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# Deva Dental Clinic

## Inspection Report

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### Overall summary

We carried out this announced inspection on 26 June 2019 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 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**

Deva Dental Clinic is close to the centre of Chester. The practice provides NHS and private dental care for adults and children.

There is level access to the practice for people who use wheelchairs and for people with pushchairs. Car parking is available outside the practice. The provider had a portable ramp available to facilitate access to the practice for wheelchairs and pushchairs.

The dental team includes a principal dentist, a dental hygienist, and a dental nurse. The dental team is supported by a practice manager who is also a dental nurse. The practice has two treatment rooms.

# Summary of findings

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

We received feedback from 31 people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to the dentists, dental nurses, and the practice manager. We looked at practice policies and procedures, and other records about how the service is managed.

The practice is open:

Monday to Friday 9.00am to 5.00pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures in place.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Medicines and equipment were available.
- The provider had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for dealing with complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure.
- The provider had systems in place to manage risk. Some risks could be reduced further.
- Staff felt involved and supported and worked well as a team.
- The practice asked patients and staff for feedback about the services they provided.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, review the need for a further fixed electrical inspection to be carried out, assess the risks associated with clinicians working unsupported, review the siting of the decontamination room, ensure actual water temperatures are recorded for monitoring Legionella development, and ensure information about how to access medical assistance is easily accessible by staff should they sustain a sharps injury.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- Review the practice's protocols to ensure that, where appropriate, audits have documented learning points and action plans, 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 practice used learning from incidents to help them improve.

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

The provider completed essential recruitment checks before employing staff.

Staff were qualified for their roles, where relevant.

The premises and equipment were clean and properly maintained.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. The positioning of the decontamination room could be improved. The provider was exploring options for this.

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

The provider had systems in place for the safe use of X-rays.

Some risks at the practice could be further reduced, for example, in relation to a clinician working without nursing support, and the recording of water temperature checks.

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 excellent, life-changing, and exceptional. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice supported patients to achieve better oral health. Staff were not fully familiar with guidance aimed at helping patients improve their oral and general health.

The practice had clear arrangements for referring patients to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles and had systems to monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 31 people. Patients were positive about all aspects of the service the practice provided. They told us staff were efficient, friendly, and eager to do their best for every patient.

No action



# Summary of findings

They said they were given full, helpful explanations about dental treatment, and said their dentist listened to them.

Patients commented that staff made them feel at ease, especially when they were anxious about visiting the dentist.

Staff protected patients' privacy and were aware of the importance of confidentiality. The provider used closed-circuit television for monitoring the waiting and reception areas in the practice. Information was displayed for patients about its use.

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 service took account of and met people's needs.

The practice's appointment system took account of patients' needs. Patients could book an appointment quickly if in pain.

Staff considered patients' differing needs and put measures in place to help all patients receive care and treatment. This included providing facilities for patients with disabilities and families with children.

The practice had access to interpreter services and had arrangements to assist patients who had sight or hearing loss.

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

No action



## Are services well-led?

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

The leadership, management and governance of the organisation assured delivery of quality and person-centred care.

The provider had arrangements in place to ensure the smooth running of the service. These included systems for the practice team to monitor the quality and safety of the care and treatment provided.

There was a management structure in place and staff felt supported and appreciated.

The practice team kept accurate, complete patient dental care records which were stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. This included auditing their procedures and asking for and listening to the views of patients and staff. Audits did not always include learning points or action plans, where necessary, to help the practice identify where improvements could be made.

The practice had procedures in place to manage and reduce risks.

No action



# Summary of findings

Changes made by staff as a result of previous CQC inspections were embedded and sustained.

On the day of the inspection all staff engaged in the process. The provider demonstrated a willingness to take appropriate action to comply. The provider acted after the inspection on some of the issues identified and sent us evidence to confirm this.

# Are services safe?

## Our findings

### **Safety systems and processes, including staff recruitment, equipment and premises, and radiography, (X-rays)**

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training, and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We reviewed the procedures the dentist followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. Recruitment checks were carried out and the required documentation was retained. The staff team was stable; no new staff had been recruited for several years.

The provider had arrangements in place to ensure that the practice's facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions. We observed that the last fixed electrical installation inspection was carried out some years previously. We highlighted this to the provider. The provider said this would be addressed.

We reviewed the provider's arrangements to ensure standards of cleanliness and hygiene were maintained in the practice.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health.

Staff completed infection prevention and control training regularly, including updates as recommended.

The decontamination room was situated in a section of the staff kitchen. The provider had made arrangements to reduce risks associated with this and had taken into

account improvements discussed at previous inspections. We observed that the siting of the decontamination room could be improved. The provider discussed with us the options they were exploring.

The practice had arrangements for cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. We observed that instruments were not transported to the decontamination room from the treatment rooms in secure containers. The provider obtained secure boxes the day after the inspection and sent us evidence to confirm this.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw the recommended actions had been completed or were in progress. We saw evidence of measures put in place by the provider to reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines. We observed that staff signed a log to indicate that water temperatures checks had been carried out, but the actual temperatures had not been recorded to allow the provider to monitor them and ensure they were within the recommended ranges. The provider assured us this would be addressed.

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

Staff ensured clinical waste was segregated and stored securely in a locked bin. We observed the area enclosing the bin was not secure and there was no means in place to prevent the unauthorised removal of the bin. The provider improved the security the day after the inspection and sent us evidence to confirm this had been done.

The practice carried out infection prevention and control audits twice a year.

Records showed that fire detection equipment, such as smoke detectors, was regularly tested, and firefighting equipment, such as fire extinguishers, was regularly serviced.

# Are services safe?

The provider had arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

Information was displayed next to the control panel of each X-ray machine to ensure the operator was aware of instructions specific to each machine and room.

We saw that the dentist justified, graded, and reported on the X-rays they took. Staff carried out radiography audits regularly following current guidance and legislation, which demonstrated the dentist was evaluating their X-rays and looking to make improvements.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography.

The practice had a laser for use in dental surgical procedures. A Laser Protection Advisor had been appointed. Evidence of staff training was available.

## Risks to patients

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. These covered general workplace risks, for example, fire, and specific dental practice risks.

The provider had current employer's liability insurance.

A dental nurse worked with the dentist when they treated patients. We found the provider had not assessed the risks for the occasions when the dental hygienist worked without dental nursing support.

We saw that the qualified clinical staff were registered with the General Dental Council and had professional indemnity.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider had undertaken a sharps risk assessment. We observed that only the clinicians were permitted to dismantle and dispose of needles and other sharp items in order to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting inoculation injuries.

Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury. We observed that this information about action to take should they sustain an injury from a used sharp was not readily accessible to staff.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw the provider had carried out checks on the effectiveness of the vaccination.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support annually. The practice had medical emergency equipment and medicines available as recommended in recognised guidance. We observed that the medicine used for the management of seizures was not in the recommended oromucosal solution format.

Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely. Patients' medical histories were updated at every attendance.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

## Safe and appropriate use of medicines

The provider ensured the proper and safe use of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

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

Staff stored and kept records of NHS prescriptions as recommended in current guidance.

The dentist was aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out.

# Are services safe?

## **Track record on safety**

The provider monitored the ongoing safety of the service.

## **Lessons learned and improvements**

The provider had systems in place for reviewing and investigating when things went wrong at the practice, including procedures for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

Staff told us that in the previous 12 months there had been no safety incidents.

We discussed with staff examples of significant events which could occur in dental practices and we were assured that should one occur it would be reported and analysed in order to learn from it, and improvements would be put in place to prevent re-occurrence.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with. Staff told us they felt confident to raise concerns.

We found the provider and staff learned from reviews by CQC and other services.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff and acted on.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The dentist assessed patients' care and treatment needs in line with recognised guidance. We saw that the dentist took into account current legislation, standards and guidance when delivering care and treatment.

### Helping patients to live healthier lives

The practice supported patients to achieve better oral health. We found the dentist was not fully familiar with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.

### Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist 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 team 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, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers where appropriate and made sure they had enough time to explain treatment options clearly.

### Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

We saw that staff audited patients' dental care records to check that the clinicians recorded the necessary information.

### Effective staffing

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

The provider had an induction programme in place.

The provider offered support and training opportunities to assist staff in meeting the requirements of their registration. We saw the provider monitored staff training to ensure recommended training was completed. Staff discussed training needs during one to one meetings.

### Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

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

Patients commented positively that staff were upbeat, professional and courteous. We saw that staff treated patients respectfully and kindly, and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

### **Privacy and dignity**

The practice team respected and promoted patients' privacy and dignity.

The layout of the reception and waiting areas provided limited privacy when reception staff were attending to patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

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

The provider had installed a closed-circuit television system, (CCTV), externally and internally in the reception area and entrance to the practice. We saw the provider had not displayed sufficient information for patients to make them aware of their right of access to footage which contains their images. The provider addressed this after the inspection and sent us evidence to confirm this.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care.

Staff were aware of the requirements of the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given), and the Equality Act.

- Staff identified patients' communication needs and communicated with patients in a way that they could understand.
- Interpreter services were available for patients whose first language was not English.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

The practice's information leaflet provided patients with information about treatments available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, a portable ramp and step-free access.

The practice was accessible for wheelchairs. One of the treatment rooms and an accessible toilet facility were located on the ground floor.

Parking was available outside the practice in a dedicated car park.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, appointments could be arranged by email.

Larger print forms were available on request, for example, patient medical history forms.

We saw information was displayed in the waiting room and in the patient information leaflet. This included information on oral health, dental treatment fees and emergency appointment information.

### Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on the premises, and included this information in their practice information leaflet.

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored

appointment lengths to patients' individual needs. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

The practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice had emergency on-call arrangements for when the practice was closed.

The practice's website, information leaflet and answerphone provided information for patients who needed 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 appointments.

### Listening to and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was included in the practice leaflet.

The provider was responsible for dealing with complaints. Staff told us they would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response. The provider aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

We found the practice leaders had the skills, knowledge, and experience to deliver quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The leaders were visible and approachable.

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

We observed that changes made by the provider as a result of previous CQC inspections were embedded and sustained.

Where we highlighted areas for improvement the provider acted promptly to address these areas and send us evidence of this.

### **Vision and strategy**

The provider had a clear vision and had set out values for the practice.

The provider had a strategy for delivering high-quality, patient-centred care and supporting business plans to achieve priorities. The practice planned its services to meet the needs of the practice population.

### **Culture**

Staff said they were respected, supported and valued.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff were encouraged to raise issues. They told us the managers were approachable, would listen to their concerns and act appropriately.

The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

### **Governance and management**

The provider had systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that these were regularly reviewed to ensure they were up-to-date with regulations and guidance.

We saw the practice had systems in place to monitor the quality and safety of the service and make improvements where required, for example, reminders were scheduled for important tasks to be completed.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks.

The principal dentist had overall responsibility for the day-to-day management and clinical leadership of the practice. We found there was some sharing of responsibilities with staff.

### **Appropriate and accurate information**

The practice's staff acted appropriately on information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

The provider had effective arrangements to ensure that notifications were submitted to external bodies where required, including notifications to the CQC.

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

The practice involved patients, the public, and staff to support high-quality sustainable services.

The practice used patient surveys and encouraged verbal comments to obtain the views of patients about the service.

## Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The provider and staff were open to discussion and feedback during the inspection.

### **Continuous improvement and innovation**

The provider had systems and processes in place to encourage learning, continuous improvement and innovation.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits. We reviewed audits of dental care records, X-rays, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these. We saw audits did not always contain learning points or action plans, where necessary, to help the practice identify where improvements could be made. Auditing processes did not always result in improvements.