

## The Merivale Dental Practice

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## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 4th August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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**

Merivale Dental is located in the Royal Borough of Greenwich and provides private dental services. The demographics of the practice is mixture of working professionals, families and older people.

The staff structure of the practice is comprised of two principal dentists (who are also the owners), two dentists, one hygienist, two receptionists and three dental nurses.

Facilities within the practice include three treatment rooms, a dedicated decontamination room, and a reception area.

#### **Our key findings were:**

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients told us that staff were caring and treated them with dignity and respect.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.

# Summary of findings

- There was a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.

There were areas where the provider could make improvements and should:

- Maintain accurate, complete and detailed records relating to employment of staff. This includes keeping appropriate records of references taken.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice documented, investigated and learnt from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references, though improvements could be made in the documentation of the references.

### **Are services effective?**

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's' medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

### **Are services caring?**

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

The feedback from the patients we spoke with and the CQC comment cards we received were very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely and patient confidentiality was well maintained.

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

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy. There were arrangements to meet the needs of disabled people.

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

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

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Patients were given the opportunity to provide feedback about the practice.

# The Merivale Dental Practice

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection on 4th August 2015. The inspection was led by a CQC inspector. They were accompanied by a specialist advisor.

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We received 49 CQC comment cards completed by patients. We also spoke with five members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 therefore formed the framework for the areas we looked at during the inspection

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. There had been no incidents over the past 12 months. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through discussion at team meetings. Staff were able to describe the type of incidents that would be recorded and the incident logging process.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been two RIDDOR incidents over the past 12 months. However we found that the principal dentists had not been made aware of an incident that had been logged concerning a staff accident.

Staff we spoke with were aware of the need for patients and staff to be told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

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

One of the principal dentists was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy. The policy included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. The policy had last been reviewed in January 2015 and was scheduled to be reviewed again in June 2016. Staff had completed safeguarding training that was refreshed on a regular basis. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. There had been no situation that needed to be referred for consideration to the safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control, health and safety and safeguarding policies and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service.

This included for example a comprehensive radiation risk assessments for each surgery. We noted that the practice had acted upon what had been identified in the risk assessments.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated regularly. Most of the dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of any chronic illnesses that the person had.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.]

### Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included oxygen and an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

### Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service

# Are services safe?

(DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked in the practice including obtaining references for staff.

However, we found there were no records of verbal references taken up for a member of staff who worked at the practice. One of the principal dentists told us that they had obtained verbal references for this staff member, but this had not been documented.

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

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was regularly updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, display screen equipment (DSE), radiation, first aid, sharps and environmental building issues. The assessments included the controls and actions to manage risks. For example a May 2015 risk assessment undertaken to assess a member of staff had made clear guidance for duties they could and could not undertake.

The practice had a comprehensive business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of issues such as access problems with the building the practice was based in, outbreak of fire and arrangements for equipment breaking down. For example the plan detailed who to contact if specific pieces of equipment broke down.

## **Infection control**

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included hand hygiene policy, clinical waste management and personal protective equipment. In addition to this there was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices guidance from the Department of Health, for guidance. One of the dental nurses was the infection control lead.

There was a separate room for the decontamination of instruments. There was a flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included

carrying used instruments in a lidded box from the surgery and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping. However, we found loose contents in all surgery drawers that needed packaging to prevent potential contamination.

We saw that daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection.

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins. The bins were collected every two weeks by a clinical waste contractor.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) for both staff and patients such as gloves and aprons. We saw that staff wore appropriate PPE. Hand washing solution was available.

A legionella risk assessment had been completed in 2015 and the results were negative for bacterium [legionella is a bacterium that can grow in contaminated water]. The practice used distilled water in all dental lines. The water lines were flushed daily and weekly and alpron tablets were used once a week to purify the water.

There was a cleaning plan, schedule and checklist, which we saw were completed and signed by the principal dentist. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health 2002 (COSHH) regulations.

## **Equipment and medicines**

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety. All the equipment at the practice was new and less than six months old. The equipment had not had annual maintenance checks but we saw the practice had plans to ensure this was done when they were due.

## Are services safe?

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their prescriptions as recorded. The medicines stored at the practice were those found in the medical emergency box.

### **Radiography (X-rays)**

One of the principal dentists was the radiation protection supervisor (RPS). An external dentist covered the role of radiation protection adviser. The practice had records in their radiation protection file demonstrating maintenance of x-ray equipment. The file included initial risk assessments, critical examination and acceptance certificates, and HSE notification. Local rules were included in the file (and at each station).

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to dental recalls. The practice also showed awareness of the Delivering Better Oral Health Tool-kit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

We reviewed ten dental care records and saw evidence of comprehensive detailed assessments that were individualised. This included having an up to date medical history visit, details of the reason for visit, medical alerts, and a full clinical assessment with an extra- and intra-oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were also given to patients.

### Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as smoking cessation, fluoride application, alcohol use, and dietary advice. We noted that leaflets giving preventative advice were available in the practice reception area.

### Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received high quality care as a result. The practice used a variety of

ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as health and safety, mental capacity act, safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained records that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made for suspected pathology or oral surgery. Dental care records we looked at contained details of the referrals made and the outcome from the referrals that were made.

### Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We reviewed 49 CQC comment cards. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we reviewed dental care records and noted signed consent forms for treatment and details of treatment options patients had been given.

Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We reviewed 49 CQC comment cards. All the feedback we received was positive. Staff were described as caring, informative and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting area that gave details of fees. We also saw that the practice had a website that included information about dental care and treatments, costs and opening times.

We spoke with dentists and dental nurses on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice. The dentist told us they would explain the planned procedures to patients using visual aids when necessary. They were also shown this on a radiograph where applicable. Patients were then able to decide which treatment option they wanted.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients and that patients could generally book an appointment in good time to see a dentist. Patients we spoke with confirmed that they felt they could get appointments when they needed them.

There were vacant appointment slots to accommodate urgent or emergency appointments. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

### **Tackling inequity and promoting equality**

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services. The building was accessible to people in wheel chairs and there was a minicom system that was used to communicate with deaf patients.

### **Access to the service**

The practice displayed its opening hours on the practice website. Opening times were also displayed at the front of the practice. Opening hours were 8.00am-5.30pm most days with extended hours of 7.00am-9.00pm on Tuesdays and Wednesdays. The practice was also open on Saturdays between 9.00am and 3pm. There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine. Patients we spoke with felt they had good access to the service.

### **Concerns & complaints**

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in June 2015. There had been four complaints logged in the last year and they had been dealt with in line with the advertised policy. The policy included contact details of external organisations that patients could contact if they were not satisfied. For example the policy advised patients they could contact the Dental Complaints Service if they were not happy with a response to a complaint received from the practice.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, complaints and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Comprehensive risk assessments had been undertaken to cover various aspects of the service delivery.

Staff told us meetings were held monthly to discuss issues in the practice and update on things affecting the practice. However staff told us that no notes were taken of the meetings.

Dental care records we reviewed were stored electronically. The records were complete and accurate and password protected.

One of the principal dentist undertook quality audits at the practice. This included audits on health and safety, cleaning and clinical records. However, we saw that action plans had not always been drafted following audits. For example a 2015 infection control audit contained no actions or results.

### **Leadership, openness and transparency**

Staff we spoke with said the vision of the practice was shared with them. Staff said they felt the owners of the practice were open and created an atmosphere where all staff felt included. Staff told us they were comfortable

about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The principal dentists were also keen to ensure that all of their staff provided highly-skilled care. There was a system of periodic staff reviews and supervision to support staff.

### **Learning and improvement**

Staff told us they had good access to training. One of the principal dentist monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on medical records and X-rays, and audits of complaints and infection controls. We looked at a sample of these and found audits were being undertaken regularly. For example a July 2015 audit of waiting times had found that patients were not waiting significant periods of time to be seen.

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

The practice had gathered feedback from patients through the practice website. We also saw that the practice had carried out surveys of staff and patients. For example a June 2015 survey of patients had found that patients were having difficulty finding parking when coming to the practice. The practice had produced maps identifying where local parking was available in response to this.