

Mr. Hitesh Mody

# Valentine Dental

## Inspection Report

274 Cranbrook Rd.,  
Gants Hill,  
Ilford,  
Essex  
IG1 4UR  
Tel: 020 8554 9865  
Website: None

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### Overall summary

We carried out this announced inspection on 5 June 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**

Valentine Dental is in Ilford in the London Borough of Redbridge. The practice provides NHS and private treatment to patients of all ages.

The practice is located on ground level and there is step free access for people who use wheelchairs and those with pushchairs. The practice is situated close to public transport bus and underground services.

The dental team includes the principal dentist, one dental nurse and one receptionist. The practice has two treatment rooms, one of which was in use at the time of our inspection.

# Summary of findings

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

On the day of inspection we received feedback from 29 patients.

During the inspection we spoke with the principal dentist, the 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:

Tuesdays to Fridays between 9am and 5pm.

The practice closes between 1pm and 2pm each for lunch

## **Our key findings were:**

- The practice appeared clean and well maintained.
  - The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
  - Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
  - 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.
  - 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.
  - The practice had infection control procedures which reflected published guidance. Improvements were needed to ensure that infection prevention and control audits were carried out in line with current guidance.
  - Improvements were needed to the practice systems to help them better manage risk.
  - Improvements were needed to practice leadership to help promote a culture of continuous improvement.

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

- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Review the practice's audit protocols to ensure infection control audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.
- Review its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.
- Review the systems for checking and monitoring equipment taking into account current national guidance and ensure that all equipment is well maintained.

# 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.

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.

The practice had suitable arrangements for dealing with medical emergencies.

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

Improvements were needed to systems and processes to ensure that equipment was properly maintained.

No action



### **Are services effective?**

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good and excellent. The dentist 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 29 people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and caring.

Patients said that they were given detailed information about their care and treatment. They said the dentist listened to them and helped them to understand the treatment provided. Patients commented that they were treated with dignity and respect.

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.

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients commented that they treatment in a timely manner with many confirming that they were able to get same day appointments for emergency dental care.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice 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.

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

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

Improvements were needed to the current arrangements to ensure the smooth running of the service and for monitoring the quality and safety of the practice to help them improve and learn.

**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. The principal dentist was the practice safeguarding lead who had responsibility for overseeing the practice procedures.

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

Staff were aware of issues which may render some people more vulnerable such people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

Staff told us they felt confident they could raise concerns without fear of recrimination.

The principal dentist 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. These reflected the relevant legislation. We looked the recruitment records for each member of staff who worked at the practice. These showed the practice followed their recruitment procedure. Appropriate checks including employment references and Disclosure and Barring Services (DBS) checks were carried out for relevant staff.

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

Records in relation to service and maintenance of equipment including sterilising, X-Ray equipment and electrical and gas appliances were not available when we visited the practice. ., These documents were provided following our inspection.

Improvements were needed so that the practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Records showed that fire detection and firefighting equipment such as fire extinguishers had not been regularly tested. Shortly after our inspection the principal dentist provided us with an updated fire safety risk assessment and evidence that the fire safety equipment had been serviced.

There was a fire evacuation procedure in place and regular fire evacuation drills were carried out.

We saw evidence that the principal dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Records showed that the principal dentist completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

Improvements were needed to the systems used to assess, monitor and manage risks to patient safety.

At the time of our inspection some of the practice's health and safety policies, procedures and risk assessments were not up to date and were not reviewed regularly to help manage potential risk.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice identified and reviewed risks associated with dental sharps and had sharps safety devices in place. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been recently undertaken and there were arrangements in place to review this.

# Are services safe?

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.

Emergency medicines and equipment were available as described in recognised guidance, with the exception of child sized masks, which were purchased and available shortly after the inspection.

Staff kept records of their checks to make sure these were available and within their expiry date.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider some risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Improvements were needed to ensure that these were reviewed and updated periodically.

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 were not available when we inspected to show that equipment used by staff for cleaning and sterilising instruments was validated and maintained in line with the manufacturers' guidance. These documents were provided shortly after the inspection.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems and records of water testing, in line with a risk assessment. We saw that records of water testing and dental unit water line management were in place.

The practice had arrangements for cleaning 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 did not carry out infection prevention and control every six months in line with guidance. Improvements were needed to ensure the practice carried out infection prevention and control audits twice a year. Following our inspection the principal dentist provided us with an audit, which showed the practice was meeting the required standards.

## **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 data protection requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

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

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The principal dentist was aware of current guidance with regards to prescribing medicines.

## **Track record on safety**

There were some risk assessments in relation to safety issues. Improvements were needed to ensure that these were reviewed and updated periodically.

The practice had procedures to monitor and reviewed incidents to help staff to understand risks.

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

# Are services safe?

## **Lessons learned and improvements**

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 principal dentist kept up to date with current evidence-based practice. We saw that the principal dentist assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### **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.

From records we found that the dentist 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.

Records showed that where applicable the principal dentist discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

The dental records which we saw showed the procedures the principal dentist 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 dental records we looked at demonstrated that the dentist gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed the 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 the 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 principal dentist assessed patients' treatment needs in line with recognised guidance.

### **Effective staffing**

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

There were arrangements so that staff new to the practice had a period of induction based on a structured programme to help familiarise themselves with the practice policies, procedures and protocols. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. There were systems in place to monitor this and to support staff as needed.

The practice had arrangements to support and appraise staff.

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

Staff worked together and with other health and social care professionals to deliver effective care and treatment. There were arrangements in place to refer patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

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 had systems to monitor all referrals to make sure they were dealt with promptly.

# 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 friendly and helpful. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients confirmed that staff were helpful and understanding when they were in pain, distress or discomfort.

Information leaflets were available in the waiting area for patients to read.

### **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 was open plan in design. We noted that reception staff were mindful of protecting patients' privacy when they 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 Accessible Information Standards and the requirements under the Equality Act (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials could be made available as needed.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their 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.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example models and X-ray images which were 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. Patients said that they were always able to access appointments that were convenient to them.

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. A Disability Access audit had been completed and an action plan formulated in order to address the issues identified. The Practice provided step free access to the dental surgery, disabled parking and typetalk facilities.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients told us that appointments were timely and that they did not have to wait to be seen.

The practice displayed its opening hours in the premises.

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.

The practice provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

### 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 provided patients with information which explained how to make a complaint should they be unhappy with their dental treatment or the care they received.

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.

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 within the previous 12 months. These showed the practice received few complaints and they 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 practice team was small and the principal dentist had overall responsibility for leadership.

The practice regularly reviewed the needs of patients and had plans in place to meet these needs.

The practice had policies and procedures in place which were accessible to staff. Improvements were needed to ensure that these were reviewed and updated so that they reflected current guidance.

### Vision and strategy

There was a clear vision to provide responsive and patient led services. The practice had systems and business plans to achieve priorities.

The practice planned its services to meet the needs of the practice population.

### Culture

Staff stated they felt respected, supported and valued.

The practice had arrangements to support staff, address and act on behaviour and performance inconsistent with the vision and values.

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 they had confidence that these would be addressed.

### Governance and management

The principal dentist undertook lead roles and had overall responsibility for the 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 and were reviewed on a regular basis.

### Appropriate and accurate information

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

aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

### Engagement with patients, the public, staff and external partners

The practice used patient comments and feedback forms to obtain staff and patients' views about the service. We looked at the comments made by patients within the previous 12 months and these showed that patients expressed very high levels of satisfaction with the dental treatments that they received and how they were treated and cared for by the whole practice staff team.

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. We looked at the results from the most recent feedback and these showed that the majority of patients who participated were either extremely likely or likely to recommend the dental practice to their family and friends.

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

The practice had some quality assurance processes in place. Improvements were needed so that these were used to encourage learning and continuous improvement. Improvements were needed so that infection prevention and control audits were carried out in line with current guidance and that clear records of the results of these audits were used to monitor and improve the service.

The practice team was small and there were informal arrangements in place for appraising staff performance.

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.

## 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.