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# Sunningvale Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 12 February 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**

Sunningvale Dental Practice is located in Biggin Hill, in south east Kent. The practice consists of three treatment

rooms, a waiting room, decontamination area, reception area and patient toilet. One treatment room is situated on the ground floor. The practice is purpose built and has wheelchair access and parking is available on the road outside the surgery.

The practice provides NHS and private dental treatment to children and adults. The practice offers a range of dental treatments such as routine examinations, general dental treatments, oral hygiene care, and restorative treatments such as veneers, crowns, bridges.

The practice is open Monday, Tuesday and Thursday 8.30am - 5.30pm, Wednesday 10am-7pm and Friday 9am-1pm. The staff structure consists of a principal dentist, one associate dentist, a dental nurse, two receptionists and hygienist.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received 40 CQC comment cards completed by patients and spoke with three patients during our inspection visit. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were

# Summary of findings

complimentary about the staff and the treatment they had received and told us they were able to access appointments easily. We were told the staff were friendly and professional at all times.

## **Our key findings were:**

- 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).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The practice manager had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

# 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 in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There was a system in place for updating policies and protocols, which informed the team of any requirements to review practice, audit or arrange training. This included the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were regular and documented staff meetings to provide staff with feedback should the need arise.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence, (NICE) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff were undertaking continuous professional development (CPD) and were meeting the training requirements of the GDC.

### **Are services caring?**

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

We reviewed 40 completed CQC comments cards and spoke with three patients on the day of the inspection. Patients were positive about the care they received from the practice. Patients commented they felt fully informed and involved in making decisions about their treatment at all times.

We noted that patients were treated with respect and dignity during interactions at the reception desk.

Patients were invited to provide feedback via a satisfaction survey and the feedback was positive and there was a suggestion box in the waiting area.

### **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 appointments, including emergency appointments, which were available on the same day if required.

The needs of people with disabilities had been considered. There was level access to the waiting area, one treatment room.

Patients were invited to provide feedback via a satisfaction survey. There was a clear policy in place which was used to handle complaints as they arose. The practice had not received any complaints in the last year.

# Summary of findings

## **Are services well-led?**

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

The practice had suitable clinical governance and risk management structures in place. There were processes in place for dissemination of information and feedback to all staff. There were appropriate audits used to monitor and improve care.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the management team to address any issues highlighted.

There was a strategy and vision in place to maintain the practice environment.

# Sunningvale Dental Practice

## 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 12 February 2016. The inspection took place over one day and was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit we spoke with four members of staff including the principal dentist, dental nurse, practice manager and receptionists. We carried out a tour of the practice and looked at the maintenance of equipment and storage arrangements for emergency medicines. We asked the dental nurse to demonstrate how they carried out decontamination procedures of dental instruments.

Forty-three people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was an effective system in place for reporting and learning from incidents. There was a policy for staff to follow for the reporting of incidents or events. There had been one reported incident in July 2015 which required investigation. The practice demonstrated the incident had been promptly investigated and action taken to prevent recurrence. Staff told us that the learning had been shared with all staff employed at the practice and meeting minutes confirmed this.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were no reported accidents or injuries within the last 12 months.

### Reliable safety systems and processes (including safeguarding)

The principal dentist was the named practice lead for children and adult safeguarding. The safeguarding lead and staff were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. Staff had received training at level 2 in safeguarding children and safeguarding vulnerable adults. The principal dentist had attended level 3 child protection training on the 03 February 2016 and evidence was provided to confirm this.

The practice had children and adults safeguarding policy which included local authority contact details for escalating concerns, information was available for all staff to access.

The practice followed national guidelines on patient safety. For example, the practice used a non-latex rubber dam for root canal treatments in line with guidance supplied by the British Endodontic Society. (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. Rubber dams should be used when endodontic treatment is being provided. On the 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).

Emergency exit routes were signposted and fire drills were carried out every six months and the last fire drill was carried out in October 2015; records confirmed this. The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. The principal dentist had undertaken training as a fire marshal and plans of the building indicating fire exits were available for staff and patients.

### Medical emergencies

The practice had suitable arrangements in place to deal with medical emergencies. The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Oxygen and other related items, such as manual breathing aids and portable suction, and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines. (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). The practice did not have paediatric AED external pads available and we were told these would be ordered. Confirmation of the order had not been received at the time of writing the inspection report.

The emergency medicines and equipment were in date and logs were in place to show that checks had been undertaken. Staff received annual training in using the emergency equipment which was carried out in 2015 for all staff. The staff we spoke with were all aware of the location of the emergency equipment within the premises and had easy access to emergency equipment.

### Staff recruitment

The practice staffing consisted of a principal dentist, associate dentists, one dental nurse, hygienists, and two part time receptionists. The principal dentist was in charge of day to day management of the practice.

There was a recruitment policy in place. We saw the relevant checks had been undertaken to ensure that the person being recruited was suitable and competent for the role had been carried out, although no new staff had been employed within the last three years. Document checks included evidence of relevant professional qualifications such as registration with the General Dental Council and photographic identification were noted. The practice

# Are services safe?

carried out Disclosure and Barring Service (DBS) checks for members of staff when initially employed, although we saw this had been repeated for all staff within the last year. (The 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.) However, we found two members of staff had evidence of DBS checked undertaken by previous employers. This was discussed with the practice manager and immediate action taken to rectify the situation and evidence provided to confirm that new applications had been made.

## **Monitoring health & safety and responding to risks**

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a comprehensive COSHH file and risk assessment for each chemical used on the premises to safeguard patients and staff who may come into contact with hazardous substances. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were reviewed by the principal dentist and where appropriate disseminated to the staff and the necessary action taken.

There was a business continuity plan in place. This had been kept up to date with key contacts details within the local area; this included emergency services, gas and electricity suppliers and local authority details.

## **Infection control**

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. Staff files showed that staff regularly attended training courses in infection control.

Staff had access to supplies of personal protective equipment which included gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilets; there were posters displaying the correct hand washing techniques.

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 (HTM 01-05).

We checked the cleaning and decontaminating of dental instruments which was carried out in the decontamination area adjacent to the main surgery on the ground floor. The decontamination area and the surgeries were well organised with a clear flow from 'dirty' to 'clean'. One of the dental nurses demonstrated the decontamination process and showed a good understanding of the correct processes. Following inspection of cleaned items, they were placed in an autoclave and stored appropriately and where applicable date stamped.

The dental nurse showed us systems were in place to ensure all decontamination equipment such as the autoclaves were working effectively. These included the automatic control test for the autoclave. The data sheets used to record the essential daily validation were fully completed and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and domestic waste were properly separated and stored correctly, although the sharps bins were not wall mounted this was discussed with the principal dentist and agreed the appropriate action would be taken immediately. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The practice had carried out practice-wide infection control audits every six months; the most recent audit was conducted on 13 January 2016 and showed an overall compliance rate of 99%. A hand washing audit had also been completed on all staff and no issues were noted. The domestic cleaning was carried out internally and effectiveness was audited by the principal dentist on a daily basis.

The dental water lines were maintained and checks were logged to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in

# Are services safe?

buildings). The method described was in line with current guidance. A Legionella risk assessment was not due until 30 November 2017 and had previously been carried out by an appropriate contractor.

## Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) had been completed also on the 06 February 2016 (PAT, is the name of a process during which electrical appliances are routinely checked for safety).

Staff told us they did not hold other than emergency drugs on site. All medication such as antibiotics were prescribed using NHS prescriptions (FP10) and these were stored safely and serial numbers recorded when received. However a log was not kept other than on the patients' individual notes of any prescriptions' given.

The expiry dates of emergency medicines, oxygen and resuscitation equipment were monitored using a daily check sheet which enabled the staff to replace out-of-date drugs and equipment promptly. The drug refrigerator was also checked and the temperature recorded on a daily basis.

## Radiography (X-rays)

The practice had a Radiation Protection Adviser in place and a nominated Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). A radiation protection file and local rules were displayed within the practice. Included in the file were the critical examination pack for the X-ray set, which included dose assessment reports, the maintenance log and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended interval of three years and is due to be undertaken November 2016. We saw evidence that staff had completed radiation protection training.

A copy of the most recent radiological audit undertaken in 09 January 2016 was available for inspection and the practice was compliant. Staff told us that daily quality assurance checks were carried out and audits were carried out annually to ensure the quality was maintained and the reasons for any retakes were documented. We checked a sample of dental care records to confirm the findings and noted that justification of all dental X-rays was appropriately documented in the dental care records.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised professional and General Dental Council (GDC) guidelines. The principal dentist described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient which was supported by the use of computer software. The assessment began with a review of the patient's medical history. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues of the mouth. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment and the appropriate advice and actions taken.

Following the clinical assessment, the diagnosis was discussed with the patient and treatment options were fully explained. The dental care record was updated with the new treatment plan after discussing the options with the patient. The treatment given to patients was monitored at their follow-up appointments in line with their individual requirements.

During the course of our inspection we checked dental care records to confirm the findings. These showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw notes containing details about the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The 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.) The dentists and hygienists worked closely and provided verbal handover of patients and their needs to ensure that areas of concern were treated appropriately. Details of the treatments carried out were documented and this included local anaesthetic, type of anaesthetic, site of administration, batch number and expiry date.

### Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease

prevention strategies. Staff told us they discussed oral health such as tooth brushing and dietary advice and where applicable smoking cessation and alcohol consumption with their patients.

The waiting area had health promotion material available. Health promotion material included information on how to prevent gum disease, smoking cessation and maintaining healthy teeth and gums.

### Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this included training in responding to cardiopulmonary resuscitation and medical emergencies, infection control and safeguarding.

The practice carried out annual appraisals for each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's file and these were made available at the inspection.

### Working with other services

The principal dentist explained how they worked with other services. Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. A referral letter was prepared and sent to the hospital with full details of the dentists' findings and a copy was stored in the patient's dental care records. We spoke to a patient returning for some treatment prior to having orthodontic treatment to straighten their teeth; the patient confirmed the process of referral had been quick and effective.

### Consent to care and treatment

Consent was obtained for all care and treatment patients received. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients were asked to sign to state they had understood their treatment plans and provide with a copy of their treatment plan and signed consent.

Staff were aware of the Mental Capacity Act (2005). They could explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities.

# Are services effective?

(for example, treatment is effective)

The Mental Capacity Act 2005 (MCA) 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.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We collected comment cards from 40 patients. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were friendly and polite at all times. During the inspection we observed staff in the reception/waiting area and observed staff were polite towards patients on arrival and throughout the episode of care. Some of the patients we spoke with had been attending the surgery with their families for a number of years and one patient told us they were very happy with the treatment they received. Patients told us they were not kept waiting and treatment was explained fully.

All the staff we spoke with were mindful about treating patients in a respectful and caring way. They were aware of the importance of protecting patients' privacy and dignity. There were systems in place to ensure that patients' confidential information was protected. All computers were password protected and staff had individual passwords. Staff understood the importance of data protection and confidentiality and had received training in information governance.

The practice obtained regular feedback from patients via a satisfaction survey which was collated annually and showed high levels of satisfaction.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting area regarding the NHS dental charges. There was a practice information leaflet. The leaflet provided information on opening hours, how to make a complaint, confidentiality as well providing the names of the dentists, dental nurses, hygienist and their qualifications.

We spoke with a variety of staff which included the principal dentist, dental nurse and reception staff on the day of our visit. Staff told us they worked as a team to provide clear explanations about treatment plans and patients were given time to them prior to going ahead with the treatment.

The patients we spoke with and comments cards, together with the data gathered by the practice's own survey, confirmed that patients felt appropriately involved in the planning of their treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had systems in place to schedule enough time to assess and meet patients' needs. Staff told us they scheduled additional time for patients receiving complex treatments, including scheduling additional time for patients who were known to be anxious or nervous. Staff confirmed they were able to have enough time in between each patient to document care and prepare equipment for the next patient as required. Staff told us they had adequate and appropriate equipment to carry out all types of dental treatment and were able to meet their patients' needs at all times.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

The practice had disability access to the ground floor treatment room and waiting area. There was street parking outside the practice. The practice had carried out a disability risk assessment in 2015 to ensure the facilities

provided access for wheelchair users; although toilet facilities were only available on the first floor. Due to space limitations, we were told this was unlikely to be resolved in the near future

### Access to the service

The practice is open Monday, Tuesday and Thursday 8.30am - 5.30pm, Wednesday 10am-7pm and Friday 9am-1pm. Staff told us patients, who needed to be seen urgently, for example, if they were experiencing dental pain, could be accommodated and seen on the same day where necessary.

Staff told us they had enough time to treat patients and that patients could generally book an appointment within 24 hours to see the dentist. The feedback we received from patients confirmed was that they could get an appointment on the same day if it was an emergency or within a reasonable time frame to receive treatment.

### Concerns & complaints

There was a complaints policy which described how the practice handled formal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice information leaflet.

There had not been any reported complaints recorded in the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had governance arrangements with an effective management structure in place.

The principal dentist and the team had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place to ensure all policies were updated. Staff were aware of the policies and procedures and acted in accordance with them. Records maintained including those related to patient care and treatments, as well as staff employment, were kept up to date and stored securely.

The principal dentist organised staff meetings on a monthly basis, to discuss key governance issues and staff training sessions. The staff meetings had an agenda which included training updates incidents and lessons learnt. We saw minutes of meetings from August, September 2015 and February 2016 where discussions relating to equipment maintenance, infection prevention and control, and the new computer system.

### Leadership, openness and transparency

Staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and any issues were responded to promptly. Staff were aware of their responsibilities relating to the duty of candour. 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.

We spoke with the principal dentist about future plans for the practice. We were told the practice was keen to ensure the standards of care remained high.

We found staff to be hard working, caring and a cohesive team committed to providing a high standard of care. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard.

### Learning and improvement

The practice had a programme of clinical audit in place. These included audits for infection control, documentation, patient satisfaction and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained. We looked at some audits for example, on patient satisfaction and infection prevention and control. The documentation audit carried out for 2015 looked at a selection of records which showed some improvements were required relating to legibility. The practice was currently in the process of undertaking a further records audit which had not been collated at the time of our inspection. The practice had also undertaken some risk assessments to minimise and monitor potential risks to the staff and patients such as COSHH and fire safety.

Staff were supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey. The survey covered topics such as treatment given, cleanliness of the premises, and general satisfaction with the service and care received.

Staff commented the principal dentist was open to feedback regarding the quality of the care they provided. Staff felt the appraisal system and staff meetings also provided appropriate forums to give their feedback.