

Dr Chris Van Gelderen

Glebe House Dental Care

Inspection report

Glebe House
Christchurch Road
Virginia Water
GU25 4PT
Tel: 01344844507
www.glebehousedentalcare.co.uk

Date of inspection visit: 11 August 2022
Date of publication: 09/09/2022

Overall summary

We carried out this announced comprehensive inspection on 11 August 2022 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- There was effective leadership; however, improvements could be made to the auditing protocols to drive continued improvement.
- The practice had staff recruitment procedures which reflected current legislation; however, improvements could be made to ensure the provider has oversight of staff training in relation to conscious sedation to ensure training is up to date and carried out as required.

Background

Glebe House Dental Care is in Virginia Water in Surrey and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The practice is near local transport links and car parking spaces are available at the practice. The practice has made reasonable adjustments to support patients with additional needs, for example the availability of information in large print if required.

The dental team includes two dentists, one visiting specialist in periodontics, one dental nurse and one dental nurse/receptionist. The practice has two treatment rooms.

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

The practice is open:

Monday and Wednesday from 9am to 6pm

Tuesday, Thursday and Friday from 8.30am to 5pm

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

- Take action to ensure that all dental staff who assist in conscious sedation have the appropriate training and skills to carry out the role, taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. In particular in relation to Immediate Life Support training.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at recommended intervals to improve the quality of the service. Also, implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular relating to the annual gas safety certification and the emergency lighting.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured most equipment was safe to use and maintained and serviced according to manufacturers' instructions. We noted the boiler had been serviced on 9 August 2022, however records were not available to demonstrate the annual gas safety assessment had been carried out. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and overall, the management of fire safety was effective. We discussed the servicing of the emergency lighting and the provider was unsure if this had been undertaken, however they assured us they would look into this.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. The provider had a sharps policy and used safer sharps; however, we discussed improvements could be made to the sharps risk assessment to consider the risks from all forms of dental sharps.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Records were not available to demonstrate staff providing treatment under conscious sedation carried out Immediate Life Support (ILS) training with airway management annually as required. The provider sent confirmation following the inspection, that the clinician who provides treatment under conscious sedation has carried out an ILS refresher course.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Are services safe?

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not currently being carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

The practice occasionally offered treatment to be carried out under conscious sedation and an external clinician came to the practice as required. The practice relied on this organisation to carry out the required checks before and after treatment, manage the medicines and undertake the sedation equipment checks. On the day of the inspection, we noted they had not sought assurances regarding the training carried out by the individual clinicians involved in the provision of treatment under conscious sedation. The provider also told us they thought the external provider brought an additional oxygen cylinder with them as recommended, however we could not be assured this was the case.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took and the practice carried out radiography audits.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, the provider had not sought assurances around training in relation to the clinicians who provided treatment under conscious sedation.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection, we spoke with two patients. They told us they were long-standing patients of the practice, that they found staff were always kind, thorough and helpful and appointments were available quickly. They described how treatment was explained clearly and the different options were given to them.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

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

Are services responsive to people's needs?

Our findings

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

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 about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

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

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection only highlighted a number of minor issues and the provider assured us these would be addressed immediately after the inspection.

The information and evidence presented during the inspection process was clear and well documented.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

The practice team included a long-standing member of the team and had been at the practice in excess of eight years. Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals, with the exception of the clinical staff involved in providing treatment under conscious sedation.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had 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

Staff had recently implemented a new system to gather feedback from patients and the public and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through informal discussions and meetings. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records and disability access. Radiograph and infection prevention and control audits were undertaken annually and we discussed with the provider the importance of ensuring these are carried out bi-annually as recommended.

Staff kept records of the results of these audits and the resulting action plans and improvements.