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# Vaswani Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 26 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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**

Vaswani Dental Practice located in Southgate provides private dental treatment to patients of all ages and NHS treatment for children.

Practice staffing consists of the dentist one dental nurse and one trainee dental nurse.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. 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 practice is open Monday to Friday 10am to 6pm and Saturdays 9am to 2pm.

The practice facilities include one treatment room, a reception/waiting area and staff room

15 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received about the service. Patients told us that they were happy with the treatment and advice they had received.

#### **Our key findings were:**

- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.

# Summary of findings

- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- We found the dentists regularly assessed patient's gum health and took X-rays at appropriate intervals.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance. However a legionella risk assessment had not been carried out.
- Rubber dam was used in all root canal treatments.
- Staff had been trained to handle medical emergencies, and appropriate medicines and oxygen were readily available. However the practice did not have an automated external defibrillator (AED).
- The practice did not have a structured plan in place to audit radiography or dental care records
- There were some governance arrangements in place for the smooth running of the practice. However the

practice did not have a structured plan in place to monitor quality and safety. The practice had not effectively monitored and mitigated the risks associated with carrying out the regulated activities.

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

- 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.
- Review the practice's responsibilities as regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is available and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review its audit protocols to ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. The Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

# 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 provider had systems in place to ensure patients were safeguarded from abuse. Staff had completed child protection training to the appropriate levels and also completed safeguarding training. Systems were in place for the provider to receive safety alerts from external organisations.

Processes were in place for staff to learn from incidents. Lessons learnt were shared with staff. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

The infection prevention and control practices at the surgery followed current national guidance.

Patients' medical histories were obtained before any treatment took place.

There were arrangements in place to deal with medical emergencies and staff had annual training. However the practice staff did not have access to an AED.

No action



### 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. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately.

Health education for patients was provided by the dentists; information leaflets were available within the practice. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

No action



### Are services caring?

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

No action



# Summary of findings

## Are services responsive to people's needs?

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

Patients had access to the service which included information available via the practice leaflet and website. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours patients were directed to an in-house emergency service.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

No action



## Are services well-led?

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

The nurse described an open and transparent culture where they were comfortable raising and discussing concerns with each other. The practice had some clinical governance and risk management structures in place.

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency.

Improvements were required to have in place a structured system of quality assessments such as undertaking regular audits to monitor and improve performance. Similarly risk assessments in relation to Control of Substances Hazardous to Health (COSHH), Legionella, and fire safety should be undertaken at regular intervals.

No action



# Vaswani 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 26 July 2016 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the principal dentist and one trainee nurse on the day of the inspection, reviewing documents, completed patient feedback forms 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 systems in place to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to staff.

The practice had an incidents and accident reporting procedure. All incidents and accidents would be reported in the incident log and accident books. There had been one accident in the past 12 months, which had been dealt with in line with practice protocol. Both staff we spoke with were aware of reporting procedures including who and how to report an incident to.

The principal dentist and staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

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

The principal dentist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. All staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed for staff reference. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The principal dentist said all patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking and medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had not always been updated appropriately. The principal dentist assured us this would be addressed immediately.

We found that a rubber dam was used in all root canal treatments. The principal dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice and were stored securely. Staff also had access to emergency equipment on the premises including medical oxygen. We saw records of the weekly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order. The practice did not have an automated external defibrillator (AED) 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 life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Evidence was sent that an AED had been ordered which was delivered the following day.

Staff had completed recent basic life support training which was updated annually and were aware of where medical equipment was kept.

### Staff recruitment

Practice staffing consists of the principal dentist, one dental nurse and a trainee dental nurse.

The principal dentist told us that the current staffing number was sufficient to meet the needs of their patients.

All staff had a Disclosure and Barring Services (DBS) check completed (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) and where relevant had to provide proof of immunisation against

# Are services safe?

Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections). We reviewed staff recruitment records and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

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

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice.

The practice carried out a risk assessment to ensure they were prepared to respond to safety issues. This included a practice risk assessment which had been completed.

Risk assessments in relation to Control of Substances Hazardous to Health (COSHH), Legionella and fire safety were not present. However evidence was sent immediately after the inspection and a Legionella and fire risk assessment was carried out the following day and COSHH risk assessments had also been completed.

## **Infection control**

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infection. Decontamination was carried out in the treatment room while patients were not present. The dental nurse gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included: scrubbing the instruments, placing the instruments into the ultra-sonic bath, rinsing, inspecting instruments under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); pouching then placing in the autoclave; and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We saw records of all the checks and tests that were carried out on the autoclave and ultra-sonic bath to ensure it was working effectively. The checks and tests were in line with guidance recommendations.

We saw evidence that all staff were immunised against blood borne viruses. Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment room was visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

We were told the dental nurse was responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice.

A Legionella risk assessment had not been carried out. However the principal dentist arrange for this to be carried out the following day. Hot and cold water temperature monitoring was not being undertaken in line with current guidance. However this was implemented immediately. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

An infection control audit had been carried out in June 2016.

## **Equipment and medicines**

A service contract was in place for the maintenance of the autoclave which had been serviced in April 2016. The compressor had been serviced in August 2015. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in March 2013.

The practice had an effective system in place regarding the management and stock control of the dental materials used in clinical practice.

The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patients' dental care records.

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

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training

## Are services safe?

regarding local rules had been given to all staff. The dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence that the dentist had qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in July 2016.

The critical examination test and risk assessments were present. A recent X-ray audit had not been carried out. However the principal dentist confirmed this had been completed following the inspection.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance.

The practice was using the Delivering Better Oral Health toolkit which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

### Health promotion & prevention

The principal dentist said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The principal dentist was aware of and were using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available.

### Staffing

All qualified clinical staff had current registration with their professional body - the General Dental Council, and were all up to date with their continuing professional

development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw evidence of the range of training and development opportunities available to staff to ensure they remained effective in their roles.

### Working with other services

The practice had processes in place for effective working with other services. All referrals were received and sent by fax/post using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records. We checked a sample of referrals received by the practice and saw they were appropriately dealt with in the correct way.

### Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. Both staff present could demonstrate an understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. However formal training had not been completed by staff.

Dental care records we checked demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

# Are services caring?

## Our findings

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

We received feedback from 15 patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

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

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentist explained how they involved patients in decisions about their care and treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

The services provided include preventative advice and treatment, routine, cosmetic and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. The dentist told us the majority of patients who requested an urgent appointment would be seen on the day.

### Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff we spoke with explained to us how they supported patients with additional needs such as young children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The principal told us that the local population was diverse with a mix of patients from various cultures and backgrounds.

### Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to an out of hour's service via recorded message on the practice answer machine.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received no complaints within the last 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively.

However, overall we found there were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools.

In terms of risk assessment, improvements could be made to have in place a more robust system to ensure risks across a range of topics, including, but not limited to, Control of Substances Hazardous to Health (COSHH), Legionella, and fire safety were regularly assessed the risks mitigated suitably. Evidence was sent immediately after the inspection regarding the documents that were missing and a Legionella and fire risk assessment was carried out the following day.

### Leadership, openness and transparency

The nurse we spoke with described a transparent culture which encouraged candour, openness and honesty. They told us they were comfortable about raising concerns with the dentist. They felt they were listened to and responded to when they did so. They told us they enjoyed their work and were well supported by the dentist.

We discussed the Duty of Candour requirement in place on providers and the principal dentist demonstrated understanding of the requirement. They gave us

explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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].

### Learning and improvement

Staff had engaged in some continuing professional development (CPD), in line with standards set by the General Dental Council (GDC).

Improvements were required to have in place a structured plan in place to assess quality. For example, there had been no radiography or dental care record audit within the past 2 years. However the principal dentist confirmed following the inspection that an X-ray audit and record keeping audit had been completed.

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

The practice carried out patient satisfaction surveys. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive and also outlined any areas of improvement for the practice to consider.

Staff we spoke with confirmed their views were sought about practice developments through informal staff meetings. They also said that the dentist was approachable and they could discuss with the them if they had suggestions for improvement to the service.