

Danny the Dentist Limited

Danny The Dentist

Inspection Report

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Date of inspection visit: 3, 24 July 2018
Date of publication: 20/08/2018

Overall summary

We carried out this announced inspection on 3 July 2018 and on the 24 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Danny the Dentist is in Weybridge and provides private treatment to adults and children.

There is no level access for people who use wheelchairs and those with pushchairs. The surgery is on the first floor with steep stairs and no lift facility. Car parking spaces are street parking or a local car park that is available near the practice.

The dental team includes 1 dentist and 1 volunteer receptionist. The practice has one treatment room, one room for mybrace set up for children and one decontamination room. During the second day inspection a new member of staff, a dental nurse, had been employed and they were spoken with.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Danny the Dentist was the principal dentist.

On day one of inspection, we collected 22 CQC comment cards filled in by patients and spoke with one other patient.

During the first day of inspection we spoke with one dentist who is the principal dentist and one volunteer receptionist. On the second day of inspection we also spoke with the dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday 10.00 -19.00. Tuesday 09.00-17.00 Wednesday 09.00-13.00 Thursday 09.00-17.00 Friday 09.00-13.00. one Saturday per month.

Our key findings were:

- The practice appeared clean and well maintained.
- The practice staff had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- The practice had some systems to help them manage risk.
- The practice staff did have suitable safeguarding processes and all staff knew their responsibilities for safeguarding adults and children.
- The practice had some staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had some leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.

- The practice asked staff and patients for feedback about the services they provided.
- The practice staff dealt with complaints efficiently.
- The practice did have some suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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

- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review staff training to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults. Reviewed the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective. Reviewed staff training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations. The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service.

The practice had some systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

On day one staff had not received training in safeguarding nor knew how to recognise the signs of abuse and how to report concerns on the first day of inspection. During day two it was confirmed that staff had received the correct level of safeguarding training and there was a local policy in place.

Staff were qualified for their roles and the practice completed some essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognized guidance. Patients described the treatment they received as professional, caring and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice did have arrangements when patients needed to be referred to other dental or health care professionals.

The practice described how it would supported staff to complete training relevant to their roles, however they need to develop a system to help them monitor this.

Are services caring?

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

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, kind and caring.

They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

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

Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had some access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 section at the end of this report).

The practice had some arrangements to ensure the smooth running of the service. These included some systems for the practice team to discuss the quality and safety of the care and treatment provided.

The practice kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored some clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients.



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had some systems to keep patients safe.

On day one of the inspection staff were unaware of their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding general policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw, on day one that staff had not received safeguarding training to the correct level. Staff were not knowledgeable about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. There was a no system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication. On day two we confirmed that safeguarding training to the correct level had taken place and that a local producer was in place.

The dentist did not use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. Nor in instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was not suitably documented in the dental care record nor a risk assessment completed. Post inspection the provider confirmed that they will be using rubberdams routinely in the future.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. However, this policy did not reflect the relevant legislation. On day one of the inspection there were not all staff records to view. However, while the inspection took place a basic staff file was put together for the volunteer receptionist. On day two of inspection there was one new member of staff record to review. Post inspection the providers confirmed that the policy will be reviewed.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. However, the fire risk assessment needed to be undertaken by someone competent to do so. Day two of the inspection it was confirmed that this had been undertaken.

The practice did not have suitable arrangements to ensure the safety of the X-ray equipment. The practice had not registered with the Health and Safety Executive. On 1 January 2018 Ionising Radiations Regulations 2017 (IRR17) replaced IRR99. On day two of the inspection it was evidenced this had been done.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

The practice also had a laser for the use for surgical procedures. No Laser Protection Advisor had been appointed, however there were local rules available for the safe use for the equipment.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice had health and safety policies, procedures and some risk assessments however not these were up to date or reviewed regularly to help manage potential risk. The provider confirmed was looking into these.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. There was no sharps policy or risk assessment which need to be undertaken annually.



Are services safe?

The provider had no policy in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had some knowledge of how to respond to a medical emergency and had completed some training in emergency resuscitation and basic life support but the last the last training was noted to be in 2011. [RJ1] On day two of the inspection the provider confirmed that the training would be undertaken the following day

On day one of the inspection not all emergency equipment and medicines were available as described in recognised guidance. There was no deliberator available and no risk assessment had been carried out. On day two of the inspection a deliberator had been purchased.

We noted that one emergency drug was a month out of date. had been re ordered and had arrived by day two of the drug was in place.

On day one of the inspection we was informed that the dentist had been working without any dental nurse or chairside support for the last 6 months when they treated patients. This is not in line with GDC Standards for the Dental Team. There was no risk assessment in place for when the dentists worked without chairside support. On day two a dental nurse had been employed.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention. However, we noted that infection control training was significantly out of date. The provider confirmed that training will be undertaken in November 2018.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth. However, we noted that the provider had not checked that the laboratory work undertaken needed to be registered with the Medical devices regulation and safety government agency. Post inspection the provider confirmed that this had been done.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audit however this was not twice a year as required. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

On day one of the inspection there was a lack of information about how and when patient would be referral to other service. On day two of the inspection the provider has confirmed that they are now have a full referral system in place and are currently in the process of contacting the local NHS providers.

Safe and appropriate use of medicines



Are services safe?

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

There was currently no audit of Antimicrobial prescribing audits carried out annually.

Track record on safety

In the previous 12 months there had been no safety incidents.

Lessons learned and improvements

The staff were not aware of the Serious Incident Framework.

The provider confirmed there was a system for receiving and acting on safety alerts. However, we were unable to evidence this.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had some systems to keep dental practitioners up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practices had a consent policy which included some information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence,

by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We did not see that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

- The practice was offering to carry out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. Inspectors use the criteria in the Society for the Advancement of Anaesthesia in Dentistry (SAAD) April 2015 check list pertinent to a primary dental care setting. The SAAD checklist includes: Staffing - competency, maintaining competency, staffing ratios and emergency training. The principal dentist last attended sedation training was in 2011 and there was no evidence of regular scenario-based team training in the management of potential complications associated with conscious sedation.

At the point of inspection, the provider confirmed they would not be offering this service. This was confirmed by the principal dentist in writing.

Effective staffing

Currently there is the principal dentist and one volunteer receptionist work at the practice. Staff had some of the skills, knowledge and experience to carry out their roles.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

On day one of the inspection the dentist confirmed they would referred patients to a range of specialists in primary



Are services effective?

(for example, treatment is effective)

and secondary care if they needed treatment the practice did not provide. However, there was no process in place to do this. On day two of inspection the provider confirmed that this was now in place.

On day one the practices did not have systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections. On day two of inspection the provider confirmed that this was now in place.

On day one the practice did not have systems and processes for referring patients with suspected oral cancer under the national two weeks wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. On day two of inspection the provider confirmed that this was now in place.



Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, caring and helpful. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

On day one of the inspection staff were aware of the importance of privacy and confidentiality. However, the layout of reception and waiting areas does not provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were visible to patients and staff did not leave patients' personal information where other patients might see it. On day two this had been addressed and the computer screens were obscured.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care however they were unaware of the

requirements under the Equality Act and the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. However, the only notices in the reception areas, were in English. There were no multi-lingual staff that might be able to support them.

On day two of the inspection the provider confirmed they were providing a hearing loop.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had some patients for whom they needed to adjust for to enable them to receive treatment. This included assisting someone to walk up the stairs who used a stick.

A Disability Access audit currently has not been completed. Post inspection the provider said that this would be undertaken.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint however the policy and the leaflet needs to be amended to reflect who patients can go to when they are not satisfied with the outcome of the complaint investigation.

The principal dentist was responsible for dealing with these complaints.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care. However not all mandatory training was up to date. Post inspection the provider confirmed that this would be reviewed and training acquired.

They had some knowledge about issues and priorities relating to the quality and future of services. They understood the some of the challenges and were planning to address them.

The Leader was visible and approachable. They advised that they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice needs to develop effective processes in leadership capacity and skills, including planning for the future leadership of the practice. This includes an oversight of what needs to be undertaken to meet the requirements of the various acts and if there are changes how to identify these and respond accordingly. The practice also need to develop a stagey to identify good practice and how they might introduce this.

Vision and strategy

There was a vision and set of values. The practice is going to develop a realistic strategy and supporting business plans to achieve priorities.

Culture

The practice had a culture of high-quality sustainable dental care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

The principal dentist told us they would acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support governance and management.

The principal dentist/registered manager had overall responsibility for the management and clinical leadership of the practice.

The provider had some systems in place of clinical governance, which included policies, protocols and procedures that were accessible to all members of staff, however these need to be reviewed on a regular basis to identify changes. Post inspection the provider told us that this was being addressed.

There were limited processes for managing risks, issues and performance.

Appropriate and accurate information

The practice had access to appropriate and accurate information. However, we observed that this was not always acted upon.

Some quality and operational information was used to ensure and improve performance..

The practice had some information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice used comment cards to obtain staff and patients' views about the service. We saw examples of positive feedback from patients.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to.

Continuous improvement and innovation

There is systems and processes for learning, continuous improvement and innovation.

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and some infection

Are services well-led?

prevention. They had clear records of the results of these audits and the resulting action plans and improvements. However, they need to ensure all mandatory audits undertaken in line with the required time frame.

The principal dentist/registered manager confirmed that once staff are in place that learning and improvement will be valued by individual members of staff.

There were no annual appraisals to view as there are no employed staff. The provider confirmed that once staff have been employed. They will discuss learning needs, general wellbeing and aims for future professional development.

The provider told us that once staff are in place they would encourage staff to completed 'highly recommended' training as per General Dental Council professional standards. This would include undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development.

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 a system in place to ensure the dental practice is compliant with the regulations including the Resuscitation Council (UK) and the General Dental Council in providing an automated external defibrillator, (AED), in the practice to manage medical emergencies and the dentist working routinely without competent chair side support. There was no system in place to ensure patients with suspected cancer were referred to the correct department a monitoring system to place to ensure they were seen within the NICE guidelines. There was no system to ensure that risk assessment are being undertaken for infection control with in the correct time frame, training in safeguarding and immediate first aid are being undertaken at the required intervals. There was no sharps policy or risk assessment which need to be undertaken annually. That policies are not being reviewed in a timely manner to ensure they meet the requirements. That new requirements such as the need to register X ray equipment with the HSC are undertaken. That a local Laser Protection Advisor was in place. That the required standards for the GDC are being reviewed and met.</p>