Mr. Emad Moore

Cannock Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 November 2015 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
We carried out an announced comprehensive inspection on 5 November 2015 at Cannock Dental Practice.

Dental services have been provided from the location for a number of years, the current provider has provided services at the practice for around six years.

The practice is situated in Cannock town centre with car parking nearby. Access to the practice is by stairs as it is situated on a first floor level above commercial premises.

The practice provides dental care and treatment to registered patients Monday to Friday 9am to 1pm and 2pm to 5:30pm. At the time of the inspection the practice had around 3,500 patients with an approximate funding basis of 60% NHS and 40% private.

The practice has three dentists (principal, associate and foundation) working a variety of clinical sessions over a week. A dental hygienist and five qualified dental nurses complete the clinical team. The practice manager is a qualified dental nurse who splits their time between this and another practice. A receptionist and cleaner assist in maintaining the day to day running of the practice.

The principal dentist is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

Fifty patients provided feedback about the practice. All the feedback we received from patients was positive, including access to appointments, their care and treatment and all made complimentary remarks about their overall experience of the practice.

Our key findings were:

- Patients told us that their care and treatment was explained and they felt involved in decisions about their treatment.
- The appointments system met the needs of patients.
- Patients received clear explanations and written information about their proposed treatment, costs, benefits and risks and were involved in making decisions about them.
- The practice sought feedback from staff and patients about the services they provided.
- The practice managed risks well.

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 a policy for recording significant events and had an open culture for reporting, investigating and acting on incidents.

Staff knew their individual responsibilities for safeguarding children and vulnerable adults, and had received recognised training in safeguarding children and vulnerable adults.

Infection prevention and control procedures were in place and staff were knowledgeable on good working practice. The practice had trained staff, and had emergency equipment, medicines and procedures in place for emergencies such as fire and sudden illness.

Risks from X-ray and other equipment were mitigated by operating procedures and regular servicing and maintenance of equipment.

Are services effective?

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

Patients received a full assessment of their oral health needs including the taking of a full medical history at each consultation. Records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and timely follow up appointments had been arranged.

Patients who used the practice had been given clear information on their treatment. We saw that information to support patients to understand proposed treatments and actions had been explained and recorded.

Staff were supported through training, appraisals and continuous professional development. Patients were referred to other services in a timely manner.

Are services caring?

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

Patients were treated with kindness, dignity, respect and compassion whilst under the care of the practice. Patients who used the practice had been given clear information on their treatment including cost. Issues of urgent dental need and those in pain were responded to in a timely manner.

Are services responsive to people's needs?

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

Services were planned and delivered to meet the needs of patients. Patients said they had good access to appointments at times convenient to them. Facilities within the practice were sufficient and well maintained. The practice sought the views of patients continuously.

The practice operated a publicised complaints system and responded appropriately if complaints were raised.

Are services well-led?

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

Governance was well managed and staff understood their own responsibilities in this area.

Summary of findings

The practice had a leadership structure and staff felt well supported by the principal dentist and practice manager. Staff met regularly and they were supported to maintain and enhance their professional development and skills. Patients had the opportunity to give feedback on their experience.

Cannock Dental Practice

Detailed findings

Background to this inspection

The inspection took place on 5 November 2015. It was led by a Care Quality Commission (CQC) inspector who was accompanied by a dentist specialist advisor.

We informed the NHS England Area Team and Healthwatch that we were inspecting the practice; however 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 therefore formed the framework for the areas we looked at during the inspection. Before the inspection we asked the practice to send us information to assist us in our checks. This included a summary of complaints from the previous year, details of staff; their qualifications and proof of professional registration. We also reviewed the information we held about the practice and had no areas of concern.

During the inspection we spoke with three dentists, the practice manager, two dental nurses and a receptionist. We received feedback from 50 patients who shared their experiences of the care and treatment provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a policy and held reporting forms for recording significant events. Significant events can be described as occurrences that can have a positive or negative outcome for patients. Learning from significant events may help to prevent negative ones reoccurring and encourage the replication of ones that had positive outcomes. The process for reporting significant events had been in place since 2011. Three incidents had been recorded in the last 12 months, all had received investigation and when necessary procedures had been changed to minimise the chance of reoccurrence. A positive culture of openness in reporting significant events was evident as reports had been recorded from different staff members spanning clinical, equipment and premises incidents. Learning had been shared with staff regularly at monthly staff meetings, at which significant events were a standing agenda item.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Alerts for potential problems with medicines or equipment were received by the principal dentist and disseminated to relevant staff.

The practice had up to date risk assessments in place for the Control of Substances Hazardous to Health (COSHH) 2002. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the lead for safeguarding and had received appropriate training. Staff had also received training in safeguarding children and vulnerable adults. As well as receiving initial training, safeguarding learning had been regularly reinforced by staff attendance at continuous professional development (CPD) events.

We spoke with staff about the actions they would take if they had concerns about a child or vulnerable adult displaying signs of neglect or abuse. Staff were able to describe the appropriate actions they would take and referred to the contact details for local safeguarding agencies that were displayed within the treatment and staff areas of the practice.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist explained that these instruments were single use only. They also explained that root canal treatment was carried out using a rubber dam. 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. Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

Medical emergencies

Appropriate equipment for staff to use in a medical emergency was available and included an automated external defibrillator (AED), suction (to clear an airway) and oxygen. (An AED provides an electric shock to stabilise a life threatening heart rhythm). The equipment provided was aligned to Resuscitation Council (UK) guidance for the type of equipment that should be available in a dental practice.

Emergency medicines to treat conditions such as anaphylaxis (allergic reaction) and hypoglycaemia (low blood sugar) were stored within a secure area of the practice. The medicines available were aligned to reflect guidance on emergency medicines contained in the British National Formulary (BNF). The medicines were regularly checked and staff we spoke with knew their location. Training records showed that staff had received annual basic life support training.

Staff recruitment

The policy for recruitment of staff detailed the checks that needed to be undertaken when recruiting new members of staff. We saw that although the policy detailed important checks such as establishing and checking a staff members identity, qualification, character and professional registration it did not reflect legislative requirements on the assessment of a staff member's health conditions. These checks are necessary to ensure that any pre-existing health conditions in potential staff were assessed in relation to the role they are to undertake. We spoke with the practice

manager about this, they recognised that the lack of a structured system to assess staff members' suitability for their role needed to be corrected and they implemented a new system straight away.

The practice had undertaken criminal records checks through the Disclosure and Barring Service (DBS) on all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager told us this was due to a number of staff having dual roles in both clinical and administrative settings.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and had identified members of staff with responsibility for health and safety. A number of risk assessments had been carried out including fire safety and infection control.

The practice had a business continuity plan in place to deal with events that may disrupt the operation of services. The plan contained details of actions to take in the event of equipment failure, issues with premises or staffing difficulties.

All staff had been trained in fire safety and the practice carried out regular testing of firefighting equipment and warning systems.

Infection control

Staff were aware of the Department of Health issued guidance called Decontamination in primary care dental practices (HTM01-05). The document gives detailed guidance to minimise the risks of the transmission of infection.

The practice had a dedicated decontamination room for cleaning and sterilisation of instruments. A dental nurse showed us the end to end process from receiving used instruments through cleaning, inspection, sterilisation, packaging and storage of instruments. We saw that the process in use was in line with the essential requirements of HTM01-05 and promoted an organised system to ensure cleaned instruments did not become contaminated.

A number of checks were carried out on the equipment used for decontaminating and sterilising instruments. For example, daily checks to ensure that the equipment used for sterilising instruments had reached the required time, steam and temperature levels to ensure an instrument was sterilised. The practice held records of all of the checks performed. We also saw that all equipment used in the decontamination process had been tested and serviced at regular intervals.

The practice carried out infection control audits at six monthly intervals to ensure that they were complying with infection prevention control guidance.

Staff showed us the processes in place for flushing water lines to help minimise the risk of legionella. Legionella is a bacterium which can contaminate water systems in buildings. The practice had completed a risk assessment for the management, testing and investigation of legionella.

The practice separated and stored waste appropriately. For example, clinical and domestic waste were separated and stored in line with requirements.

There were appropriate hand washing facilities for staff and we saw that suitable amounts of personal protective equipment (PPE) such as gloves, aprons and eye shields were available for staff to use.

Dedicated equipment was available to support the dental implant surgery carried out at the practice. Items included separate instruments, protective gowns and a vacuum autoclave steriliser.

Equipment and medicines

We saw suitable records of calibration, testing, servicing and inspection of equipment within the practice. Staff were able to demonstrate the safe and effective use of equipment in operation including X-ray, instrument cleaning and sterilising machines.

Medicines used in dental procedures on site were stored in accordance with manufacturers' guidelines. All of the medicines we checked were in date, correctly stored and their use was recorded and audited. Blank prescription forms were stored securely.

The number of sterilised instruments available for use was sufficient for patients and sterilised instruments were packaged, dated and stored in accordance with guidance in HTM01-05.

Radiography (X-rays)

The practice had performed risk assessments and had procedures in place to minimise the risk of harm from radiation to staff, visitors and patients. All information had

Are services safe?

been collated in a radiation protection file. The radiation protection file met legislative requirements including the details of a radiation protection supervisor and a copy of the local rules (used to ensure working practices comply with legislative requirements).

Audits were undertaken at monthly intervals to ensure that X-rays were clinically necessary also that when an X-ray had been taken the quality of the image was acceptable and could be used in diagnosis and development of a treatment plan.

We saw all staff had received training in operating safely in the X-ray area and that those who physically used the equipment had been appropriately trained.

All equipment had been maintained and serviced in line with manufacturer's instructions to ensure it was fit for purpose.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice stored detailed information about the assessment, diagnosis, treatment and advice of dental healthcare professionals provided to patients in computerised health records. We reviewed a selection of dental records covering all dentists who worked at the practice and also spanning the patient need of both planned and emergency dental care provision. We found that an up to date medical history had been taken on each occasion. When an X-ray was required, the reason for undertaking it was valid and had been recorded.

Records showed comprehensive assessment of the periodontal tissues had been undertaken and was recorded using the basic periodontal examination (BPE) screening tool. (BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums).

We saw that the dentists used nationally recognised guidelines to base treatments and develop longer term plans for managing oral health. Records showed that treatments had been relevant to the symptoms or findings, treatment options were explained and that adequate follow up had been arranged.

The principal dentist offered dental implant services on site. Dental implants are titanium screws used to replace the roots of a tooth to support a false tooth. Treatment was carried out over a number of months. The principal dentist showed us the patient journey from initial referral to procedure and after care. Patients received investigations including CT scans and Orthopantomogram (OPG) images to ensure the treatment would and had been effective. An OPG is a panoramic or wide view x-ray of the lower face, which displays all the teeth of the upper and lower jaw.

Health promotion & prevention

Up to date medical histories were taken on each visit and these were recorded in patient records. Assessments about smoking, alcohol and sugar intake were made. Where appropriate staff promoted preventative measures as part of ongoing oral health. This included advice on reducing sugar intake, regular and effective teeth brushing and smoking cessation advice.

The practice provided fluoride application varnish to all children at intervals no less than twice yearly. Fluoride varnish provides extra protection against tooth decay when used in addition to brushing. We saw evidence that children and their parents/carers had been given advice on the measures to take to prevent deterioration in their oral health.

We saw patients were advised of the importance of continued preventative measures with dental implant surgery, especially continued smoking cessation. This was important as smoking following dental implant surgery carried a much greater risk of failure of the surgery.

Staff at the practice were aware of, and followed, evidence based guidance contained in a document issued by Public Health England called 'Delivering better oral health'. The document is an evidenced based toolkit to support dental teams to improve patient's oral and general health.

Staffing

Staff at the practice had the skills, knowledge and experience to deliver effective care and treatment. All staff had completed annual training in basic life support, infection control and fire safety. Staff had undertaken safeguarding training to the level as suggested in the intercollegiate guidance by the Royal College of Paediatrics and Child Health on safeguarding children and young people, March 2014. The staff we spoke with were able to describe what they would do if they had concerns about the safety of a child.

The principal dentist had undertaken post graduate training to enable them to provide dental implant surgery at the practice. They discussed individual cases with a specialist oral surgeon and attended regular study days in relation to changes in practice. A dental nurse had also undertaken training in supporting dental implant surgery and an additional dental nurse was planned to also undertake the training.

The practice had recently become an approved dental training practice to support qualified dentists (foundation dentist) in their first year of clinical practice. The principal dentist was a trainer to support the foundation dentist in their individual professional development. We spoke with the foundation dentist who was positive about the support they had received.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice had clear guidelines in place for referring patients to specialist colleagues both inside the practice or external dental services. We saw examples of occasions when patients were referred to other professionals including;

- Orthodontic specialists (to deal with the correction of positional or functional issues with teeth).
- Fast track clinics for oral symptoms that could be suggestive of cancer.
- Facilities to undertake detailed oral imaging for implant surgery.
- Internal referrals were tasked by computer to the dental hygienist with detailed history and proposed prescribed treatments.

Referrals were hand written, scanned into patients records and their progress had been tracked. Referral letters contained appropriate information about clinical presentation and findings. A comprehensive medical history was also documented.

Consent to care and treatment

Patients who used the practice had been given clear information on their treatment. We saw that information to support patients to understand proposed treatments and actions had been explained. We received positive accounts in feedback from patients about how their proposed treatment had been explained and that their wishes had always been taken into account.

Treatment costs were clearly displayed within the practice waiting areas. Information about the cost of treatment was also clearly itemised in patients' records.

The options, risks, benefits, complications and costs of proposed dental implant surgery was recorded in a written treatment plan and patients were provided with a copy. Patients were encouraged to take time to understand all factors surrounding the procedure and recorded their consent on a template.

The staff we spoke with were able to explain the key components of the Mental Capacity Act 2005 and other relevant legislation. They gave examples of when patients may require additional support to obtain consent. For example, when a patient was unable to communicate their decision; carers or parents would be involved to arrive at decision in the best interest of the patient. We saw that consent was documented in all of the records we reviewed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us they were treated with dignity and respect at all times whilst receiving care and treatment at the practice.

The practice reception was situated in the main waiting area, with a further waiting area situated upstairs. Patients told us they felt that the practice maintained confidentiality. There was a separate area where patients could discuss confidential issues in private if so desired.

Appointment length was booked with consideration for the proposed examination or treatment. Staff told us this helped to ensure patients did not feel rushed. Patients told us that they did not feel rushed and that staff were reassuring and empathetic when dealing with them. They also told us that when they had urgent needs such as high levels of pain or discomfort they had been dealt with swiftly and with consideration.

The staff we spoke with understood the need for treating patients as individuals. For example, modifying their communication methods and body posture when dealing with children.

We received 50 individual Care Quality Commission (CQC) cards from patients that indicated staff had responded appropriately when patients were distressed. The comments in the cards were wholly positive.

Staff displayed values in keeping with respecting the diversity, and human rights, of patients registered at the practice.

Involvement in decisions about care and treatment

The practice displayed information in the waiting areas to clearly explain the costs of treatment for both NHS and private patients. Staff told us they explained the treatment and cost with each patient. We saw that conversations about treatment options and cost were clearly recorded in patients' records.

Patient feedback we received about involvement in care and treatment decisions was highly positive. For example, a patient told us the difficulty they had in securing dental services under NHS treatment in the area. They told us this practice had registered them and seen them immediately, including organising urgent referral to a hospital for their ongoing treatment. We also received feedback which mentioned occasions when patients felt they had received full involvement in their care, mentioning staff by name.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients were able to access information on services provided within a practice booklet and via posters displayed within the practice. The services included preventative advice and treatment and routine restorative dental care. If patients required services that were not provided at the practice established referral pathways existed to ensure patients' care and treatment needs were met.

Appointments were offered with dentists and allied dental health professionals throughout the working week. Staff told us that arrangements were in place to ensure patients who needed to be seen urgently and aimed for urgent issues to be dealt with within 24 hours. The feedback from patients about the availability of appointments was positive for both urgent and routine appointments. Daily appointments were set aside for those with urgent needs.

The foundation dentist operated their own appointment timetable; this allowed them to book appointment length for each patients based on the assessment or treatment needed.

On the day of our inspection we saw that patients and visitors were dealt by staff with in a professional and caring manner and received treatment and assessment in a timely way.

Tackling inequity and promoting equality

The practice had a policy for supporting staff to uphold the provision of providing services that were inclusive for all and respected diversity. Staff told us that discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity status, race, religion or belief were avoided when making care and treatment decisions.

Interpreter services were available for patients for whom English was not their first language and also patients who were hard of hearing.

Access to the service

The practice was situated in premises that had a single access point from a stairway as it was on a first floor elevation. Practice staff told us that they discussed a patient's mobility with them on registration. If it was not possible for a patient to physically access the premises due to their mobility issues, staff told us they would provide assistance in sourcing other providers locally that could assist. The practice manager told us that patients have been referred by dentists to more easily accessible locations. The practice had assessed whether they could make any reasonable adjustments and concluded that they could not due to the constraints of the building. Handrails and suitable flooring had been introduced to maximise the opportunity for patients, staff and visitors to use the staircase.

Concerns & complaints

The practice had a policy for handling complaints for staff with clear guidance about the process for dealing with complaints appropriately. All of the staff we spoke with were able to describe the practice complaints procedure. Information for patients on how to make a complaint and the process on handling complaints was available for patients within the practice booklet and in waiting areas.

We looked at how the practice handled complaints and concerns raised. We reviewed one individual complaint that was received within the previous year. The complaints had been responded to within the practice specified timescales and had been resolved to the complainant's satisfaction.

Are services well-led?

Our findings

Governance arrangements

Governance had been mainly well managed; we saw examples of specific risks that had been mitigated.

The practice had recorded and investigated significant events for a number of years. Practice staff were aware of the process and gave examples of their openness for raising any incidents or concerns they had. Staff had received training and knew how to deal with unplanned events such as medical emergencies. Equipment was serviced and maintained in line with manufacturer's instructions. Staff knew their own reasonability for checking equipment was fit for purpose.

There was an area of risk related to the oversight of staff members' immunity to vaccine preventable illnesses. For example, a member of clinical staff who had been recruited in 2012 had a Hepatitis B vaccination history recorded up to 2001. Whilst it was possible that the staff member had immunity to Hepatitis B, the risk had not been formally assessed or recorded. The practice infection control policy recorded that all staff must be immunised against Hepatitis B and the immunisation records would be kept by the practice owner.

We spoke with the principal dentist and practice manager about our finding, they told us they had attempted to organise immunity screening, although they been told by an occupational health department it was not required. The practice submitted evidence shortly after our inspection to demonstrate they had sourced immunity screening and had also reflected this requirement in the practice policy.

Staff told us that the principal dentist took an active lead in the day to day running of the practice. The practice also employed a practice manager who was an experienced and qualified dental nurse to ensure the maintenance of service and operations. All the staff we spoke with demonstrated they had a thorough understanding of the day to day operation of the practice.

We saw that the practice had completed a number of audits to identify issues where quality and safety may be compromised. Audits included completeness and accuracy of clinical records, infection prevention, taking of medical history and the quality of radiological images. The audits had all been reviewed and any area that required changes to be made had been actioned

The practice manager had an accessible schedule of planned maintenance and inspection of all equipment which was well controlled and up to date. The practice also had a number of policies and procedures to provide guidance to staff. All of these policies had been reviewed regularly and the staff we spoke with knew where to locate them.

Leadership, openness and transparency

Staff told us they felt the practice had an open, honest culture where they felt valued and supported. All staff said that the principal and associate dentists were approachable and they felt comfortable making suggestions and raising any concerns.

The practice manager told us about the arrangements for sharing information with staff. This included both informal lunchtime information sharing and formal practice staff meetings. Minutes of practice meetings were taken to assist in sharing information with members of staff who had been absent and to provide an audit trail of communication.

Learning and improvement

We saw that staff had been provided with the necessary training to help ensure a safe environment within the practice. For example, staff attended annual basic life support training.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC) and the practice manager had an effective system for ensuring the registration they held was current and recorded. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff we spoke with told us they were supported to maintain their continuous professional development (CPD) with the GDC.

We saw staff had received recent appraisals and spoke with them about how they were supported to learn and improve the way in which they worked. Staff told us that they felt well supported to develop within the practice.

Are services well-led?

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

The practice undertook regular surveys of patients' satisfaction both internally and by promoting the NHS Friends and Family Test. The results of the NHS Friends and Family Test since its introduction at the practice in April 2015 had been wholly positive, with all submissions at least likely to recommend the care and treatment. The most recent results from June 2015 showed that patients stated they would be extremely likely to recommend the care or treatment they had received and three stated they would be likely do so. The practice had conducted its own patient survey in July 2015 about the timeliness of appointments.

Results showed that out of 22 patients surveyed, 10 felt they were seen on time, 8 felt they were seen within 5 to 10 minutes of their appointment time with two patients feeling they had waited too long and two did not give an answer. The practice had a suggestions box for patients to provide feedback and staff told us that they welcomed feedback from patients and those close to them.

Staff told us that they felt valued and part of a team. They told us that the practice held regular meetings and they attended learning and professional events outside of the practice as a team. A number of staff described the practice team as a family.