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# Vadher Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 11 October 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 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.

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**

Vadher Dental Practice is in Coalville, a town in North West Leicestershire and provides NHS and private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. There are limited car parking spaces on the front of the premises and parking is also available within a short distance of the practice, at a public car park.

The dental team includes three dentists, two dental nurses (one who also works as a receptionist), one trainee dental nurse and a practice manager. The practice manager is also qualified as a dental nurse. The practice has two treatment rooms, both on ground floor level.

# 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 sent 50 comment cards in advance of our visit to the practice for patients to complete. On the day of inspection, we collected 53 CQC comment cards that had been filled in by patients, as more had requested to complete them. This represented a 100% response rate.

During the inspection we spoke with three dentists, two dental nurses (including the receptionist and trainee nurse), and the practice manager. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm. It closes between 1pm and 2pm for lunch.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and most life-saving equipment were available with exception of two clear face masks for the self-inflating bag and a child oxygen face mask with reservoir and tubing. These were ordered immediately after our inspection.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines. We found that further detail was required in some aspects of record keeping. Following our visit, we saw that further training had taken place by all staff.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff were dedicated and took pride in their work. The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

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

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding was the practice manager.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a whistleblowing policy and freedom of speech policy. Staff felt confident they could raise concerns without fear of recrimination. The policies included internal and external contact details for reporting concerns.

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. This included details of another practice's premises that could be used in the event of an emergency.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We saw records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We looked at a small sample of records and saw that the dentists mostly justified, graded and reported on the radiographs they took. A template was used, and we found this wasn't always being used sufficiently, particularly in relation to one of the dentists. The practice manager assured us that this would be reviewed and systems strengthened.

The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. We looked at the practice's arrangements for safe dental care and treatment. We noted that the practice had not implemented a safer sharps system, as detailed in EU Directive. Dentists had access to a safeguard and we were informed that only dentists were to handle used needles. A specific sharps risk assessment had not been completed. Following our visit, we were sent a copy of the sharps risk assessment that was implemented straight away.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. A risk assessment was completed for staff whose immunity

# Are services safe?

levels were not yet known, but this had not been formally acknowledged or signed by the member of staff affected. The practice manager took action straight away to address this.

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

Emergency medicines and most equipment were available as described in recognised guidance. We noted exceptions in relation to two clear face masks for the self-inflating bag and a child oxygen face mask with reservoir and tubing. We were sent confirmation of order details for the items the day after our visit.

We found staff kept regular records of their checks of emergency equipment and medicines held to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

Staff shared cleaning duties to maintain the general areas of the premises. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits twice a year. The latest audit did not contain a score, but it showed the practice was meeting the required standards.

## **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 a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. We noted that one of the dentists referred some patients to an external hygienist. We found that processes could be strengthened as the dentist did not receive a report or other information back once a patient had received treatment from the hygienist. Following our visit, we were sent documentation to show how communication would be improved, moving forward.

## **Safe and appropriate use of medicines**

The provider had reliable systems for appropriate and safe handling of medicines.

## Are services safe?

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored NHS prescriptions securely as described in current guidance. There was scope to improve monitoring processes for individual prescription numbers to ensure it could be identified if one was taken inappropriately. Following our visit, we were sent evidence to show that monitoring systems had been strengthened.

The dentists were aware of current guidance with regards to prescribing medicines.

### **Track record on safety, and lessons learned and improvements**

The practice had a positive safety record.

The practice had a policy for reporting significant or untoward events and staff showed awareness of the type of incident they would report to managers.

The practice had processes to record and investigate incidents when they occurred. We looked at two accident reports completed in March and September 2019. We saw that preventative action was taken where necessary to reduce the likelihood of occurrence in the future.

Incidents were discussed amongst the team and in regular structured practice meetings held.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

We received very positive comments from 53 patients about treatment received. Patients described the treatment they received as 'second to none', 'exceptional' and 'first class'. Many comments referred to individual staff members. Some patients told us they had been attending the practice for many years and would not go anywhere else.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Staff had access to technology available in the practice, for example, an extra-oral camera to enhance the delivery of care.

The staff were involved in quality improvement initiatives including peer review that was undertaken within the practice, as part of their approach in providing high quality care. We were provided with an example where shared learning had resulted in a change made to clinical practise.

The dentists told us they attended Local Dental Committee courses to enhance their knowledge.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. They provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns in supporting patients to live healthier lives. Staff had attended a local smoking cessation course provided by Leicestershire County Council to help inform their knowledge and awareness.

One of the dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### **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 dentists gave patients information about treatment options and recorded some information regarding the risks and benefits of these. We found that further detail could be included in patients' records in the small sample that we viewed.

Following our visit, the practice sent us evidence of the responsive action they had taken to improve record keeping. This included completion of an online course by all staff and details of another course they had booked to attend in November 2019.

Patients confirmed their dentist listened to them and gave them clear information about their treatment. A number of patients told us that their dentist 'always explained things' and their questions were answered.

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 might not be able to make informed decisions. We noted that the Act had been subject to discussion in a staff meeting in September 2019.

The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

# Are services effective?

(for example, treatment is effective)

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

## **Monitoring care and treatment**

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We found there was scope to improve the detail recorded in the sample of records we looked at. For example, soft tissue intra-oral examination, extra-oral examination and risk assessment for tooth wear. The dentists assessed patients' treatment needs in line with recognised guidance.

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

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. For example, two of the dentists had completed a postgraduate course in general dental practice and one dentist had recently completed a course in advanced operative aesthetic and restorative dentistry. Dental nurses had completed radiography training and the trainee dental nurse received support from the rest of the team to undertake their role. Staff had completed role specific training such as customer service skills and communications for the receptionist and the practice manager had undertaken continual online management courses.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for 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.

Staff monitored some of their referrals to make sure they were dealt with promptly. We noted an exception in relation to private referrals made as a log was not maintained.



# Are services caring?

## Our findings

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

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

Staff treated patients with kindness, respect and compassion.

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

Patients commented overwhelmingly that staff were 'polite', 'welcoming' and 'exceptional'. One patient told us that staff 'do their best to put the patient at ease' and another said that the 'care and helpfulness of staff is excellent'.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients also said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient said they needed to attend on two occasions within one week with dental pain and each time they were seen within minutes of arrival.

A patient suggestion box, magazines and children's books were available in the patient waiting area. There was also patient feedback displayed with staff actions taken as a result.

We looked at feedback left on the NHS Choices website. The practice had received positive feedback based on four patient experiences. The reviews included comments regarding dental care received, the overall service and the professionalism and helpfulness of staff.

### **Privacy and dignity**

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the waiting area provided some limited privacy when reception staff were dealing with patients. If a patient asked for more

privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' 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.

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

We looked at how staff helped patients be involved in decisions about their care and their compliance with requirements of the Accessible Information Standard and the Equality Act. (The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given).

Staff were not aware of interpreter services that were available for patients who did not speak or understand English. There were some multi-lingual staff that might be able to support them. Following our visit, the practice had obtained contact information for NHS interpreter services.

Staff told us they communicated with patients in a way that they could understand. For example, there was a phone system to enable any patients who were deaf to book an appointment. Staff told us they spoke slowly and wrote things down when needed. Staff were not clear where information could be obtained in different forms such as large print, braille or easy read.

Staff gave patients clear information to help them make informed choices about their treatment. 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.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, use of the computer, verbal and written information and access to an extra-oral camera.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care. We were provided with examples of how patients' specific requirements were met. These included patients who had physical disabilities and those with other long-term conditions such as a learning difficulty. One of the dentists told us they had built up a rapport and relationship of trust with one of these patients. The practice also provided treatment for local care home residents who attended.

We looked at a thank you letter sent by a carer of a child with particular needs; they praised the caring and responsive attitude of staff when a more complex procedure was undertaken.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Patients had access to ground floor treatment rooms.

The practice had made some reasonable adjustments for patients with disabilities. This included step free access and reading glasses at the reception desk. The practice did not have a hearing loop. Following our visit, we were informed by the practice manager that they had identified only one patient who was deaf. They considered that they were able to still communicate effectively with them without the loop but told us they would review this if any new patients who were deaf joined the practice.

Whilst there was a patient toilet facility on the ground floor, this was not suitable for access by those using wheelchairs. This was due to the structure of the premises that could not be changed or modified.

A patient appointment reminder service was provided based on their preference of communication.

### Timely access to services

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

The practice displayed its opening hours in the premises and included it in their information leaflet.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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 unduly waiting.

The practice's leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were directed to contact NHS 111 out of hours.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff on how to handle a complaint. The practice provided information to patients explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and one complaint the practice received within the previous 12 months. The complaint related to an issue 17 years ago and involved a clinician who no longer worked in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

These showed the practice responded to concerns appropriately and where applicable, discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

We found leaders had the capacity and skills to deliver high-quality, sustainable care. The principal dentist, supported by the team demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Vision and strategy**

There was a clear vision and set of values. The practice's statement of purpose included the promotion of good oral health to patients, with preventative treatment and encouragement to patients to take responsibility of their own oral health, with professional support.

The strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. For example, the provision of treatment for vulnerable patients who resided in care facilities.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. We saw numerous examples in patient feedback about the caring and responsiveness of staff to patients' dental care needs.

Openness, honesty and transparency were demonstrated when responding to incidents. For example, following an

accident, a preventative measure deployed included ensuring staff wore dry gloves when they dismantled instruments. Incidents were discussed amongst staff together in practice meetings held.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

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

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

Staff involved patients, staff and external partners to support high-quality sustainable services.

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.

# Are services well-led?

The provider used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on.

Information was made available to patients in the waiting area that explained what action the practice had taken because of patient feedback received. For example, the waiting area had been redecorated and modernised and more of a selection of magazines and children's books were made available.

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

## **Continuous improvement and innovation**

There were systems and processes for learning and continuous improvement.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.