

# Dr. Francois Du Toit

# Eastdale Clinic

## Inspection Report

Eastdale Clinic,  
8A Waterden Road  
Guildford Surrey  
GU1 2AP  
Tel: 01483 456638  
Website:

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### Overall summary

We carried out this announced inspection on 8 August 2017 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.

# 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?

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### Are services safe?

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

The practice had limited systems and processes to provide safe care and treatment. Improvements could be made to ensure there was a protocol in place for reporting, formally documenting and sharing learning from incidents.

Staff knew how to recognise the signs of abuse, though they were not clear on how to report concerns to external safeguarding contacts. Evidence of safeguarding training was not available for all staff members.

The provider was not able to demonstrate that they had completed essential recruitment checks for all staff.

General and clinical areas of the premises and equipment appeared clean, though there were no environmental infection control risk assessments in place.

The practice had arrangements for dealing with medical and other emergencies; However we found that the practice was missing some emergency equipment in line with recommendations.

Shortly after the inspection the provider took steps to begin to address our concerns.

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 recognised guidance. Patients described the treatment they received as caring, personable and attentive. The dentists discussed treatment with patients so they could give informed consent.

The practice had established clear arrangements for managing and monitoring the referral of patients to other dental or health care professionals. However these could be better documented.

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.

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

We received feedback about the practice from 3 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful 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.

Staff considered patients' different needs.

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 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

Requirements Notice section at the end of this report).

The provider had arrangements to ensure the smooth running of the service, though we found improvements were needed in several areas such as those for assessing and monitoring safety, ensuring appropriate policies and procedures were available and established, maintaining records, and ensuring staff received key training.

There was a clearly defined management structure and staff said they felt supported.

The provider did not demonstrate how it monitored clinical and non-clinical areas of their work to help them improve and learn.

Requirements notice



# Eastdale Clinic

## Detailed findings

### Background to this inspection

#### Background

Eastdale Clinic is in Guilford and provides specialist private treatment to patients of all ages.

There is no access for people who use wheelchairs and pushchairs as the practice is in the basement of the building and is accessed by steep stairs internally or deep stairs at the side of the building. Car parking spaces, including for patients with disabled badges, are available within walking distance of the practice.

The dental team includes 2 dentists, 2 dental nurses, 2 receptionists. The practice has 2 treatment rooms. However we were advised that one of these rooms is not in use.

The practice is owned by an individual who is the principal dentist. 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.

On the day of inspection we collected no CQC comment cards filled in by patients. We spoke with 2 patients and saw one positive feedback from a patient's relative, which had been received by the practice in the last year. This information gave us a positive view of the practice.

During the inspection we spoke with 1 dentist, 1 dental nurse and 1 receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

From Monday to Thursday 08.30 to 17.00 and 8.30 to 13.00 on Friday. We were advised that on Friday there was some flexibility and it was confirmed that appointment can be made on Saturdays by arrangement.

The practice provides prosthodontics care to adults and older children. The principal dentist is also the registered individual.

#### Our key findings were:

- The practice appeared clean.
- Staff took care to protect patients' privacy and personal information.
- The appointment system met patients' needs.
- The practice had not established thorough staff recruitment procedures.
- The practice was not able to demonstrate that all staff had received key training.
- The practice had limited safeguarding processes, improvements could be made to ensure staff knew whom to report concerns too externally, and policies needed to be developed with key information.
- Appropriate life-saving equipment, as per current recommendations was not available. this was a defibrillator.
- The practice had some systems to help the manage risk, though improvements were needed to ensure these were developed, comprehensive and regularly reviewed.
- The practice had infection control procedures in place, though improvements were needed to ensure they reflected published guidance.
- The practice had not maintained several records pertaining to the running of the service and staff employed at the practice.
- Governance and leadership at the practice required improvements across several areas.

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

# Detailed findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure specified information is available regarding each person employed.

## **Full details of the regulations the provider was not meeting are at the end of this report.**

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE)
- 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 policies to ensure all documents are providing the latest requirements and guidance.
- 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 the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and patients notes are undertaken 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.
- Review and develop a formal business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.
- Review the practice's systems in place for environmental cleaning taking into account current national guidelines.
- Review its responsibilities and develop availability of automated external defibrillator.



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures to report, investigate, respond and learn from accidents, incidents and significant events. However they do need to develop a policy to support these procedures'. Staff knew about these and understood their role in the process.

There was no evidence to show that the practice recorded, responded to or discussed any incidents to reduce risk and support future learning.

The principal dentist told us they did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and they did not understand their responsibilities in relation to this. There was no evidence to demonstrate that alerts were received, discussed with staff, acted on or stored for future reference. The access to these alerts was addressed by the principal dentist at the time of the inspection and they confirmed that there would be dissemination to relevant staff members in a timely way.

### 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. However the practice did not have safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We did not see evidence that all staff working at the

practice had received safeguarding children and adults training. However we did see some information dated 2012, however they were not practice-specific and did not provide key information such as safeguarding leads or contact details for local safeguarding teams to whom concerns should be reported to. There was also no policy in place and staff were unaware who to contact outside the practice. Within 24 hours of the inspection the provider confirmed that steps to begin to address our concerns were being undertaken and we received evidence to support this.

The principal dentist confirmed the practice did not have had a whistleblowing policy. However 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. However the principal dentist could not provide relevant policies or risk assessments. The practice followed relevant safety laws when using needles and other sharp dental items. However there was no process or policy in place to support, should staff have an inoculation injury. Within 24 hours of the inspection the provider confirmed that steps to begin to address our concerns were being undertaken. Evidence was also provided that this had been addressed.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, this included training with a defibrillator. They did have in house Life Support Training this year by an outside company. There is a defibrillator, which is held in the surgery on an upper floor by a different provider. There was no formal agreement in place that the practice could use this defibrillator in an emergency. The principal dentist confirmed that this will be addressed.

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. However an automated external defibrillator was not available in the practice.

### Staff recruitment

The practice had no recruitment policy and procedure to help them employ suitable staff. We checked all of the practice's staff personnel records that were made available to us during the inspection. For example, there was no evidence of background checks, references, employment histories, some DBS checks were not available and some of staff told us there were no employment contracts in place.

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

### Monitoring health & safety and responding to risks



## Are services safe?

The practice did not have a health and safety policy and health and safety risk assessment to help manage risk. We checked for other risk assessments and the principle dentists could not provide any documentation for assessing, monitoring and mitigating risks related to the health, safety and welfare of people using the service and others who may be at risk.

The Control of Substances Hazardous to Health (COSHH) and RIDDOR policy was dated 2015 to indicate when it was completed. However there were no ongoing checks to see that it remained safe.

The principal dentist could not provide us with a sharps risk assessment and this was not in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The fire risk assessment completed by the principal dentists was comprehensive. For example it identified the door at the top of the stairs to the floor above needed to be unlocked.

### 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 completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in 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 documentation that it carried out an infection prevention and control audits twice a year.

The practice was unable to produce a risk assessment or evidence that procedures to reduce the possibility of Legionella or other bacteria developing in the water systems had been undertaken evidence was provided after the inspection.

We did not see any cleaning schedules for the premises. The principal dentist confirmed he does all the environment cleaning. The practice appeared clean when we inspected and patients confirmed this was usual. However Improvements were required to ensure all high areas were cleaned suitably.

### 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. However the principal dentist confirmed they did not carried out X-ray audits every year following current guidance and legislation.

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.

However the practice did not audit patients' dental care records to check that the dentists recorded the necessary information.

The practice carried 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. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

The principal dentist was unable to provide evidence that the two dental nurses at the practice currently had appropriate additional training to support dentist treating patients under sedation. The dental nurses' names were not recorded in patients' dental care records. The principal dentist has now confirmed that the dental nurses would review the training needs of those staff.

### Health promotion & prevention

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.

### Staffing

There was no evidence provided that staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. However the practice had no formal process to check this.

Staff told us there were no team meeting or that they had any formal discussions regarding their training needs or any annual appraisals. We saw no evidence of completed appraisals.

### 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 practices did not have a consent policy which should include information about the Mental Capacity Act 2005. However the team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The understood the Gillick competence and the dentists, 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.





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

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas 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 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, patient survey results and thank you cards 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 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The principal dentist told us that he would walk behind someone if he felt they were feeling unsafe on the steep stairs.

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 service is not easily accessible to people who have disabilities. 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. The receptionist could not recall ever advising a patient to go elsewhere for treatment. They do have a magnifying glass.

Staff said they could not provide information in different formats and languages to meet individual patients' needs. They had no access to interpreter/translation services which included British Sign Language and braille.

### Access to the service

The practice displayed its opening hours in the premises and their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. They took part in an informal emergency on-call arrangement with some other local practices. There was an answerphone and information leaflet 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.

### 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 principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist confirmed that they have had no complaints in the last 4 years.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were responsible for the day to day running of the service. Staff knew the management arrangements, though they demonstrated a lack of understanding of various protocols related to the running of the service. For example, staff were not aware of how to report concerns about vulnerable patients outside the practice. They did not demonstrate any understanding of safety alerts, clinical incidents and significant events. They were not confident in using the automated external defibrillator as it belonged to an adjacent practice. Some policies and procedures were available, though they had not been regularly updated, several were not practice-specific, and some were not fit for purpose.

Shortly after the inspection the provider sent us evidence that they had implemented a safeguarding adult's policy and amended the safeguarding children policy.

Arrangements to monitor the quality of the service and make improvements were in place though they required improvement. The provider had not established systems to ensure they maintained complete and contemporaneous records in relation to the running of the service and patients using the service.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Staff knew who to raise any issues with and described being supported; they felt they could not raise concerns without fear of recrimination and did not feel

confident that their views would be listened to or appropriately acted on. However there were no formal practice meetings for staff to discuss concerns, infection control, referrals and staffing matters clinical and non-clinical updates.

### Learning and improvement

The provider did not demonstrate a commitment, and had limited quality assurance processes in place, to encourage learning and continuous improvement.

The provider had not taken steps to assess the quality of dental care record keeping, such as by conducting regular comprehensive record keeping audits.

The provider had not conducted X-ray audits and audits of infection prevention and control had not been carried out in line with current guidelines.

.We reviewed recruitment records and found there was evidence of, safeguarding, fire safety drills, infection control and information governance training for some members of staff.

Staff told us they completed mandatory training, including medical emergencies and basic life support on line and in house practical training each year. This year's in house Life Support Training was provided by an outside company. The General Dental Council requires clinical staff to complete continuous professional development.

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

The practice used comment cards/verbal comments to obtain staff and patients' views about the service. However we saw no examples of suggestions from patients/staff the practice had acted on.

## 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
	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <p>Evidence of recruitment checks such as employment history, Disclosure and Barring Service checks, were not in place for all staff working at the practice.</p> <p><b>Regulation 19 (3)</b></p>
Regulated activity	Regulation
	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met</b></p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activities received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none"><li>• Continuous professional development records were not available for several staff.</li></ul>

## Requirement notices

- There were no records of appraisals for any staff, and there was no evidence of personal development plans for all staff. Policies were missing or not appropriate.

### Regulation 18 (2)

## Regulated activity

## Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured that all Regulation 17 HSCA (RA) Regulations 2014 Good Governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### How the regulation was not being met

The service provider had systems or processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There was no system in place for receiving and sharing safety alerts, or for managing clinical incidents and significant events. There was no evidence that recommendations from risk assessments had been addressed.
- Some risk assessments had not been regularly reviewed.
- Risks from the lack of suitable recruitment processes and training needs had not been identified and mitigated.

Regulation 17 (1)

This section is primarily information for the provider

## Enforcement actions

### 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.