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# M K Vasant & Associates

## Inspection Report

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## Overall summary

We carried out this announced inspection on 31 July 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 the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information for us to take into account.

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**

M K Vasant & Associates is in Norbury and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. There are limited car parking spaces on the premises; however surrounding roads have unrestricted parking.

# Summary of findings

The dental team includes seven dentists, four dental nurses, seven dental nurses, two dental hygienists and a practice manager. The dental nurses and the practice manager all carried out reception duties. The practice has six treatment rooms.

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 32 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, one dental nurse, three trainee dental nurses, one dental hygienist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.00am to 8.00pm on Monday, 8.00am to 5.30pm Tuesday to Friday and 9.00am to 1.00pm on Saturdays.

**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 safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures. Some documents relating to staff recruitment were not available on the day of our inspection; however the records were updated during and shortly after the inspection.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified an area of notable practice:

The practice was proactive with health promotion. To encourage children and young people to regularly attend the dentist and look after their teeth the practice ran "Smile week" events four times a day during school holidays.

During the "smile week" they designated a room in the practice and provided fun activities and toys for children to take part in. Children and their parents could attend on a drop-in basis (without an appointment) and have a check-up and experience being in the dental chair. This was to reduce anxieties often related to visiting the dentist. The principal dentist told us they often had up to 60 children attending each day of the event and these were very popular. They had seen a rise in attendance for routine appointments as a result of these events. Goodies bags were also given out with different oral health promotion items such as toothpaste, toothbrushes and stickers.

# 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?**

No action

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 and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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. Local rules relating to X-ray machines were out of date, but were updated soon after the inspection.

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

**Are services effective?**

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, good and informative. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Some staff required Mental Capacity Act, 2005 training.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

**Are services caring?**

No action

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

We received feedback about the practice from 35 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, professional and caring. They said that they were given helpful, honest explanations about dental treatment, and said their 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.

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

No action

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

# Summary of findings

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

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

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

**Are services well-led?**

**No action** 

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, well written or typed and stored securely.

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

# 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. There had been six accidents/ incidents reported in the past 12 months.

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

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Details of the local authority were displayed around the practice for staff to refer to if required.

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that all clinical had received safeguarding training. There were new staff who had not completed training however it was scheduled for them to attend in coming months. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. 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. The dentists 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 as a staff team. Certificates were missing for some staff to confirm they had attended but the practice manager assured us they had attended.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their weekly checks to make sure these were available, within their expiry date, and in working order.

**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 ten staff recruitment records. Some documents were missing from the records; however the practice manager assured us that all staff files would be brought up to date immediately.

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

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

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Fire equipment was tested annually. Fire checks were in place including annual fire drills and weekly checks to smoke alarms. Fire evacuation procedures were displayed on each floor.

The practice had current employer's liability insurance which was due for renewal in November 2017 and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists. The dental hygienists generally worked alone when they treated patients. However staff told us if a dental nurse was needed they had access to them.

**Infection control**

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

# Are services safe?

although some were not able to provide evidence of completing within the last 12 months. The practice manager confirmed that they would ensure all staff kept up to date with training requirements.

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 infection prevention and control audits once a year. Infection control guidance suggested that audits should be completed every six months. We discussed this with the principal dentist and they told us that they would review the guidance and make changes if they deemed it necessary. The latest audit 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.

**Equipment and medicines**

We saw servicing documentation for some of the equipment used. This included one of the autoclaves and fire equipment. There were two other autoclaves for which the practice could not find the documents on the day of the inspection. However they forward evidence of servicing two days after the inspection (including confirmation that one autoclave was new and did not yet require servicing). Staff carried out checks in line with the manufacturers' recommendations.

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

The practice stored and kept records of NHS prescriptions as described in current guidance.

**Radiography (X-rays)**

The practice had arrangements to ensure the safety of the X-ray equipment. However they did not have all the required documentation to confirm that they had a Radiation Protection Adviser (RPA) in place. We discussed this with the principal dentist and we were sent the relevant documentation two days after the inspection. The documentation confirmed who the RPA was and that there was a contract for servicing equipment.

Local rules outlining position and details of X-ray machines were out of date. We discussed this with the principal dentist and they sent us evidence shortly after the inspection confirming they had been corrected and updated.

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

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

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

**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 practice ran a Smile Week four times a year during the various school holidays where children from the local area were invited to attend the practice on a drop in basis to get oral education information and have a check-up at the same time. The practice set up a room in the practice with toys and other fun activities to encourage children to attend and encourage them to get used to being in a dental environment. The practice gave out educational goodie bags with toothpaste, toothbrush and stickers. The principal dentist told us these events were very successful with often up to 70 children attending per day.

The dentists 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 dentists told us that where applicable 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 on an ad-hoc basis. Formal annual appraisals were not being completed however staff we spoke with confirmed that they felt supported and had opportunities for developing.

**Working with other services**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. All referral forms were scanned and patients were routinely given copies of their referrals.

**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 and Gillick competence. Some of the staff team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions and young people under 16 however some staff required further training.

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

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were wonderful, good and respectful. We saw that staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

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.

Music was played in the treatment rooms and there were magazines and televisions in the waiting rooms and treatment rooms. The practice provided drinking water, tea and coffee and apples for patients.

**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. One of the dentists we spoke with described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implants.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

The practice had a very wide range of personalised leaflets with information for patients. For example there was a practice leaflet with general information, a leaflet for expectant mothers and a leaflet for staff at a local hospital outlining the level of service they could expect.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

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

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example some patients who were nervous were encouraged to bring their own music to be played to calm them down whilst having treatment. Also elderly patients were seen in the lower ground surgeries if they requested to in order to avoid climbing the stairs.

The principal dentist told us that they had a dental laboratory on site. This was particularly useful to patients with dentures because repairs could be done quickly without long waiting times.

**Promoting equality**

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, stair lift accessible toilet with hand rails.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services. The staff team was multi lingual with staff speaking languages that included Romanian, Gujarati, Spanish, Polish, Bulgarian, Swahili and Hindi.

**Access to the service**

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

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

The practice was committed to seeing patients experiencing dental pain on the same day and kept appointments free for same day appointments. Patients were invited to come in and wait for the next available slot to see the dentist. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Appointments were available through the "111" service and also an out of hours dental service that the practice was signed up to. 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 practice manager and principal dentist were responsible for dealing with these.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. 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 over the past 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

**Governance arrangements**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager and principal dentist shared responsible for the day to day running of the service. 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. Some records were not in good general order however the practice manager told us they had identified this as an area of improvement and were looking at new filing systems.

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

**Leadership, openness and transparency**

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong. We discussed the duty with the principal dentist and they have examples of where they had applied it.

Staff told us there was an open, no blame culture at the practice. They knew who to raise any issues with and told us the managers were approachable, would listen to their concerns and act appropriately. The managers discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally. We reviewed team meeting minutes and saw that staffing issues and concerns were covered.

The practice held meetings every Tuesday 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 dental care records (February 2017), 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. Staff appraisals were not being carried out however we spoke with staff and they confirmed that they felt well supported and opportunities to develop existed.

The practice had regular lunch and learn sessions which all staff were invited to attend. Different presenters, presented on different topics at each event.

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.

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

The practice used patient surveys/comment cards/verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. For example patients said that having TV screens on the ceiling whilst in the dental chair would be beneficial. The practice had implemented this. Patients also requested for outside seating for times when the practice was not open but patients were waiting to come in. In response to this the practice now provided outside seating.

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