The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw a file containing alerts that had been received. Staff told us they would be discussed at team meetings when relevant.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols and risk assessments. However we found that improvements could be made to the COSHH file. While the practice had recorded details of substances used they had not recorded the hazards associated with each substance or given staff information on what to do if they had an issue with the substance. We pointed this out to the principal dentist and they told us they would ensure that improvements were made to the file.

Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with fire, work station, disability and Legionella [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how the patient was being treated safely.

However the practice did not routinely use a rubber dam for root canal treatments in line with current guidance. The principal dentist told us that they used cotton wool instead. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training.

Are services safe?

The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council (UK) and British National Formulary guidance. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date.

The emergency equipment included an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). However, while the practice had an oxygen cylinder it was past its use by date of March 2016.

We pointed this out to the provider and they ordered a new cylinder immediately. They also made arrangements with the GP practice located in the same building to use their oxygen cylinder if the need arose in the interim till they had procured a new cylinder.

Glucagon (available as an injection kit and used to treat episodes of severe hypoglycaemia which is defined as having low blood glucose levels that requires assistance from another person to treat) was kept in the fridge as per recommended guidelines. Although the practice kept this medicine in the refrigerator they were not monitoring the temperature range and therefore could not be assured of its effectiveness. Glucagon should be stored at a temperature of 2–8°C (in a refrigerator). If stored in the refrigerator the shelf life from the manufacturer is 36 months. It can be stored outside the refrigerator at a temperature not exceeding 25°C for 18 months provided that the expiry date is not exceeded.

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had carried out the necessary required checks for staff who worked in the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in

place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. We saw risk assessments for fire, workplace stations and health and safety. The assessments included the controls and actions to manage risks.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. The policy had last been reviewed in March 2016. The policy included procedures for clinical waste management and use of personal protective equipment. The practice had followed the guidance on decontamination and infection control issued by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care dental practices. The principal dentist was the infection control lead. There was a flow from dirty to clean areas to minimise the risks of cross contamination.

Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery, manual cleaning and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave, pouching and then date stamping.

Staff told us about the daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively. We saw records that confirmed these checks were carried out.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients and themselves from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a contract in place for the safe disposal of clinical waste which was collected regularly by a specialist contractor employed by the health centre where the practice was located. .

A Legionella risk assessment had been completed in May 2016 by the landlord of the building where the practice was located. The results were negative for bacterium.

Are services safe?

Environmental cleaning was carried out by a specialist cleaning contractor employed by the landlord of the building the practice was based in. There was a cleaning supervisor who checked the quality of the cleaning undertaken.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included X-ray equipment and the equipment used to clean and sterilise the instruments. Portable appliance testing (PAT) had been carried out in May 2016. The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. However improvements could be

made in regards to the tracking of the use of prescriptions as there was no system in place for tracking individual prescriptions given to patients. The principal dentist told us they would put a system in place.

Radiography (X-rays)

The principal dentists were the Radiation Protection Supervisors (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file. Evidence was seen of radiation training for staff undertaking X-rays. A comprehensive radiography audit had been undertaken in July 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FCDP) guidance , for example in regards to dental recalls.

During the course of our inspection we spoke with the principal dentists and checked dental care records to confirm the findings. We saw evidence of comprehensive, detailed assessments that were individualised. This included having an up to date medical history, details of the reason for visit, medical alerts, details of examinations undertaken, options discussed and treatment plans.

Information about the cost of treatment and some information of treatment options available were available on the practice website and on leaflets in the practice.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and diet. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive advice on oral health.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. We saw that the practice peer reviewed with other nearby practices to help develop staff.

Working with other services

The practice worked, where appropriate with other professionals in delivering care of their patients. This included for example referrals for oral cancer Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. The records showed the practice worked well with other services. However improvements could be made as the practice had no system in place to track referrals that went out. The principal told us they would put a system in place to ensure they tracked the progress of referrals that were sent out.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from 21 patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits, as well as costs with patients.

Staff we spoke with showed some understanding of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met and showed a general understanding of the principals of the Mental Capacity Act (MCA) 2005. (MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff had undertaken MCA training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The feedback we received from patients was positive. Staff were described as caring and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting areas that gave details of fees. We spoke with the principal dentist, a nurse and two reception staff on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. There were arrangements in place for out of hour's appointments. These arrangements were advertised on the practice telephone answering machine and the practice leaflet.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. They told us that patients who could not speak English were usually accompanied by family members who could speak English. If necessary they would contact an interpretation service but they had never had to do this. The practice also catered for patients who were deaf and no verbal and provided interpretation services for these patients. Information on the cost of services was available in different languages that were spoken by the local communities.

Access to the service

The opening hours for the practice were 9.00am – 5.30pm Monday, Tuesday and Wednesday and Friday and 9.00am to 2.00pm on Thursdays.

There were out of hours arrangements in place to deal with emergencies that took place when the practice was closed; these were advertised on the practice telephone answer machine and the practice leaflet

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy included contact details of external organisations that patients could contact if they were not happy with the practice's response to a complaint. This included the NHS Complaints Department.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. There were procedures in place including health and safety, and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Staff told us regular meetings were held to discuss issues in the practice and update on things affecting the practice. Staff we spoke with confirmed that meetings took place and we saw notes of these meetings. For example we saw that safeguarding was discussed at a November 2016 meeting.

The quality audits undertaken at the practice included infection control, radiography audits and record keeping audits.

Leadership, openness and transparency

Staff we spoke with said they felt the owner of the practice was open and transparent. Staff told us they were

comfortable about raising concerns with the owner. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

Learning and improvement

Staff told us they had access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had gathered feedback from patients through their own survey forms and through the NHS Friends and Family test. We saw the results of the October and November 2016 survey results and found that the majority of patients had said they would be “likely” or “very likely” to recommend the service (46 of the 48 patients that had completed the survey).