Mr. Ray Fernandes

Townend Dental Practice

Inspection Report

20-22 Town End
Caterham
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Overall summary

We carried out this announced inspection on 20 February 2018 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 second inspector and specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They provided information which we took 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 not providing well-led care in accordance with the relevant regulations.

Background
Townend Dental practice is in Caterham and provides NHS and private treatment to patients of all ages.

There is some level access for people who use wheelchairs and pushchairs once inside the practice. Car parking spaces, including some for patients with disabled badges, are available near the practice.

Summary of findings

The dental team includes 1 dentist, 1 dental nurse, X1 dental hygienist, and 1 receptionist. The practice has 1 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 14 CQC comment cards filled in by patients and spoke with 4 other patients. This information gave us a positive view of the practice.

During the inspection we spoke with 1 dentist and1 dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday 08.30 to 17.00 closed for lunch 13.00 to 14.00

Thursday 08.30 to 13.00

Friday closed

Saturday and Sunday Closed

Our key findings were:

- The practice had some infection control procedures which reflected some of the published guidance.
- Staff knew how to deal with emergencies. However not all medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk.
- The practice had suitable safeguarding processes
- The practice did not appear to be clean and well maintained in some areas.
- The practice did not have thorough staff recruitment procedures.
- 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 did not have 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 regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure specified information is available regarding each person employed.

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE)
- Review the practice's arrangement and awareness to ensure that the Accessible Information Standard 2016 is being understood and followed.
- Review staff awareness of the legal precedent by which a child under the age of 16 years of age can consent for themselves and ensure all staff are aware of their responsibilities.
- Review staff training to ensure that all of the staff had undergone relevant training, to an appropriate level, in the Mental Capacity Act,
- Review the practice's protocol and staff awareness of their responsibilities under the Duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the analysis of the grades for the quality of radiographs to ensure these are correctly recorded over each audit cycle and for each dentist.

Summary of findings

- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD)
- Review the practice's policies to ensure all documents are providing the latest requirements and guidance.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review availability of an interpreter services for patients who do not speak English as a first language.
- 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.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and patients notes are undertaken at regular intervals to help improve the quality of service. Practice should also ensure, that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review the storage of prescriptions and monitor in line with NHS guidance.
- Review the way staff are supported to make sure that staff are able to meet the requirements of the relevant professional regulator throughout their employment, such as requirements for continuing professional development.
- Consider reviewing the information held on the practice website and NHS choices regarding accessibility of the practice.
- Introduce protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

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?

Requirements notice 

We found that this practice was providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirements Notice section at the end of this report).

The practice had limited systems and processes to provide safe care and treatment. Improvements could be made to ensure there was a protocol in place for reporting, formally documenting and sharing learning from incidents.

Staff knew how to recognise the signs of abuse, though they were not clear on how to report to outside the practice to external safeguarding contacts. Evidence of safeguarding training was not available for all staff members.

The provider was not able to demonstrate that they had completed essential recruitment checks for all staff.

General and clinical areas of the premises and some equipment did not appear clean. There was an environmental infection control risk assessments in place however not all risks were identified. Risks that had been identified did not all have timed action or level of risk recorded.

The practice had did not have suitable arrangements for dealing with medical and other emergencies. However post inspection the provider confirmed that these had been addressed.

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 recognized guidance. Patients described the treatment they received as good, kind and caring. The patients said the dentists discussed treatment with them so they could give informed consent and recorded this in their records. However there was no full audit of patient records in place to confirm this.

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

The provider was unable to evidence that they supported staff to complete training relevant to their roles or had systems to help them monitor this.

However the provider has stated that this has now been addressed.

Are services caring?

No action

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

Summary of findings

We received feedback about the practice from people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, caring and helpful. 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.

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

Staff had not fully considered patients' different needs. The practice had some facilities for wheelchair users or people with prams or pushchairs. The practice had no access to a telephone/face to face interpreter services and had no 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?

Requirements notice 

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirements Notice section at the end of this report).

The provider had arrangements to ensure the smooth running of the service, though we found improvements were needed in several areas such as those for assessing and monitoring safety, ensuring appropriate policies and procedures were available and established, maintaining records and ensuring staff received key training.

There was a clearly defined management structure and staff said they felt supported.

The provider did not demonstrate how they monitored clinical and non-clinical areas of their work to help them improve and learn.

There was no full audit process in place to evidence that the practice team kept complete patient dental care records. The records were written and stored securely.

The practice monitored some 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. However not all staff were confident about these policies and did not understand their role in the process.

There was limited evidence to show that the practice recorded, responded to or discussed any incidents to reduce risk and support future learning.

The provider told us staff did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). There was no evidence to demonstrate that alerts were received, discussed with staff, acted on or stored for future reference. The access to these alerts was addressed by the providerpost inspection and they confirmed that there would be dissemination to relevant staff members in a timely way.

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. Staff spoken with were less confident in their knowledge of The Gillick principles and the Mental capacity act. The practice did have safeguarding policies and procedures to provide staff with some local information about identifying, reporting and dealing with suspected abuse. We did see evidence that some staff working at the practice had received safeguarding children and adults training to the appropriate level. We saw some information and a flow chart, however the practice had not verified key information such as safeguarding leads or contact details for local safeguarding teams to whom concerns should be reported to. Within 24 hours of the inspection the provider confirmed that steps to begin to address our concerns were being undertaken.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff should reviewed every year. Not all risk assessment were in place and staff interviewed were not aware they needed to be in place. These included environment risks assessment in health surveillance and occupational health and infection control risks**.** The practice followed relevant safety laws when using needles and other sharp dental items. The Dentist interviewed confirmed that they do used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency, however had not completed training in emergency resuscitation and basic life within the last 22 months. The principal dentist confirmed that all staff would be attending training within a month of this inspection.

Emergency equipment and medicines were available as described in recognised guidance, however a number of these were out of date. There was also no verifiable checking system in place. The provider confirmed that this now had been fully addressed.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. However this did not reflected the relevant legislation. We looked at 4 staff recruitment files. These were incomplete, for example, there was limited evidence of background checks, references, employment histories for most files, and in one case no DBS certificate was found, in several there was no risk assessment found in relation to accepting CRB –DBS from other organisations. In one case there was no risk assessment found for a member of staff who was working with patients while awaiting a DBS. The provider has confirmed that this has now been addressed.

Clinical staff were qualified and registered with the General Dental Council (GDC) and most relevant files had evidence of professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies had some risk assessments in place. However these were incomplete and did not identify all the environmental risks or what action was needed to be undertaken in a timely way. Health Technical Memorandum (HTM) 04-01 published by the Department of Health was not being followed, as hard to clean areas such the floor in the treatment room was difficult to clean as it does not have an impervious surface and there was a raised area from an open fire fitting. It was also noted that there were cracks and or broken seals in

Are services safe?

surgery flooring. The practice had current employer's liability insurance. However it was noted that the practice did not have a process to check each year that the clinicians' professional indemnity insurance was up to date.

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

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed part of the guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We were unable to confirm that all staff completed infection prevention and control training every year. We also confirmed that they were not following the (HTMO1-05) in relation to environmental cleaning and we also noted that that instruments intended for use were not clean and had residual material on them. We also observed that matrix bands which are a single use item were being re-used and were visibly soiled with cement/lining material. We also observed that the zoning in the surgery where decontamination takes place was not clearly defined. The records showed some equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. However we were unable to confirm that all equipment was checked on a regular basis as we were unable to see Validation checks such as the protein residue test and foil test, protein and foil test had been carried out in line with section 14.3 of HTM 01-05.

The practice could not provide evidence that it carried out infection prevention and control audits twice a year. The audit provided did not identifyall and what action was needed to mitigate the risk.

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 did not see all cleaning schedules for the premises. The general cleaning and surgery is undertaken in the practice by the dental nurses. We observed that some high areas were dusty. Post inspection the provider confirmed that the condition of the floor would be addressed within the next two months. Staff were to receive further training in infection control and an action plan to address all of the above areas was now in place and would be actioned in a timely manner.

Equipment and medicines

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

We observed un stamped NHS prescription pads and a practice stamp in unlocked draws in an unmanned reception area. The principal dentist confirmed there was no way of auditing the use or number of prescription used at the practice. It was noted that the number of the prescription was recorded on the patient's notes. The practice needs to improve it storage of prescription pads and the official stamp to ensure NHS prescriptions are safeguarded and recorded adequately. The principal dentist confirmed that acion has been taken with 24 hours of the inspection.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. However the provider said he was unaware of the changes to The Ionising Radiations. Regulations 2017 which came into force on 1 January 2018. He therefore had not registered his x ray equipment with the HSC. It was also noted that the local rules needed to be updated to include relevant information.

We saw some evidence that the provider justified, graded and reported on the X-rays they took. However only a limited audit had taken place. The justification for these X rays needs to be improved in the patient's notes. Post inspection the provider confirmed that this had been addressed.

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 principal dentist stated they 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. On review of dental notes we were unable to confirm all aspects of dental notes were complete.

We saw that the practice had undertaken an audit of dental care records to check that it recorded the necessary information. The provider confirmed that he is attending GMC training on record keeping.

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 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 all children/children based on an assessment of the risk of tooth decay for each child.

The dentists 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

We were unable to see that staff new to the practice had a period of induction based on a structured induction programme. Clinical staff confirmed that they had completed the continuous professional development required for their registration with the General Dental Council. The practice was unable to evidence this as files were incomplete.

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. These 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.

Consent to care and treatment

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. However there was no patient notes audit to confirm this was being recoded fully as required by the GDC guidance.

The practice's had a consent policy. However the staff team were confused about their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence. When discussed with the dental nurse they were confused about their role and what they need to consider when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Post inspection the provider confirmed that they had acquired the latest policy, which includes the Mental Capacity Act 2005 and Gillick competence.

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 good, kind and caring. We saw that staff treated patients respectfully, appropriately 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. However we noted at times the reception desk was unmanned. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into the surgery. The reception appointment books were not visible to patients and staff did not leave personal information where other patients might see it when the reception was manned.

Staff stored paper records securely when the practice was closed.

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. A 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.

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. This included a wheelchair user who staff would assist them into the surgery by lifting the wheelchair over the step at the entrance.

Promoting equality

The practice was unable to evidence that they made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

Staff said they were unable to provide information in different formats and languages to meet individual patients' needs. They confirmed they had no access to interpreter/translation services which included British Sign Language and braille.

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 pain on the same day and kept one appointments free for same day appointments. 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. 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. However the practice information leaflet that explained how to make a complaint was not available on the day of inspection. The provider post inspection has confirmed this is now available. The provider was responsible for dealing with any 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 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 in the past 12 months and the provider confirmed that they had not received any complaints directly.

Are services well-led?

Our findings

Governance arrangements

The principal dentist (provider) had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The systems or processes in place were operating ineffectively, in that they failed to evaluate and improve practice. This was in respect of the processing of the information obtained throughout the governance process. At the time of the visit we found improvements were needed with respect to completion of environmental risk assessments. The principal dentist was carrying out an audit of his patients' dental care records to check that the necessary information was present. However, the audits seen did not provide all requirements and outcomes or action plans.

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 however many of these did not contain the most up to date information. This made governance limiting as new regulations and guidance from the relevant and professional bodies had not been reviewed. Post inspection the provider confirmed that they are now have the latest policies in place.

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

Leadership, openness and transparency

Staff appeared confused regarding their role on the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Most staff interviewed stated that they either had no training on this requirement or had no knowledge of their role in the duty of candour. The provider contacted us to say that training and full discussion would be taking place.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist/provider encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us principal dentist was approachable, would listen to their concerns. The principal dentist said that concerns were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally. There was limited evidence of this discussion in the minutes of the meetings.

Learning and improvement

The practice had some quality assurance processes to encourage learning and continuous improvement. These included one audit of one dentist care record, X-rays and infection prevention and control. There was no evidence of other audits such as the use of antimicrobial prescribing.

The provider showed a commitment to his learning and improvement and valued the contributions made to the team by individual members of staff. There were some records regarding appraisals but limited recorded discussion on learning needs, general wellbeing and aims for future professional development.

Staff told us they completed some mandatory training, however medical emergencies and basic life support, should be completed each year and this was missed during the last year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided some encouragement but they need to do a lot of the training at home and in their own time It was noted that fire training had not been undertaken.

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

The practice used comment cards to obtain staff and patients' views about the service. We saw no examples of suggestions from patients/staff the practice

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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; In particular : • There was limited evidence that recommendations from risk assessments had been addressed. • Some risk assessments had not been regularly reviewed. • Risks from the lack of suitable recruitment processes and training needs had not been identified and mitigated.