

Villa Dental Suite Limited

# Villa Dental Suite Ltd

## Inspection Report

Villa Dental Suite  
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### Overall summary

We carried out an announced comprehensive inspection on 27 February 2017 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 not providing well-led care in accordance with the relevant regulations.

#### **Background**

Villa Dental suite offers a range of dental treatments, including preventative, restorative and cosmetic treatments, including dental implants for private patients.

The staff consists of two dentists, one dental hygienist, four dental nurses, a practice manager (who is the registered manager) and a receptionist.

The practice is in a converted building close to the town centre of Bingley in West Yorkshire.

There are four treatment rooms, a decontamination room, office and a large waiting/ reception area. There is a car park available at the practice. The opening hours are Monday – Friday 9am-6pm, with Saturday opening 9am-12:30pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

#### **Our key findings were:**

- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.

# Summary of findings

- Staff had been trained to deal with medical emergencies.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Patients were treated with kindness, dignity, and respect.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The premises were visibly clean and tidy but the practice did not always follow infection control guidelines.
- Staffing levels were good and effective training was in place, but we found recruitment procedures were not effective.
- We found that not all medicines were secure.

- Decontamination and Infection control procedures did not comply with relevant guidelines.

We identified regulations that were not being met and the provider must:

- Ensure the practice's protocols for medicines management and ensure all medicines are stored safely and securely.
- Ensure the practice's decontamination procedures and protocols are effective giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Ensure the validation procedures of all decontamination processes and implement logs to record the process.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

# 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 assess and manage risks.

X-ray equipment was regularly maintained.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced. Improvements could be made to validation and checks to ensure equipment was safe to use.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including; autoclaves, fire extinguishers, and the air compressor.

Staff were appropriately skilled and suitably trained and qualified for their roles. We noted that the practice had not undertaken all of the relevant recruitment checks to ensure patient safety including DBS checks or references for staff.

There was evidence to demonstrate staff had attended training in safeguarding patients and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



### Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. The dentists obtained consent from patients before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Staff were encouraged to complete training relevant to their roles. The clinical staff were up to date with their continuing professional development (CPD).

Qualified staff were registered with their professional body, the General Dental Council, and were supported in meeting the requirements of their professional regulator.

No action



### Are services caring?

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

No action



# Summary of findings

Staff explained that enough time was allocated in order to ensure treatment was fully explained to patients in a way patients understood. Time was given to patients with complex treatment needs to decide which treatment they preferred.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed staff were understanding and made them feel at ease.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

## Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients could request appointments by telephone or in person.

The practice opening hours were displayed at the practice and in the patient information leaflet.

The practice produced a quarterly newsletter keeping their patients updated about treatments, inviting feedback and suggestions and introducing new staff.

We saw that the practice invited patients to bring their concerns to the practice manager. There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns.

No action



## Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

We found improvements could be made to the validation and checks to ensure the decontamination equipment was safe to use. Infection prevention and control audits were not consistent and we found that some infection control procedures had not been followed.

We found the practice had not undertaken all of the relevant recruitment checks to ensure patient safety including DBS checks or references for staff.

There were a range of policies and procedures in use at the practice which were easily accessible to all staff.

Environmental risks were assessed and well managed.

Requirements notice



# Villa Dental Suite Ltd

## 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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 27 February 2017 and was led by a CQC with a dental specialist adviser.

Prior to the inspection we asked the practice to provide us with information which we reviewed. This included their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke with two dentists, one dental hygienist, four dental nurses and practice manager. We toured the practice and reviewed emergency medicines and equipment.

We reviewed policies, protocols and other documents and observed procedures. We sent comment cards to the practice before the visit. There were four comment cards completed by patients. All comment cards received were positive about the treatment they received at the practice.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The staff told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). These were shared with the team via discussion, team meetings and placed on the staff notice board where appropriate.

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

The practice had safeguarding policies in place. Staff confirmed that they had completed safeguarding training and were aware of their responsibility to safeguard patients from abuse.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system had been implemented within the practice and we saw a sharps notice was in place.

The practice had a whistleblowing policy. Staff told us they felt they could raise concerns about colleagues without fear of recriminations.

### Medical emergencies

The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients. We confirmed the emergency medicines and equipment were regularly checked.

We saw staff had attended their annual training in emergency resuscitation and basic life support as a team

within the last 12 months. Staff had completed first aid training and the first aid boxes were easily accessible in the practice. We saw that staff discussed medical emergency scenarios.

The practice had a defibrillator (AED) to support staff in a medical emergency. This was checked weekly. (An AED is a portable electronic device which analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

### Staff recruitment

Whilst we found Staffing levels were good and effective training was in place we noted the practice did not have an effective recruitment policy for the recruitment of staff.

We looked at two staff recruitment files and found they did not have the required checks in place. For example we saw references had not been sought for new staff and they had not been checked with the Disclosure and Barring Service (DBS). 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.

We saw all the dentists, dental hygienists and dental nurses were covered by indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice).

### Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment.

There was a control of substances hazardous (COSHH) to health risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and the effectiveness of the vaccination

# Are services safe?

was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

## Infection control

The infection prevention and control risk assessment was out of date. We noted that the practice was using out of date infection control guidance. The registered manager told us that they were aware that the assessment was out of date and had recently put in place an infection control lead to monitor this in future.

We saw systems were in place for cleaning, sterilising and storing dental instruments. We confirmed that decontamination equipment was regularly serviced and checked to ensure it was safe to use. We noted that one autoclave (a device for sterilising dental and medical instruments) in the decontamination room was not effectively validated. The staff told us this machine was used intermittently. We discussed with the practice manager that validation is required to ensure the equipment is safe to use.

We noted whilst effective sterilisation procedures were followed some sterilised and bagged items had not been dated and in one treatment room cotton wool pledgets were not covered and gauze swabs were exposed.

We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room were visibly clean and hygienic. They had sealed floors and work surfaces which could be cleaned with ease to promote good standards of infection prevention and control.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

A Legionella review and risk assessment had been completed. Regular monitoring and recording of water temperatures was in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The segregation and disposal of dental waste was in accordance with current guidelines laid down by the Department of Health in the Health Technical Memorandum 07-01 Safe management of healthcare waste. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. We observed clinical waste awaiting collection was stored securely and an appropriate contractor was used to remove it from site. Waste consignment notices were in place.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of servicing certificates for equipment such as the, autoclaves, compressor and X-ray equipment.

We saw evidence of regular testing of gas, fire and electrical systems.

We noted that some medicines for example antibiotics and sedation drugs (used by a visiting dentist) were not held securely in a lockable cabinet. We saw the lock was broken on the cabinet. The drugs were in a room with a lockable door; this was not locked during our visit. After our visit the registered manager confirmed that the lock had been repaired to the medication cabinet and medication secure.

## Radiography (X-rays)

The practice had a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). X-ray equipment was located in all treatment rooms. The practice's radiation protection files were maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were suitable arrangements in place to ensure the safety of the equipment.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence the potential benefit and/or risks of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records and paper records. They contained information about the patient's current dental needs and past dental history. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

### Health promotion & prevention

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable. The medical history form patients completed included questions about smoking and alcohol consumption.

The patient reception and waiting area contained a range of information that explained the services offered at the practice.

The practice had oral health leaflets available and selections of dental products were on sale in the reception area to assist patients with their oral health.

### Staffing

We saw staff were encouraged to maintain the continuous professional development (CPD) which was a requirement

of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice. We confirmed that all staff had completed appraisals.

### Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process. Information was shared appropriately when patients were referred to other health care providers.

### Consent to care and treatment

Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.



# Are services caring?

## Our findings

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

The CQC comment cards we received were all very positive. Patients stated the staff were friendly, welcoming and helpful.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality. They offered alternative rooms if a patient required privacy or required a confidential discussion.

Staff were confident in data protection and confidentiality principles and had completed information governance training. We noted patient's dental care records were stored securely.

The treatment room were situated away from the main waiting area and we saw doors were closed when patients were in consultation.

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

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. The practice's website provided patients with information about the range of treatments which were available at the practice.

Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered.

We confirmed urgent or emergency appointments were accommodated if needed. We saw the practice scheduled longer appointments where required if a patient needed more support

We observed the clinic ran smoothly on the day of the inspection and patients were not kept waiting.

The practice produced a quarterly newsletter keeping their patients updated about treatments, inviting feedback and suggestions and introducing new staff.

### **Tackling inequity and promoting equality**

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients.

The staff made provision for patients to arrange appointments by telephone or in person, and patients received appointment reminders by text or telephone call.

### **Access to the service**

We noted that an assessment had been completed to provide reasonable adjustments to the practice to meet patients' needs. For example the practice was accessible to people with disabilities and impaired mobility throughout the ground floor. There was an accessible patient toilet in place for wheelchairs and pushchairs with baby changing facility in place.

### **Concerns & complaints**

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

Information for patients was available in the patient's information brochure web site and displayed in the entrance area. This included how to make a complaint, how complaints would be dealt with.

The registered manager was the lead on complaints and staff confirmed that they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner. The practice had not received any complaints in the last twelve months.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The registered manager (practice manager) was in charge of the day to day running of the service.

Staff told us they felt supported and were clear about their roles and responsibilities.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

### **Leadership, openness and transparency**

We saw inconsistent evidence audits were carried out. These should include clinical audits such as infection prevention and control. The infection prevention and control risk assessment was out of date. We confirmed that the practice was using out of date infection control guidance.

We noted that some medicines for example antibiotics and sedation drugs (used by a visiting dentist) were not held securely.

The practice did not have an effective recruitment policy for the recruitment of staff.

We looked at two staff recruitment files and found they did not have the required checks in place. For example we saw references had not been sought for new staff and Disclosure and Barring Service (DBS) checks were not in place.

The overall leadership was provided by the principal dentist and practice manager. Staff said they could speak freely to the principal dentist if they had any concerns.

### **Learning and improvement**

The practice had supported staff to access some learning and improvement opportunities. Staff confirmed they were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff confirmed that learning from incidents was discussed at staff meetings to share learning to inform and improve future practice.

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

Staff told us information was shared and they could raise any concerns about the practice if they needed to.

The practice had conducted a patient's satisfaction review two years ago but unfortunately had little response. We discussed this with the registered manager who told us that they would seek to re-introduce the surveys.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Villa Dental Suite were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• The registered provider failed to ensure sterilisation equipment was safe to use.</li><li>• The registered provider failed to ensure medicines were held and stored safely.</li><li>• The registered provider failed to ensure Infection prevention and control audits were consistent and some infection control procedures had not been followed.</li></ul> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none"><li>• The recruitment policy was not effective and the registered provider failed to maintain secure records in relation to persons employed within the dental practice.</li></ul> <p>Regulation 19(2)(3)</p>