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# The Village Dental Care

## Inspection Report

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### Overall summary

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We carried out this announced inspection on 09 March 2020 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 Care Quality Commission, (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.

### Background

The Village Dental Practice is in Adlington and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, three dental nurses (of whom one is a trainee), two dental hygienists and two receptionists. The practice has three 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 10 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses, one dental hygienist and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.00 – 17.30

# Summary of findings

Late evening and Saturday appointments are available by prior arrangement.

## **Our key findings were:**

- The practice appeared to be visibly clean and well-maintained.
- The provider did have infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate life-saving equipment was not fully available.
- The provider did not have effective systems to help them manage risk to patients and staff. The practices fire safety checks did not reflect guidance. There was no evidence of the fixed electrical wiring safety certificate.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. The contact details for local safeguarding boards, in the safeguarding policy, did not reflect the geographical area of their patients.
- The provider's staff recruitment procedures and information obtained did reflect current legislation. The practices recruitment policy did not reflect the procedures undertaken for staff recruitment.
- The clinical staff did not fully provide 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.

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider did not have effective leadership and a culture of continuous improvement.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and procedures to ensure good governance in accordance with the fundamental standards of care.

## **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:

- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Improve the practice's safeguarding policy and ensure it takes into account the contact details of the local safeguarding boards both for adults and children from differing locality areas.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

**No action** ✓

### **Are services effective?**

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

**No action** ✓

### **Are services caring?**

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

**No action** ✓

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

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

**No action** ✓

### **Are services well-led?**

We found this practice was not providing well-led care in accordance with the relevant regulations

**Requirements notice** ✗

# Are services safe?

## Our findings

We found 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)**

The provider did not have 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. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect. The practice saw patients from differing local authorities. The provider's safeguarding policy did not include contact numbers for the local safeguarding boards in the differing local authorities and what to notify to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

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 practice had completed an infection control audit. There was no designated lead for infection prevention and control in the practice.

The provider had 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. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were 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. The provider had yet to address all the recommendations made in the assessment dated March 2020. Records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists did not use dental dam in line with guidance from the British Endodontic Society when providing root canal treatment and a risk assessment had not been completed. No other means of protecting the airway were used.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. The practice's policy did not reflect the relevant legislation. We looked at three staff recruitment records. These showed the provider had followed relevant legislation when recruiting staff.

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

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building. Records were not adequate for the testing, maintenance and staff training to enable the responsible person to demonstrate they have taken all reasonable steps to maintain adequate fire safety standards.

A fixed electrical wiring certificate was not available.

# Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider carried out radiography audits every year following current guidance and legislation.

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

## Risks to patients

The provider had implemented 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. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Clinical staff did not have the knowledge for the recognition, diagnosis and early management of sepsis. There was a lack of triage for patients who may have sepsis, however the provider told us all patients requiring emergency treatment would be seen on the same day.

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

Not all emergency equipment and medicines were available as described in recognised guidance. We found the oropharyngeal airways were out of date and self-inflating bags with face masks were not available.

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

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

The practice occasionally used locum and agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

## 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 four dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

## Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines. The temperature of the fridge where medicines were stored was not recorded.

There was a 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 and kept records of NHS prescriptions as described in current guidance.

The dentists were not aware of current guidance with regards to prescribing medicines. Review of the four dental care records indicated the dentists were not following current guidelines for the prescribing of antibiotics; in particular dentists were prescribing antibiotics inappropriately for conditions that were advised not to need them.

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

The provider did not have effective systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. Staff monitored

## Are services safe?

and reviewed incidents. There was an ineffective system in place to record accidents in line with the Health and Safety Executive guidelines in that the recommended accident reporting book was not available.

In the previous 12 months there had been no safety incidents.

The provider did not have a system for receiving and acting on safety alerts, this meant the provider could not ensure that all equipment and medicines in the practice had been subject to any safety concerns.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

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

There were ineffective systems to keep dental professionals up to date with current evidence-based practice. Not all clinicians were aware of current legislation standards and guidance from Faculty of General Dental Practitioners (FGDP).

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

There was no evidence that all the clinicians provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. This tool kit was not available in the practice.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. They could not demonstrate they provided patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. Dental care records showed a lack of options or risks given for procedures. No recorded risk assessments were completed during the examination, for example the presence of caries, periodontal scores, oral cancer checks and tooth surface loss risk. Dental care records did not show that patients with 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 staff not were aware of the requirements under the Mental Capacity Act and the need to obtain proof of legal guardianship or

Power of Attorney for patients who lacked capacity or for children who are looked after. We could not confirm dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions, as this information was not recorded in dental care records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. The team did not understand their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

### **Monitoring care and treatment**

The provider was not aware of the Faculty of General Dental Practitioners guidelines or clinical risk assessments and there were improvements that could be made to dental care record keeping. We discussed this with the provider who agreed with the points we raised. The provider had undertaken an audit of dental care records which had identified the deficiencies we highlighted during the inspection but these had yet to be actioned.

We found that dentists were not following current Faculty of General Dental Practitioners (FGDP) guidelines with regards to the frequency of radiographs.

### **Effective staffing**

The provider did not have an effective system in place to ensure staff completed the continuing professional development required for their registration with the General Dental Council.

Staff new to the practice including locum and agency staff had a structured induction programme.

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

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

# Are services effective?

(for example, treatment is effective)

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



# Are services caring?

## Our findings

We found 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 positively that staff were friendly, efficient and professional. We saw staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

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

Information folders, patient survey results and thank you cards were available for patients to read.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found inadequate signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, (ICO) 2008). A policy and privacy impact assessment had not been completed. The provider could demonstrate they had registered with the ICO.

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. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff stored paper records securely.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of 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. We saw:

- Interpreter services were available for patients who did not speak or understand English. Two clinicians spoke Persian. This encouraged patients from surrounding areas, whose first language was not English, to attend the practice.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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 practice does not have a web-site or a social media presence.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example dental study models and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found 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 about the importance of emotional support needed by patients when delivering care. They conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

10 cards were completed, giving a patient response rate of 20%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were friendliness of staff, easy access to dental appointments, and information and treatment given to them by clinicians.

We shared this with the provider in our feedback.

The practice had made reasonable adjustments for patients with disabilities, for example patients with limited mobility would be seen in the downstairs surgery. Staff had not carried out a disability access audit.

Staff described an example of a patient with dementia who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure that the patient received a morning appointment and the dentist would see them as soon as possible after they arrived.

Staff used a text message, telephone and email reminder services to inform patients when their appointments were due.

### 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 waiting.

The staff took part in an in-house emergency on-call arrangement. A local practice covered annual holidays. Patients were directed to the appropriate clinician on call on the practice's answer machine.

The practice's 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.

### Listening and learning from concerns and complaints

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

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist 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 had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the last 12 months. These showed the practice had not received any complaints.

# Are services well-led?

## Our findings

We found 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 Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### Leadership capacity and capability

We found the leaders were not fully aware of the risks, issues and challenges in the service.

The principal dentist was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

### Culture

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

We were told that staff discussed their training needs at the monthly staff meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We did not see evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

The principal dentist explained that openness, honesty and transparency would be demonstrated when responding to incidents and complaints. 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

The provider had overall responsibility for the management and clinical leadership of the practice and for the day to day running of the service. We found there were no clear staff responsibilities, roles and systems of accountability to support good governance and management.

We found a lack of effective processes for monitoring quality and safety, and managing risk, issues and performance.

- There were no clear responsibilities, roles and systems of accountability to support good governance and management.
- There was an ineffective system in place to record accidents in line with the Health and Safety Executive guidelines in that the recommended accident reporting book was not available.
- There was limited use of auditing as a means to encourage improvement in the service, in particular; the infection prevention and control audit did not reflect current guidance. The findings from the record keeping audit had not been actioned.
- The provider did not have an effective system to ensure to correct medical emergency equipment was in date and available.
- The provider did not receive safety alerts.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

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, the public, staff and external partners to support the service. For example:

The provider used patient surveys, comment card and encouraged verbal comments to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

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

# Are services well-led?

## **Continuous improvement and innovation**

The provider had ineffective systems and processes for learning, continuous improvement and innovation.

It was not clear from the review of staff training files that staff had completed 'highly recommended' training as per

General Dental Council professional standards and the provider lacked oversight of this. The provider did not have a system in place to ensure oversight of staff's continual professional development (CPD) was completed.

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• There were no clear responsibilities, roles and systems of accountability to support good governance.</li><li>• The registered person did not have effective systems in place to monitor staff training and to ensure staff were up to date with their recommended training for example; sepsis training.</li><li>• The registered person could not ensure that their audit and governance systems remain effective. The concerns in the record keeping audit had not been actioned.</li><li>• There was no system in place to receive and respond to safety alerts.</li><li>• The registered person did not follow the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment, and the airway was not protected during treatment, using any other method.</li><li>• The registered person could not ensure that all equipment was available to manage medical emergencies took into account the guidelines issued</li></ul>

## Requirement notices

by the Resuscitation Council. In particular, the oropharyngeal airways were out of date and self-inflating bags and masks to assist breathing were not available.

- The registered person could not ensure that dentists were completing dental care records in line with current Faculty of General Dental Practitioners guidance.
- The provider did not have a system to ensure staff training and development was undertaken in line with GDC requirements.

Regulation 17 (1)