

VDPat26 Limited

# The Village Dental Practice

## Inspection Report

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Date of inspection visit: 12 May 2015  
Date of publication: 09/07/2015

### Overall summary

We carried out a comprehensive inspection at The Village Dental Practice on 12 May 2015.

The Village Dental Practice is located in the London Borough of Bromley and provides private dental services. The demographics of the practice was mixed with patients from a range of backgrounds. The practice is open on Mondays from 6.30pm – 9.30pm, Tuesdays 9.00am-3.00pm and Thursdays 9.00am – 1.00pm. Facilities within the practice include one consultation room, waiting room, two administration offices and toilet facilities.

We carried out an announced comprehensive inspection on 12 May 2015. The inspection took place over one day and was undertaken by a Care Quality Commission (CQC) inspector and dental specialist adviser. We spoke with staff and reviewed policies and procedures and dental records. We were unable to speak with any patients on the day of the inspection; however we received 11 CQC comment cards completed by patients.

The practice team included one dentist and a trainee dental nurse who is also the practice receptionist.

The dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to 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.

We found that this practice was providing effective, caring, responsive and well-led care in accordance with the relevant regulations. However we found areas that required improvements relating to the safe provision of treatment. This was because the provider did not have equipment or the recommended drugs to deal with medical emergencies in the event of an emergency occurring.

#### Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection
- Patients' needs were assessed and care was mostly planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning
- Staff had access to development opportunities
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained. However the practice did not have access to an automated external defibrillator and the medical oxygen available on the premises was out of date.

# Summary of findings

- The provider did not have all emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Patients commented that staff were caring and treated them with dignity and respect.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- The dentist had a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. And ensure the availability of emergency medication in line with British National Formulary (BNF) guidelines.

There were areas where the provider could make improvements and should:

- Ensure water used in the ultrasonic bath is changed after every clinical session.

We identified a regulation that was not being met and the provider must

# 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 not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

There were systems in place to ensure people were safeguarded from abuse. The provider had an up to date policy and staff were aware of their responsibilities. Systems were in place to learn from incidents and lessons learnt were discussed amongst staff. Not all recommended medicines were available to manage a medical emergency. The practice did not have an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and oxygen was out of date. There were sufficient staff who were qualified and competent to carry out their duties. The practice had risk assessments in place and there were processes to ensure equipment and materials were well maintained and safe to use.

### **Are services effective?**

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence. Patients were given relevant information to assist them in making informed decisions about their treatment.

The practice maintained appropriate medical records and details were updated appropriately. Information was available to patients relating to smoking cessation and maintaining good oral health.

The dentist was meeting their requirements for continuing professional development, and was working towards completing their five year cycle.

### **Are services caring?**

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

Feedback from patients indicated that staff were caring, respectful and treated patients with dignity. We received 12 completed Care Quality Commission (CQC) comment cards. Patients were very complimentary about staff and said that they were involved with their treatment planning. They commented that the practice was clean and tidy and they did not have problems accessing the service.

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

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

There was good access for current patients to the service. Appointments were made by calling the dentist directly and booking a suitable date and time. Patients could make urgent appointments by calling the practice during opening hours or contacting the dentist directly out of hours.

There were systems in place for patients to make a complaint about the service if required. The complaints policy was displayed in the patients waiting area.

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

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

# Summary of findings

Governance arrangements were in place for effective management of the practice. This included having appropriate policies and procedures which all staff we spoke with were aware of. Staff had access to training and development opportunities and told us they felt supported. Structured meetings did not take place because of the small staff team however, staff held frequent, informal meetings where concerns and issues were discussed.

# The Village Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 12 May 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information provided by the provider.

The methods used to carry out this inspection included speaking with the dentist and the trainee dental nurse on the day of the inspection, reviewing 11 completed CQC comment cards, reviewing documents and observations.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had processes in place for receiving and sharing safety alerts from external organisations. For example staff told us they received medicine updates from the National Institute of Health and Care Excellence such as updates relating to medication for patients with heart conditions. This information was shared with staff in the practice. They also had an incidents reporting log and an accident and incident policy. There have not been any incidents over the past 12 months. However staff described the type of incidents that would be recorded and this was in line with their policy.

Staff understood the processes for incidents and accident reporting including the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had not had any RIDDOR incidents over the past 12 months.

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

The practice had up to date policies and procedures for safeguarding adults and children. Both policies were last updated in November 2013 and due for review in November 2015. The principal dentist was the safeguarding lead. Staff had last received safeguarding adult and children's training in April 2012. Staff we spoke with demonstrated awareness of safeguarding issues including how to identify and how to respond to a suspected safeguarding issue. They were aware of the internal procedure for processing safeguarding concerns including who to report it to (internally and to the local authority). There was also a safeguarding flow chart diagram in the staff room for staff reference when dealing with a potential or actual safeguarding matter.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatments. [A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field].

Medical histories were taken when a patient first joined the practice. This included details of current medication,

known allergies and existing conditions. Staff told us that medical histories were updated every time a patient attended. We were shown copies of patients' medical histories and saw they were updated appropriately.

### Medical emergencies

The provider did not have appropriate arrangements to deal with medical emergencies. The provider did not have emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency drugs and saw that glucagon was missing. The trainee dental nurse was responsible for checking emergency medicines. We saw records to show that the drugs were checked monthly. All medicines were within their expiry date.

The oxygen cylinder had expired in July 2007 and the practice did not have an automated external defibrillator (AED) on its premises, in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [an AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm].

Staff received basic life support training annually and had last completed training in November 2014. Both staff were aware of how to use an AED and oxygen.

### Staff recruitment

The practice was small and staff consisted of the dentist and a trainee dental nurse who was also the receptionist. Both staff had been working in the service for a number of years so there had not been any recent recruitment. The dentist explained the process of staff recruitment and the policy outlined the checks that would be carried out in the event of them employing someone. This included obtaining proof of identity, previous employment history and completing a disclosure and barring services (DBS) check. Both staff currently working in the practice had completed a DBS in March 2013.

### Monitoring health & safety and responding to risks.

There was a risk management policy which included a fire risk assessment, credit card security management policy, data protection policy and fire safety. A health and safety policy was also in place and covered health and safety issues in relation the building, people and external risks.

# Are services safe?

Health and safety checks were carried out monthly and annually. We saw that actions required were noted and followed up in line with their policy.

## Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. This included hand hygiene policy, clinical waste management and personal protective equipment. In addition to this there was a copy of the Health Technical Memorandum 01-05; Decontamination in dental practices from the Department of Health, for guidance. The principal dentist was the infection control lead.

There was a separate room for the decontamination of instruments. The room had a clearly labelled flow from dirty to clean areas to minimise the risks of cross contamination. There was only one sink; however a bowl was used to rinse instruments ensuring instruments were not washed and rinsed in the same sink. The trainee dental nurse gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery; washing manually in a sink and rinsing in a separate bowl; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping.

We saw records of the daily, weekly and monthly checks that were carried out on the autoclave to ensure it was working effectively. All records we saw showed that it was in working order. The ultrasonic cleaner was tested daily and weekly. The chemical solution was drained and changed weekly. This was not in line with HTM 01-05 guidance which states it should be changed when it is heavily contaminated or at the end of each clinical session. The foil and bacterial culture tests were completed every 3 months. We saw records of the last change in April 2015 and February 2015 respectively.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. Both staff were due to have a booster for Hepatitis B in the coming weeks. The practice had blood spillage and mercury spillage kits. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients such as gloves and aprons. Wall mounted paper hand towels and hand gel was available and a sensor controlled clinical waste bin was used. The trainee dental nurse was responsible for cleaning all areas of the practice in the mornings/ evenings and wiping down all surfaces and the dental chair in-between patients.

A legionella risk assessment had been completed on the 11 May 2015 and the results were negative for bacterium [legionella is a bacterium that can grow in contaminated water]. The practice used in house distilled water mixed with alpron in all water lines. The dental aspirator lines were flushed daily and weekly.

## Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of equipment such as the autoclaves and ultrasonic cleaner. We saw documents confirming that appropriate servicing was taking place. Portable appliance testing (PAT) was carried out annually and was last completed in February 2015.

## Radiography (X-rays)

The principal dentist was the radiation protection supervisor (RPS) and had last received radiation training in 2014. The practice had an external radiation protection adviser. The practice had records in their radiation protection file demonstrating maintenance of x-ray equipment. Every radiography grading was audited and the practice also carried out annual audits of x-rays.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) and British Society of Periodontology guidelines.

We reviewed medical records and saw evidence of comprehensive assessments that were individualised for patients. This included having an up to date medical history (which was reviewed at each visit), details of the reason for visit (i.e. new patient or presenting complaint), a full clinical assessment with an extra and intra oral examination. If the medical history highlighted any issue such as an allergy or existing medical condition, a flag was placed on the patient's records so that each time the record was accessed the clinician would be aware of it. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool.

BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were also given to patients. The dentist told us that if treatment was required they also wrote to the patient outlining this information to confirm.

### Health promotion & prevention

The practice had information available in the patients' waiting room and surgery relating to oral health promotion and prevention. For example we saw leaflets relating to smoking cessation and oral health care. The dentist told us that if they saw patients who as a result of poor diet or eating habits had suffered decay, advice and information was given to them on a one to one basis.

### Staffing

Staff had appropriate access to training and development opportunities. The dentist had current registration with the General Dental Council. We saw that their continuing professional development was up to date and they were working towards their five year cycle (which ran from 2013 to 2018) [The GDC require all dentists to carry out at least 250 hours of CPD every five years].

The trainee dental nurse was currently studying toward their qualifications. They told us that they had weekly support meeting where they could discuss issues relating to the practice of the course. As part of their dental nurse training they had developed links with other trainee and qualified dental nurses so there was good peer support.

There was no process in place for staff to have annual appraisals. The dentist told us that as the trainee dental nurse was the only member of staff and they worked closely, development issues were picked up consistently. For example attending the dental nursing course was a development opportunity identified and offered through working in the practice.

### Working with other services

The practice had effective arrangements in place for working with other health professionals to ensure quality of care for their patients. This included have referral systems in place to other professionals, for example the dentist provided details of an implant surgeon they worked closely with and referred patients to if necessary. The dentist wrote to all professionals to whom patients were referred to outlining the problem and any other relevant information they would have required. We saw that referrals were followed up with outcomes/ conclusions documented appropriately.

### Consent to care and treatment

The provider had a consent policy which had been updated in April 2014. The policy outlined how consent was obtained. This included implied, verbal and in some cases written. The dentist explained that generally consent was implied by the patient attending the appointment and sitting in the chair. In some instances consent was documented in the treatment plan, for example in the event of a large treatment case. Written consent, via a standard consent form was always obtained for invisalign and bleaching procedures.

All 42 patients who responded to the provider's patient survey for April and May 2015 said that they understood all the treatment they consented to.

Staff demonstrated an awareness and understanding of The Mental Capacity Act 2005, Childrens Act 1989 and 2004. We were given example of when the dentist had treated a



# Are services effective?

(for example, treatment is effective)

patient who lacked capacity to make decisions. We saw that they followed guidelines including carrying out a best interest meeting and involving the patient's family in their care and treatment planning.

# Are services caring?

## Our findings

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

We received 11 completed CQC comment cards and reviewed the results of the practice's patient satisfaction survey from April and May 2015. Generally feedback was very positive. Staff were described as caring and friendly. Patients said staff treated them with dignity and respect during consultations. All 42 patients who responded to the provider's patient survey said that they felt respected as an individual.

We observed interaction with patients and saw that staff interacted well with patient speaking to them in a respectful and considerate manner.

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

Patient feedback indicated that staff fully involved patients in their treatment planning. They commented that things were explained well, they were given treatment plans and felt able to make informed decisions about treatment.

All of the patients who responded to the provider's patient survey said that they felt involved in decisions about their care and they always understood treatment that they consented to.

Staff told us that they explained the treatment options available to patients outlining the risk and benefits so that patients were making informed decisions about their care and treatment. For example, they used tooth/teeth models and images to explain problems and the treatment that was available. The medical records we reviewed confirmed that the dentist discussed options and involved patients in planning.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice had an appropriate appointments system that broadly met patients' needs. The practice is open Monday from 6.30pm-9.30pm, Tuesday 9.00am-3.00pm and Thursday 9.00am-1.00pm. Staff told us that these times were reflective of their patient population needs because they had a mix of early and late sessions. Patients were supplied with contact details of the dentist in the event they need an appointment outside of these times, for example if they had an emergency, which was usually accommodated. If the dentist was unable to see the patient, they were referred to other dentists which the practice worked closely with. The results of the practice's patient survey for April and May 2015 showed that 30 of the 42 respondents said they were able to get an appointment when they wanted one. Thirty eight said that they were dealt with quickly and efficiently if they needed an emergency appointment.

### Tackling inequity and promoting equality

The practice had processes in place to ensure adjustments were made to enable patients to receive their care or treatments. The premises were step free and wheelchair accessible.

The principal dentist told us that the patient population was varied with a fair mix of patients from different social and ethnic backgrounds. They did not have patients who did not speak English; however they knew how to access interpreting services in the event of needing it.

We did not speak with any patients as part of the inspection; however feedback received via CQC comment cards indicated that patients felt confident about the information they received and were happy with the processes in place to ensure treatment delivered was in an equitable manner.

### Access to the service

Patients booked routine and urgent appointments by calling the practice during opening times. The practice did not have a website neither did they have a practice leaflet. The principal dentist told us they were in the process of developing a practice leaflet and one should be available in the coming months. There was a notice in the reception area with contact details in case of a dental emergency.

The principal dentist told us that most patients had been referred to the practice via existing patients. They said that the patient list was fairly small and as such they did not have a high volume of appointments. All patients had the dentist's work number and could contact the practice even outside of opening times.

Feedback received by patients from the practice's patient feedback survey indicated that some patients felt access could be improved. For example, of the 42 respondents 12 patients stated that they did not always get an appointment when they wanted. Comment cards we received from patients supported this with some patients saying they were not always able to get an appointment when they wanted it.

### Concerns & complaints

The provider had a complaints policy and procedure in place which had been updated in April 2015. The policy outlined a 10 point checklist outlining how staff should deal with complaints. Details of how to make a complaint were displayed in the patient waiting area. This included how to make a complaint, response times and contact details in the event of them wanting to escalate it further.

The practice had not received any complaints over the past 12 months. However, the dentist explained previous complaints which had been made and outlined how they had dealt with them. The explanations were in line with their policy which included writing to the complainant with the outcome, informing the Dental Defence union (DDU) and maintaining a reflective log of what went wrong and how to avoid a similar complaint in the future.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including accident reporting, consent policy and a COSHH policy. Staff told us they felt supported and were clear about their areas of responsibility.

Staff meetings were not structured but held frequently, to discuss issues in the practice and update on things affecting the practice.

Care records we reviewed were kept both manual and computerised. The records were complete, legible and accurate and stored securely in a locked room and on computers that were password protected.

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

There was a culture of openness and honesty in the practice. Staff we spoke with told us they felt confident to go to the principal dentist if they had concerns or needed to discuss a problem or error that had occurred. Staff gave an example of when something had gone wrong for them and they were encouraged to discuss the issue so they would be prepared for the future in the event of something similar happening and to learn from it.

The registered manager told us that they encouraged staff to be open and transparent and that they led by example and did the same. At the time of our inspection there had not been any recent complaints or incidents however the dentist explained an incident that had occurred in the past relating to a patient complaining about treatment they received. Their explanations of how they handled this were in line with what would be expected under the duty of

candour. [Duty of candour is a requirement under the HSCA 2008 Regulated Activities on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### **Management lead through learning and improvement**

The dentist's continuing professional development five year cycle ran from 2013 and was due for completion in 2018. We saw evidence that they were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice nurse was a trainee. We saw that sufficient support was given from the dentist to carry out their duties.

Appropriate audits were carried out as part of on-going improvement and learning. For example patient record keeping audits were carried out monthly to check the quality of clinical records and ensure notes were consistently of a good quality.

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

The practice gathered feedback from patients through an on-going patient survey. Results of the survey were analysed on a monthly basis and any themes and trends identified. We saw the results of the most recent survey for April and May 2015. One of the comments from patient feedback related to the layout of the practice. We saw that an action arising from the feedback was for the practice to re-apply for planning permission to expand and refurbish the practice.

The staffing team was small however staff told us that they were always consulted on issues affecting the practice and their views were taken into account.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment</b></p> <p>The provider did not ensure that sufficient medication was available in the case of an emergency. There was no process in place to ensure equipment/ medical devices available were kept in full working order and, some medical equipment was not available (i.e. an automated external defibrillator).</p> <p>This was in breach of Regulation 12 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014</p>