

Mani Virdee Limited

# Synergy Dental Clinic

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 20 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

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

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

#### **Background**

Synergy Dental Clinic is a general dental practice in Addlestone, Surrey, offering private dental treatment. The premises are located over three floors in a converted commercial building. On the ground floor there are two treatment rooms (only one was used for dental services) with a dedicated decontamination room in between, an x-ray room, reception and waiting area and a small office. On the first floor there are a further two treatment rooms (only one was used for dental services) with a dedicated decontamination room and small waiting area. On the second floor there is a further treatment room that is not used for dental services and a staff room.

The practice staffing consisted of a principal dentist (who was also the provider), a trainee dental nurse and a receptionist.

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

We reviewed 21 Care Quality Commission (CQC) comment cards that had been completed by patients in the two weeks prior to our inspection. Common themes were patients felt they received excellent care from

# Summary of findings

friendly staff who were professional, caring and understanding. They also commented that the dentist had a nice manner that made nervous patients feel relaxed.

Our key findings were:

- There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers and the X-ray equipment.
- We found the dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Patients received clear explanations about their proposed treatment, and its costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were suitable for the provision of care and treatment.

No action



### Are services effective?

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

The practice provided dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

No action



### Are services caring?

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

Patients commented they had positive experiences of dental care provided at the practice. Patients felt they received excellent care and detailed explanations of treatment options from the dentist who was very kind, caring and professional. Staff spoke with enthusiasm about their work and were proud of what they did.

No action



### Are services responsive to people's needs?

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered emergency appointments each day enabling effective and efficient treatment of patients with dental pain. There was an effective system in place to acknowledge, investigate and respond to complaints made by patients.

No action



### Are services well-led?

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

No action



## Summary of findings

The dental practice had effective risk management structures in place. Staff told us the provider was always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos, philosophy and values and told us they felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and felt part of a team.

# Synergy Dental Clinic

## Detailed findings

### Background to this inspection

The inspection was carried out on 20 February 2017 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice's policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the principal dentist (who was the provider), the trainee dental nurse and the receptionist. We reviewed 21 Care Quality Commission (CQC) comment cards that had been completed by patients in the two weeks prior to our inspection.

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?

This informed our view of the care provided and the management of the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant events. Forms included checks for reporting to the Health and Safety Executive and any actions to avoid repeated events.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result such as further staff training.

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

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the Care Quality Commission. Staff demonstrated to us their knowledge of how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Only the dentist would re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available in line with guidance from the British National Formulary. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed only the dentist had received regular training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Although, staff we spoke with could demonstrate they knew how to respond if a person suddenly became unwell they had not been formally trained.

The provider sent us evidence shortly after the inspection informing us that all staff were booked onto a course to receive formal training.

### Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for all three staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included employment history, evidence of qualifications, photographic evidence of the employee's identification. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process.

The provider sent us evidence shortly after the inspection informing us that all staff had received checks with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they might have contact with children or adults who may be vulnerable.

### Monitoring health & safety and responding to risks

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, risk assessments had been carried for infection control, fire safety, the safe use of X-ray equipment and disposal of waste. The staff we spoke with could demonstrate that they followed up any issues identified to mitigate any risks identified as a method for minimising risks.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a detailed and up to date COSHH

# Are services safe?

record where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored.

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by the practice manager via email. These were disseminated to staff where appropriate.

## Infection control

Overall there were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission including Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene and segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The trainee dental nurse demonstrated to us how instruments were decontaminated. Although they wore appropriate personal protective equipment (including a mask) we noted they did not use heavy duty gloves while instruments were cleaned and decontaminated. Instruments were inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine) however this needed closer monitoring and supervision.

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily and weekly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a

clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment room where patients were examined and treated. The room and equipment were visibly clean although we noted the sinks needed a more thorough clean. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel.

Patients were given a protective cover and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out in April 2016. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice demonstrated that they were testing and recording hot and cold water temperatures on a regular basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

Shortly after the inspection the provider wrote to us and informed they had implemented quality control checks to improve the decontamination processes and assured us the trainee nurse was supervised during their duties.

## Equipment and medicines

# Are services safe?

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclave, fire extinguishers, oxygen and the X-ray equipment. We were shown the annual servicing certificates and these were all regular and up to date.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

The practice dispensed their own medicines as part of a patients' dental treatment. The medicines were a range of antibiotics. The dispensing procedures were in accordance with current secondary dispensing guidelines and medicines were stored according to manufacturer's instructions. A robust logging system was in place to account for the medicines dispensed by the practice. A regular audit was completed to ensure this worked effectively.

We saw prescription pads were stored securely in locked cupboards and there was an effective system in place to monitor the prescriptions being used.

## **Radiography (X-rays)**

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development training every five years. The dentist was up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for people using best practice

The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentist to show us some dental care records which reflected this. Records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentist had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded details of treatment options offered to and discussed with patients as well as the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

### Health promotion & prevention

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. A range of leaflets were available to patients in the waiting rooms including information on plaque and periodontal disease and preventing tooth decay. There were also toothbrushes and high fluoride toothpaste (by prescription from the dentist) on sale from reception.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. A leaflet was displayed alerting patients to a support service they could contact if they wanted to stop smoking.

### Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in

delivering safe and effective care and support to patients. Staff members were given a handbook which detailed their rights and responsibilities as an employee and detailed the practice health and safety policy.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention, radiology and safeguarding vulnerable people.

There was an appraisal system in place which was used to identify training and development needs. Staff were supported by the provider and they were given opportunities to learn and develop.

### Working with other services

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for complex dental treatment and specialist procedures. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient.

Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner.

Any urgent referrals relating to signs of cancer were sent on the same day and followed up to ensure the patient was contacted.

### Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. We asked the dentist to show us some dental care records which reflected this. Records confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients were given time to consider and make informed decisions about which option they wanted.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff demonstrated an understanding of the MCA and how this

# Are services effective?

(for example, treatment is effective)

applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in their best interests.

# Are services caring?

## Our findings

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

Staff explained how they ensured information about patients using the service was kept confidential. Patients' electronic dental care records were password protected and any paper records were stored securely. Staff members demonstrated their knowledge of data protection and how to maintain patient confidentiality. They told us patients were able to have confidential discussions about their care and treatment in the office if it was required.

Patients commented they felt they received excellent care from friendly staff who were professional, caring and understanding. They also commented that the dentist had a nice manner that made nervous patients feel relaxed.

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

The dentist told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination and discussion with each patient.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We saw from the appointment system the practice scheduled enough time to assess and undertake patients' care and treatment needs. Patients commented in their feedback that they felt the dentist had enough time to listen to their concerns and answer questions.

There were systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as implants, crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. Staff told us if they were unable to communicate fully with a patient due to a language barrier they could encourage a relative or friend to attend who could translate.

We asked staff how they would support patients that had difficulty with hearing or vision. They explained how they would face the patient and speak slowly and clearly especially for someone who had hearing difficulties to allow the patient to lip read. Staff told us they would assist a blind patient or any patient who had difficulty with mobility by physically guiding and holding their arm if needed.

The practice had made suitable provision for patients using wheelchairs. There were parking spaces available for people using wheelchairs or those with limited mobility. The treatment room and patients toilet was located on the ground floor giving level access.

### Access to the service

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were seen the same day. Patients commented in the feedback we reviewed that the practice was very flexible with arranging appointments.

### Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room. The provider told us they had no complaints but would act appropriately if they received any.

# Are services well-led?

## Our findings

### **Governance arrangements**

The governance arrangements of the practice were effective with relevant policies and procedures being in place and kept up to date.

Staff told us there were informal discussions on a daily basis which allowed issues or concerns to be resolved in a timely way. The receptionist had responsibility for the day to day running of the practice and was supported by the provider. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns. The provider was responsive and discussed any key governance issues on an ongoing basis with staff.

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

The staff members we spoke with reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider without fear of blame. We found staff to be hard working, caring and a cohesive team and there was a system of yearly staff appraisals to support staff in carrying out their roles.

### **Learning and improvement**

The practice had a programme of clinical audit that was used as part of the process for learning and improvement.

These included audits for infection control, medicines and X-ray quality. The auditing system demonstrated a generally high standard of work with only small improvements required. We saw evidence which showed that results of audits were discussed in order to share achievements or action plans for improving performance.

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

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

The practice gathered feedback from patients on an ongoing basis. They reviewed responses and comments as they came in. Patients commented they would recommend the practice to friends and family. Patients had commented through the CQC comment cards; the practice was clean, dental team were respectful, friendly, professional and the dentist put patients at ease when they arrive anxious and nervous.

The practice held regular staff meetings each month where they discussed a range of topics in order to learn and improve the quality of service provided. Staff members told us they found the meetings were a useful opportunity to share ideas.