

Dr Sugendran Govender

# Stamford House Dental Practice

## Inspection Report

Stamford House  
Silver Street  
Axminster  
Devon  
EX15 5AH  
Tel: 01297 33373

Date of inspection visit: 16 November 2017  
Date of publication: 22/12/2017

### Overall summary

We carried out this announced inspection on 16 November 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.

We told Healthwatch that we were inspecting the practice. They did not provide any information.

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**

Stamford House Dental Practice is in Axminster and provides private treatment to patients of all ages.

# Summary of findings

The surgery is on the ground floor and there is ramp access to the practice for people who use wheelchairs and pushchairs. Car parking spaces are available at the practice.

The dental team includes one dentist, one dental nurse, one trainee dental nurse and one receptionist. The practice has one treatment room.

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

On the day of inspection we collected 51 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open: Monday 8am – 7.30pm. Tuesday – Friday 9am – 5pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk.
- The practice had suitable processes for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The dentist 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 dentist provided 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 had not received any complaints.

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

- Review the responsibilities to the needs of people with a disability, including those who use wheelchairs or have hearing and sight difficulties and the requirements of the Equality Act (2010).
- Review the practice's sharps policy and procedures taking regard of the Health and Safety (Sharp Instruments in Healthcare) Regulations (2013).
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents to help them improve.

Staff received training in safeguarding and knew how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

Improvements could be made with assessment of sharps risks, associated with practice current procedures.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, thorough and gentle. The dentist discussed treatment with patients so they could give informed consent.

Improvements could be made to the completion of dental care 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.

No action



### Are services caring?

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

We received feedback about the practice from 51 people. Patients were positive about all aspects of the service the practice provided. They told us staff were empathetic, polite and supportive. They said that they were given helpful, honest explanations about dental treatment, and said the dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



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

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

No action



# Summary of findings

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

Improvements could be made to make the practice more accessible to patients with additional needs.

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

## Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. The practice was managed by the dentist and the staff felt supported and appreciated.

The dentist maintained patient dental care records. Some improvements could be made with respect to completion of these records.

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.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice was signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

### 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. One staff member told us that it had been several years since they had received their safeguarding training and felt a refresher and update would be welcomed. We passed this feedback to the dentist. 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. We noted that practice regarding handling sharps did not meet best practice recommendations. Improvements could be made to review and revise the practice safe sharps policy and procedures.

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

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

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We found a number of additional out of date items within the emergency medicines and equipment. We brought these to the attention of the dentist, who arranged for their disposal.

### 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 two 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 had a range of health and safety policies and risk assessments. We looked at the premises fire risk assessment and discussed with the dentist that the assessment would benefit from review to provide a fuller description of the assessed risks at the premises. We also noted that fire extinguishers were not wall mounted or raised from floor level. We raised this with the dentist who told us they arrange for the extinguishers to be suitably mounted or raised.

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

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

We noted that in the patient toilet there was an unsecured cupboard that housed the practice suction motor and an amalgam separator. We raised this with the dentist, who told us they would fit a lock to the cupboard to prevent inadvertent patient access.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed

# Are services safe?

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 carried out an infection prevention and control audit twice a year. The latest audit, in October 2017, showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

We saw staff records demonstrating that appropriate inoculations for a role in dentistry had been received. However, in two staff records there was no evidence that inoculations for Hepatitis B had been effective. We raised this with the dentist, who said that they would ask the relevant staff to provide evidence of such.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations. We noted that the information in the radiation protection file had not been formally adopted by the dentist from the previous practice owner. We brought this to the attention of the dentist, who told us that they would amend the file to reflect the current practice ownership.

The dentist was not consistently recording that they justified, graded and reported on the X-rays they took. We discussed this with the dentist who acknowledged that improvements could be made to the dental record keeping. 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' past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance. We noted that improvements could be made to record clearly the dental treatment options discussed with patients and treatment agreed outlined, so that consent to treatment is meaningfully captured. We discussed this with the dentist who said that an audit of patient records would be planned.

### Health promotion & prevention

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

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

The dentist 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

Staff new to the practice had a period of induction based on a structured induction programme. 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. We saw evidence of completed appraisals.

### Working with other services

The dentist 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. We noted that there was no separate record of referrals and we discussed this with the practice staff. They told us they would consider this as a method of monitoring referrals and action taken to make sure they were dealt with promptly.

### 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The dentist understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. They 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 empathetic, polite and supportive. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

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

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

There were magazines in the waiting room. The practice provided drinking water on request.

### **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. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's provided general dentistry and treatments for gum disease and more complex treatment such as restorative dentistry.



# 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 no patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the practice.

The dentist told us they were considering offering domiciliary visits. If domiciliary visits are taking place, they should do so following the guidance British Society for Disability and Oral Health – Guidelines for the Delivery of a Domiciliary Oral Healthcare Service.

### Promoting equality

Improvements could be made to make the practice more accessible to patients with additional needs. The practice treatment room was on the ground floor and there was ramp access to the practice for people who used wheelchairs. The toilet was not accessible for wheelchair users. The building access had not been assessed under the Equalities Act (2010). There were no adjustments for patients with hearing and/or sight loss, particularly in light of the older population that the practice serves.

Staff said they had access to telephone interpreter services should these services be required.

### Access to the service

The practice displayed its opening hours in the premises.

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

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The dentist was responsible for dealing with these. Staff told us they would tell the dentist about any formal or informal comments or concerns straight away so patients received a quick response.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. No complaints had been made to the practice or raised with CQC during this time.

# Are services well-led?

## Our findings

### Governance arrangements

The dentist manager had overall responsibility for the management and clinical leadership 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. Improvements could be made to review and update some policies.

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

We found a number of out of date items at the practice, including materials, equipment and medicines. We raised this with the dentist who said they would introduce a system to monitor stock at the practice.

### Leadership, openness and transparency

Not all staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong, although staff described an open culture at the practice. We raised this with the dentist who said they would bring this to the next staff meeting.

Staff told us the 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 dentist was approachable, would listen to their concerns and act appropriately. The dentist discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of 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 staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including 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 patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, in reviewing opening hours and appointment availability.