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# Glade Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 26 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

### Background

Glade Dental is in Marlow, Buckinghamshire and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes two dentists, three dental nurses, two dental hygienists, one receptionist. The practice has two treatment rooms.

# Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Glade Dental Practice is the principal dentist.

On the day of inspection, we collected seven CQC comment cards filled in by patients and obtained the views of a further seven patients.

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

The practice is open Monday 8.30am to 5.30pm, Tuesday 9am to 7pm, Wednesday and Thursday 9am to 5.30pm, Friday 9am to 5pm and 9am to 1pm on one Saturday a month.

## Our key findings were:

- The practice appeared 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 thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

# 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 and the practice completed essential recruitment checks.

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

The practice 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 recognised guidance. Patients described the treatment they received as first class, outstanding and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 14 people. Patients were positive about all aspects of the service the practice provided. They told us staff were first class, outstanding and efficient 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 treated patients politely, caring and were friendly towards patients at the reception desk and over the telephone. 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



### 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.

No action



# Summary of findings

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

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

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

We found that this practice was 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.

It was evident that improvements were required to a number of areas of the business. All of these have been addressed since our inspection.

**No action**



# Are services safe?

## Our findings

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

The practice had clear systems to keep patients safe.

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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records and found the practice did not follow their recruitment procedure. The policy stated that two references would be sought. We found only one reference in two staff records checked. One staff member did not have written evidence of their proof of identity or eligibility to work in the UK. We have since been provided evidence which confirms this shortfall has been addressed.

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

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

Records showed that fire detection equipment, such as the fire alarm and emergency lighting, were not routinely serviced in line with fire safety guidance. We have since been provided evidence which confirms this shortfall has been addressed.

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.

The practice HSE notification was not available for inspection. We have since been provided photographic evidence of the certificate of notification.

We noted a Public Health England test certificate carried out in 2013 recommended relocating the emergency power switch for the X-ray machine in Surgery One. This remained outstanding. We have since been provided evidence which confirms this shortfall has been addressed.

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

The practice carried out radiography audits following current guidance and legislation. We noted one audit report did not include any action plan. We have since been provided evidence which confirms this shortfall has been addressed.

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

### **Risks to patients**

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

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety

# Are services safe?

regulation when using needles and other sharp dental items. A sharps risk assessment had not been undertaken. We have since been provided evidence which confirms this shortfall has been addressed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. BLS with airway management/ Immediate Life Support (ILS) training for sedation was also completed however, the additional areas required for ILS were added to a BLS certificate which stated Basic Life Support training was received.

Emergency equipment and medicines were generally available as described in recognised guidance. The emergency bag was secured in a lockbox in the staff room

Medicines and equipment were checked monthly when guidance states these should be checked weekly. We have since been provided evidence which confirms this shortfall has been addressed.

Several items were missing from the list of required equipment and several items had passed their use by date which showed the practice did not have effective monitoring processes. We have since been provided evidence which confirms this shortfall has been addressed.

The oxygen cylinder did not have a 'use by' date to indicate when it should be replaced. We have since been provided evidence which confirms this shortfall has been addressed.

The practice did not have an automatic electronic defibrillator (AED). We have since been provided evidence which confirms this shortfall has been addressed.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the clinical staff worked without chairside support.

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

The clinician's chair in surgery one was ripped in places which meant it could not be cleaned thoroughly. We have since been provided evidence which confirms this shortfall has been addressed.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

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

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Recommendations had been actioned except for ensuring a member of staff carry out legionella management training. We have since been provided evidence which confirms this shortfall has been addressed.

Keyboards in treatment rooms were not washable or covered. The practice did not have a body fluid kit. We have since been provided evidence which confirms these shortfalls have been addressed.

Warning signage for oxygen and radiation were not present in the practice. We have since been provided evidence which confirms this shortfall has been addressed.

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

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

The practice carried out infection prevention and control audits once a year. We advised the staff that audits should be carried out every six months in line with HTM01-05

# Are services safe?

guidance. The most recent audit was carried out in January 2018 which indicated the current audit was overdue. The provider was unaware that audits should be undertaken at six monthly intervals. Hand cleaning audits and an annual infection control statement was not available. We have since been provided evidence which confirms this shortfall has been addressed.

## **Information to deliver safe care and treatment**

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

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

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. The practice did not monitor referrals to make sure they were dealt with promptly. We have since been provided evidence which confirms this shortfall has been addressed.

## **Safe and appropriate use of medicines**

The practice stored prescriptions. Improvements were needed to the prescription number logging system. We have since been provided evidence which confirms this shortfall has been addressed.

The dentist was aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were not carried out which meant the practice could not demonstrate that the dentists were following current guidelines. We have since been provided evidence which confirms this shortfall has been addressed.

## **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice had systems in place to enable them to monitor and review incidents.

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

## **Lessons learned and improvements**

The practice learned and made improvements when things went wrong.

The staff were aware of the Serious Incident Framework and systems in place to enable them to respond to incidents to reduce risk and support future learning in line with the framework.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### Dental implants

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance. We noted audits of implant failures were not carried out. Two patient records were reviewed. One contained a treatment plan for implants that had not been signed by the patient. Another contained no more information than what would be expected for routine treatment. We have since been provided evidence which confirms this shortfall has been addressed.

The practice had access to an intra-oral camera to enhance the delivery of care.

### Helping patients to live healthier lives

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

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

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

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

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

### Consent to care and treatment

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

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

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

### Monitoring care and treatment

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

We saw an undated audit of patients' dental care records and one dated 2013. The dentist could not confirm which period the undated audit referred to. We have since been provided evidence which confirms this shortfall has been addressed.

The practice had a visiting sedationist who 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 sedationist systems included checks before and after treatment, emergency equipment requirements, medicines



# Are services effective?

(for example, treatment is effective)

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 sedationist 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 sedationist was supported by a suitably trained second individual. The name of this individual was recorded in the patients' dental care record.

We noted the practice did not carry out a clinical audit in respect of sedation. We have since been provided evidence which confirms this shortfall has been addressed.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals/one to one meetings/ during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

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

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for 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 did not have systems in place to monitor referrals to make sure they were dealt with promptly. We have since been provided evidence which confirms this shortfall has been addressed.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were first class, outstanding and efficient. We saw that staff treated patients politely, caring and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us they could choose whether they saw a male or female dentist.

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

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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 patients' 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.

### Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

Interpretation services were available for patients who did not have English as a first language.

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access via a portable ramp, the facility to treat patients in their wheelchairs and more frequent reminders for appointments for those who had memory difficulties.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients. The action plan recommended the addition of a hearing loop at the practice. This action remained outstanding. We have since been provided evidence which confirms this shortfall has been addressed.

### Timely access to services

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

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

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

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

They took part in an emergency on-call arrangement with another local practice when the dentist was on holiday.

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

### Listening and learning from concerns and complaints

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

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

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.

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. Information for patients showed that a complaint would be acknowledged within three days and investigated within ten days.

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

# Are services well-led?

## Our findings

### Leadership capacity and capability

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

All of the shortfalls we identified have been since been addressed.

We wish to note that the practice's clinical audit processes require constant attention to prevent shortfalls happening again in the future.

### Vision and strategy

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### Culture

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

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

The practice focused on the needs of patients.

Leaders acted on behaviour and performance inconsistent with the vision and values.

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

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

### Governance and management

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We noted the paper version of policies were not always dated which meant the practice could not demonstrate that the staff had access to current operating procedures. We have since been provided evidence which confirms this shortfall has been addressed.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used verbal comments and social media to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on.

We noted that formal patient feedback was not dated, analysed or feedback to patients. We have since been provided evidence which confirms this shortfall has been addressed.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

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

### Continuous improvement and innovation

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

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

## Are services well-led?

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.