

Mr Paul Marsden

# F Grover and P Marsden

## Inspection Report

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### Overall summary

We carried out this announced inspection on 30 January 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.

We told the NHS England area team and they provided information which we took into account.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

There is ramp access for people who use wheelchairs and pushchairs. There is car parking available near the practice.

The dental team includes 6 dentists, 1 dental nurse, 4 trainee dental nurses, 1 receptionist and two practice managers. The practice has four treatment rooms.

On the day of inspection we collected 34 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a mostly positive view of the practice. However there were some comments

regarding the problems of getting through on the phone to make an appointment, long waiting times for appointments for treatment and overrunning appointment times.

During the inspection we spoke with two dentists, one dental nurse, two trainee dental nurses, two receptionists and the practice manager. We looked at the practice policies and procedures and other records about how the service is managed.

The practice is open:

Saturday Flexible

Sunday Closed

Monday 8.30am–6pm

Tuesday 8:30am–6pm

Wednesday 8.30am–8pm

Thursday 8:30am–6pm

Friday 8:30am–5pm

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?

# Summary of findings

- 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 providing well-led care in accordance with the relevant regulations.

## **Our key findings were:**

- The practice appeared mostly clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had 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 appointment system needs reviewing to meet patients' needs.

- The practice had effective leadership. 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 dealt with complaints positively and efficiently.

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

- Review the practice's systems in place for environmental cleaning taking into account current national guidelines.
- Review the suitability of the premises and ensure all parts were fit for the purpose for which they are being used.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review availability of an interpreter services for patients who do not speak English as a first language.
- Review practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.
- Review the current performance review systems in place and have an effective process established for the on-going assessment and supervision of all staff.
- 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 of the staff had undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD)
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken

# Summary of findings

at regular intervals to help improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

# 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 and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles, however not all information was available to evidence completed essential recruitment checks. We were informed within 24 hours of inspection that this had been addressed.

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

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

No action



### 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 kind, caring and efficient. The dentists discussed treatment with patients so they could give informed consent.

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

There was limited evidence to demonstrate that all staff had completed key training; several records of training were not available. There were no systems in place to help the practice monitor this. We were informed within 24 hours that this had been addressed.

No action



### 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 45 people. Patients were mostly positive about all aspects of the service the practice provided. They told us staff were helpful, friendly and kind. 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. However there were also comments about problems in making appointment via phone, long waiting times for treatment after assessment and overrunning surgeries.

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

No action



# Summary of findings

## 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 that there was a come down and sit and wait if in pain. They would be seen as soon as possible

Staff considered patients' different needs. This included informing potential patients that they are unable to provide all facilities for disabled patients with mobility difficulties. The practice had not considered access to interpreter services or discussed arrangements to help patients with sight or hearing loss. Hearing loops were not available in the reception area for people with hearing difficulties. The practice did not have access to face to face interpreter services if required. However within 24 hours of the inspection we were informed that this had been addressed.

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

No action



## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. However though some risk were identified these had not been reviewed at the time of inspection. However within 24 hours of the inspection we were informed that this had been addressed.

This included asking for and listening to the views of patients and staff.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. However the practice needs to record responded to and discussed all incidents to reduce risk and support future learning. However within 24 hours of the inspection we were informed that this had been addressed.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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

Staff knew 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 policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. However we did not see evidence that staff had received safeguarding training. However within 24 hours of the inspection we were informed that this had been addressed. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. Most dentists interviewed used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 5 staff recruitment files. In some files there was no evidence of background checks, references, employment histories, some DBS checks were not for the dental practice and had no risk assessment available. However within 24 hours of the inspection we were informed that this had been addressed.

Clinical staff currently working at the practice were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were available and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse or trainee dental nurse worked with the dentists, when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff were aware that needed to have infection prevention and control training every year. However in observation of the Decontamination process it was noted some good practice elements were not being carried out. However within 24 hours of the inspection we were informed that this had been addressed.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in



## Are services safe?

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice was unable to show it carried out an infection prevention and control audits twice a year. However within 24 hours of the inspection we were informed that this had been addressed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The surgeries are cleaned by the dental nurses and trainee dental nurses. The practice was clean when we inspected and patients confirmed this was usual. However there were a number of areas in the treatment rooms of exposed pipes and cracks in flooring edges, high cleaning not carried out which would make it very difficult to clean. The principal dentist confirmed that the treatment rooms and other parts of the practice are currently being refurbished.

### Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

### Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice was unable to show they carried out X-ray audits every year following current guidance and legislation. However within 24 hours of the inspection we were informed that this had been addressed.

Clinical staff completed continuous professional development in respect of dental radiography



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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 were unable to see a full practice audited patients' dental care records to check that the dentists recorded the necessary information. However within 24 hours of the inspection we were informed that this had been addressed.

### Health promotion & prevention

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us 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.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Due to staff files not being completed we were unable to confirm clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they did not have annual appraisals. However within 24 hours of the inspection we were informed that this had been addressed.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

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 practice's consent policy included information about the Mental Capacity Act 2005. However not all of the team interviewed 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 and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. However within 24 hours of the inspection we were informed that this was being addressed.





## Are services caring?

### Our findings

#### **Respect, dignity, compassion and empathy**

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

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

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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 not visible to patients and staff did not leave personal information where other patients might see it.

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

Information folders were available for patients to read.

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

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.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an appointment system to respond to patients' needs, which needs reviewing. 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 over on the day of the inspection and patients were kept waiting.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

### Promoting equality

The practice is in the process of discussing reasonable adjustments for patients with disabilities. Currently there is a pathway with trip hazards and limited access to the practice for people who cannot climb stairs or require a wheelchair to move about in. Staff could not provide information in different formats and languages to meet individual patients' needs. The practice currently has no hearing loop to aid people with hearing loss. Post inspection the practice confirmed that they will be reviewing these issues.

### Access to the service

The practice displayed its opening hours in the premises.

The practice was committed to seeing patients experiencing pain on the same day; however they did not keep appointments free for same day appointments. Patients were advised to come and wait and they would be seen as soon as possible. The 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.

### Concerns & complaints

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. The principal dentist was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received. 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

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. However these need to be reviewed to ensure current good practice. These included arrangements to monitor the quality of the service and make improvements. However within 24 hours of the inspection we were informed that this had been addressed.

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

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings however these need to be recorded in a way to show the practice worked as a team and dealt with issues professionally. However within 24 hours of the inspection we were informed that this was being addressed.

### Learning and improvement

The practice had quality assurance policy to encourage learning and continuous improvement. This policy included that the practice should carry out audits of dental care records, X-rays and infection prevention and control. However at inspection they were unable to evidence that they had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The staff team interviewed stated they had not had annual appraisals. We saw no evidence of completed appraisals in the staff folders. However within 24 hours of the inspection we were informed that this had been addressed.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided some support and encouragement for them to do so.

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

The practice used patient surveys, comment cards, verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/ staff the practice however we saw no evidence of any action on improvements to the refurbishments to the practice. However within 24 hours of the inspection we were informed that this had been addressed.