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# Foley Park Dental Practice

## Inspection Report

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## Overall summary

We carried out this announced inspection on 14 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

### **Our findings were:**

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

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

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

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

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

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

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

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

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

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

### **Background**

Foley Park Dental Practice is situated in a converted residential building in Kidderminster, Worcestershire. It provides NHS and private treatment to patients of all ages. The practice's clinical team comprises of the principal dentist, a visiting implantologist, a dental hygienist, three qualified dental nurses and a trainee dental nurse. The clinical team are supported by a receptionist.

The practice is owned by the principal dentist who is registered with the Care Quality Commission (CQC) as the registered manager. A registered manager is a person who is registered with the Care Quality Commission to

# Summary of findings

manage the service. 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.

The building is split over two storeys. The ground floor of the practice consists of a reception area, a waiting room, a staff room / kitchen and two dental treatment rooms. On the first floor there is a decontamination room for the cleaning, sterilising and packing of dental instruments. At the time of our visit the practice was undergoing building works to the first floor to include an additional treatment room and an office. The building has level access for patients who use wheelchairs and pushchairs.

On the day of inspection we collected 12 CQC comment cards filled in by patients, spoke with a patient and reviewed the practice online survey comments. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: 8.30am – 5pm

Tuesday: 9am – 8pm

Wednesday: 9am – 6pm

Thursday: 8.30am – 6pm

Friday: 9am – 1pm

Saturday: By appointment only

## **Our key findings were:**

- The practice was clean and well maintained.

- The practice had infection control procedures which reflected published guidance, with the exception of completing infection control audits on a six monthly basis. The practice completed these every nine months.
- Staff knew how to deal with emergencies.
- The practice had some systems to help them manage risk. We found the practice had not completed a fire risk assessment or legionella risk assessment including a written waterline management scheme. A legionella risk assessment was scheduled to be completed on the 28 June 2017.
- 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 appointment system met patients' needs.
- The practice had effective leadership. 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.

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

- Review monitoring processes and protocols to ensure effective monitoring of incident procedures, emergency medicines and equipment, legionella procedures and fire procedures including the five year fixed wire testing.

# 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. We found the practice had not completed a fire risk assessment or legionella risk assessment including a written waterline management scheme. Portable appliance testing and five year fixed wire testing had not been completed.

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. The practice had detailed contact information for local safeguarding professionals displayed in the staff room and relevant policies and procedures.

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 arrangements for dealing with medical and other emergencies. We found that the emergency equipment did not contain a child oxygen mask, a child self-inflating bag and a bronchodilator spacer. These items were ordered the following day.

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 professional, reassuring and caring. 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. Three of the dental nurses had been supported to complete dental sedation training and the practice was supporting a trainee dental nurse to become qualified.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who might lack capacity to make decisions.

No action



### Are services caring?

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

We collected 12 completed Care Quality Commission patient comment cards and obtained the view of a further patient on the day of our visit. These provided a positive view of the service the

No action



# Summary of findings

practice provided. Without exception patients were positive about the quality of the service provided by the practice. They told us staff were friendly, helpful and informative. They said that the dentists were calming, patient and explained things fully. Patients commented that the dentists made them feel at ease, especially when they were anxious about their appointment.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

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

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. The complaints policy was displayed in the waiting room and on the practice website. There was a comments book, friends and family test cards and a suggestions box in the waiting room. The practice used an electronic tablet to gather patient feedback at reception.

**No action** 

## **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.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

The practice had extensive policies that were well written however, the practice did not have an incident reporting policy to support processes followed. This was developed and sent to us following the inspection.

**No action** 

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures and supporting documents such as an incident book, an accident book and thorough accident reporting policy to report, investigate, respond and learn from accidents, incidents and significant events. The practice did not have a policy in place to support the incident reporting procedure on the day of our inspection. This was developed and sent to us following the inspection.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. 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. The practice had detailed contact information for local safeguarding professionals displayed in the staff room. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which the principal dentist reviewed annually. We found the practice had not completed a fire risk assessment or legionella risk assessment including a written waterline management scheme. The principal dentist used the rubber dam system in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice followed relevant safety laws when using needles and other sharp dental items. We spoke to the principal dentist about the prevention of needle stick injuries. They explained that the treatment of sharps and

sharps waste was in accordance with the current EU directive. The principal dentist was also responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur.

The principal was able to describe how the practice would deal with events which could disrupt the normal running of the practice. A copy of the business continuity plan was kept in the practice and copies were held off site by the principal dentist.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the most recent training being completed in May 2017.

The practice had most of the emergency medicines equipment set out in the British National Formulary guidance with the exception of a bronchodilator spacer which was ordered the day after our visit. Medical oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines with the exception of a child self-inflating bag and a child oxygen mask. Both of these items were ordered the day after our visit.

Responsibility for checking the emergency medicines and equipment to monitor they were available and in date was delegated to one of the dental nurses. We saw records to show the emergency medicines and equipment were checked monthly not weekly in line with Resuscitation Council UK guidelines. We were informed that the checking sheet would be updated to ensure these were checked weekly.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at five staff recruitment files. These showed the practice followed their recruitment procedure.

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

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage

# Are services safe?

potential risk. These covered general workplace and specific dental topics. We found the practice had not completed a fire risk assessment or legionella risk assessment including a written waterline management scheme. A legionella risk assessment was scheduled to be completed on the 28 June 2017. Portable appliance testing and five year fixed wire testing had not been completed.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The practice had detailed information about the control of substances hazardous to health. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. These were well organised and easy for staff to access when needed.

A dental nurse worked with the dentists when they treated patients.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

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

The practice did not carry out infection prevention and control audits on a bi-annual basis in line with HTM01-05. The practice had been undertaking these audits every nine months, the latest audit undertaken in December 2016 showed the practice was meeting the required standards. We were advised that these audits would be undertaken every six months in the future.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, such as checking the sentinel taps water temperatures on a monthly basis. The last risk assessment completed in October 2014 was undertaken by the principal dentist and did not include a written waterline management scheme.

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

## **Equipment and medicines**

We saw servicing documentation for the equipment used, this included sterilisers and X-ray machines. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. The practice held NHS prescriptions as described in current guidelines. We found that no record was kept of unused midazolam (sedative medicine).

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

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The critical examination recommended that the practice display radiation warning signage on the treatment room door and use a rectangular collimator, neither of these actions had been carried out. The collimator was ordered and signage placed on the treatment room door the day after our visit.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information; the last audit undertaken was in March 2017.

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

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

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

Two dental nurses with appropriate additional training supported dentists treating patients under sedation.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.'

Children at high risk of tooth decay were identified and were offered fluoride varnish applications and adults with high caries risk were offered a prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition.

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

### Staffing

The practice had a principal dentist and one hygienist working over the course of a week and they were supported by three qualified dental nurses, one trainee dental nurse and one receptionist. An implantologist visited the practice on a regular basis.

Staff new to the practice had a period of induction based on a structured induction programme which included opportunities for new staff to shadow their more experienced colleagues. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals and informally. We saw evidence of completed appraisals including personal development plans for all staff members.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

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. Staff were familiar with the concept of Gillick competence in respect

of the care and treatment of children under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were friendly, helpful and informative. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate, gentle and understanding.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

The waiting room was situated down the corridor from the treatment room; a TV was played in both the waiting and treatment rooms so that conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patients' privacy.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

A TV was played in the waiting room and magazines were available for patients to read.

There were friends and family test cards, a comments book and a suggestions box for patients to give feedback in the waiting room. The practice used an electronic tablet to gather patient feedback at reception.

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

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. Posters detailing private and practice plan costs were displayed in reception and on the practice website.

All of the patients we received information from confirmed their dentist listened to them and made sure they understood the care and treatment they needed.

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, new chairs were purchased for the waiting room as patients had fed back that they had difficulty getting out of the previous chairs due to them being low to the ground.

### Promoting equality

The practice had an equality and diversity policy which was signed by all staff to confirm they had read and understood what was expected of them.

The practice made reasonable adjustments for patients with disabilities. These included level access to the practice and two ground floor treatment rooms.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to translation services and some staff were multi-lingual.

### Access to the service

The practice displayed its opening hours on the front door of the building and on their website.

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

The practice was committed to seeing patients experiencing pain on the same day and kept dedicated slots available. The website, practice front door 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.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint, this was displayed in reception. One of the qualified nurses was responsible for dealing with these. Staff told us they would tell the complaints lead or principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The complaints lead told us they aimed to settle complaints in-house and where the complaint was of a clinical nature they would refer to the principal dentist to respond. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice had not received any complaints in the past 12 months, we looked at two previous complaints which had all been dealt with in a timely manner and managed in accordance with the practice's policy.

# Are services well-led?

## Our findings

### **Governance arrangements**

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

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Although there were processes and supporting documents in place, we found that the practice did not have a policy for incident reporting.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaints handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them and these were detailed in the reception area.

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

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

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. The principal dentist discussed concerns at monthly staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

Immediate discussions were used to share urgent information.

### **Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole dental team had annual appraisals. They discussed their learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

Staff told us they completed mandatory training, including infection control, medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used appraisals, patient surveys, the comments book and complaints to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example, as a result of patient feedback the practice replaced the waiting room chairs as patients felt they were too low and difficult to get up from.

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 practice reviews on NHS Choices, all four of the reviews were positive about the practice commenting on an understanding, caring and professional service with good support for nervous patients.