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# Heatherside Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 3 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.

Heatherside Dental Practice is a general dental practice in Camberley, Surrey NHS services to children and private dental treatment to adults. The practice also offers domiciliary care to patients in their own homes if they are unable to visit the practice.

The premises consists of a waiting area adjacent to the reception desk and three treatment rooms (one of which is currently decommissioned). There is also a separate decontamination area.

The staff at the practice consist of the provider (a dentist), a practice manager, a dental hygienist, a dental nurse and a receptionist.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found the treatment room, decontamination room and equipment appeared very clean.
- There were systems in place to check all equipment had been serviced regularly, including the dental air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- At our visit we observed staff were kind, caring and put patients at their ease.

# Summary of findings

- We reviewed five comment cards that had been completed by patients. Common themes were patients felt they received very good service from a helpful and friendly practice team in a clean environment.
- There was an effective system in place to act on feedback received from patients and staff.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Establish a process to ensure adequate control, storage and disposal of dental materials.
- Ensure X-ray audits undertaken demonstrate a full process where findings are analysed and improvement actions identified, taken, recorded and monitored.

# 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.

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. The exception to this was the automatic X-ray processor. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment including domiciliary dental care.

### **Are services effective?**

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were mostly up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent 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.

Patients told us (through comment cards) they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be caring, compassionate and reassuring. Staff spoke with enthusiasm about their work and were proud of what they did.

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

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain.

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

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

The dental practice had effective clinical governance and risk management structures in place. Staff told us the provider was always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider. Staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

# Heatherside Dental Practice

## Detailed findings

### Background to this inspection

The inspection was carried out on 3 August 2015 by a CQC inspector and a dental specialist advisor). We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke with the provider, the practice manager, the dental nurse and the receptionist. We reviewed five comments cards completed by patients.

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?

This informed our view of the care provided and the management of the practice.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant event.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were 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)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) in order to minimise the risk of inoculation injuries to staff.

### Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Records showed most staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED) and

refresher training had been arranged for September 2015. 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. Most staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell. We discussed this with the practice manager who told us the provider would ensure all staff were updated in how to respond to a medical emergency before the scheduled training. The practice confirmed after our inspection this had been done.

The practice did not have an AED. We discussed this with the provider and practice manager who told us they had assessed the need for this equipment and decided it was not necessary as they thought they would be able to access the AED located at the GP surgery across the road. However, we found the practice had not established a protocol with the GP surgery or instructed staff in how to access the equipment. The practice manager told us they would immediately review this process.

The provider told us they took emergency equipment and medicines when visiting patients in their own home.

### Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for two staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

### Monitoring health & safety and responding to risks

# Are services safe?

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for the risk of fire. Fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice.

A fire risk assessment carried out in November 2014 had highlighted a number of actions needed. For example, this included regular testing of smoke detectors, ensuring fire doors are free from obstruction, identifying a fire assembly point and ensuring safe storage of combustible materials. We found the practice had completed these actions. In addition, the practice had simulated a fire evacuation procedure in May 2015 to ensure they could respond appropriately in the event of a fire occurring.

A workplace risk assessment undertaken June 2014 had identified a trip hazard (step) in one of the treatment rooms. Appropriate action had been taken to mitigate the associated risk by placing hazard warning tape on the area to ensure it was more visible to patients, staff and visitors.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

## Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a separated area which housed the autoclave (sterilising machine) although limited space did not allow for manual decontamination of instruments which was carried out in the treatment room. The dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We found that some of the processes we observed were not line with the provider's policy or HTM 01-05 guidance. For example, instruments were not visually inspected to check for any debris or damage throughout the cleaning stages; instruments were decontaminated and rinsed under running water (they should be decontaminated and rinsed in separate sinks or bowls); instruments were not dried after rinsing and the temperature of the water was not monitored (this should be kept below 45 degrees). We discussed this with the practice manager who told us these processes were usually followed. They resolved to retrain the dental nurse to support them in following the correct procedure and regularly monitor the process to ensure this was done. The practice confirmed after our inspection this had been done.

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of infection spread was greatly minimised.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the

# Are services safe?

practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

We looked at the treatment rooms where patients were examined and treated. The room and equipment appeared visibly clean. However, we noted the drawers in one of the treatment rooms appeared dusty and the fridge did not appear to have been cleaned for some time. We discussed this with the practice manager who immediately resolved to address this. The practice told us after our inspection they had thoroughly cleaned these areas and added them to the environmental cleaning schedule to ensure ongoing effective decontamination.

A hand washing poster was displayed near to the sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had recently been carried out in November 2014. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

## Equipment and medicines

There were some systems in place to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. However, we found the automatic X-ray processor (which should be serviced annually in accordance with manufacturer's guidelines) had not been serviced since May 2013. We discussed this with the practice manager who immediately arranged for the service to be completed in August 2015.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients.

During our inspection we found a number of dental materials within the treatment room that had expired. This included two bottles of Poly F cement powder (expired September 2006 and January 2008), periodontal dressing (expired April 2002) and two tubes of composite filling material (expired May 2013 and December 2013). We found stored in the fridge, Panavia F 2.0 (expired June 2006) and Resilience (orthodontic bracket) adhesive paste (expired February 2002). We discussed this with the practice manager who told us the practice did not use any out of date materials. They agreed to establish an effective process to regularly check, remove and discard expired materials. We also found an opened, partially used tube of Dentomycin gel (a locally applied antimicrobial medicine used to treat periodontal conditions) which was not labelled as specific to one patient. We had concerns this may have been reused on another patient which would have posed an infection risk. We discussed this with the provider and practice manager who told us they were unaware the gel had been left unopened and unlabelled in the fridge and immediately discarded it

## Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available. Local rules detail working practices that must be followed to ensure staff, patients and visitors are safe where radiation is used.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

The automatic X-ray developer was last serviced in May 2013 whereas the manufacturer recommends it should be serviced annually to ensure the quality of images produced is maintained. We discussed this with the practice manager who immediately resolved to address this.



# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for people using best practice**

The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentist to show us some dental care records which reflected this. The records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out. They also recorded details of treatment options offered to or discussed with patients as well as the justification, findings and quality assurance of X-ray images taken. Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

### **Health promotion & prevention**

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Information available at the practice promoted good oral and general health. This included information on gum disease, caring for children's teeth, tooth decay and diabetes.

The dentist and dental nurse told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. Information leaflets were available to supplement this.

### **Staffing**

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies and infection control and prevention.

The dental nurse (who had only recently started working at the practice) told us the provider was very supportive in helping them to learn and develop.

There was an appraisal system in place which was used to identify training and development needs.

### **Working with other services**

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. Staff regularly reviewed the log to ensure patients received care and treatment needed in a timely manner.

### **Consent to care and treatment**

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. However, we found this information was not documented in the dental care records we reviewed.

The Mental Capacity Act 2005 (MCA) 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 demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.



# Are services caring?

## Our findings

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

The provider and staff explained to us how they ensured information about people using the service was kept confidential. Patients' dental care records were stored electronically; password protected and regularly backed up to secure storage. Archived paper records were kept securely in locked cabinets. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

Patients told us through comment cards they were always treated with respect by friendly and caring staff. Comments gathered from a recent patient satisfaction survey also reflected this.

On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

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

The dentist told us they used a number of different methods including tooth models, display charts and pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood.

Leaflets available gave information on a wide range of treatments such as fissure sealants, root canal treatment, crowns and bridges. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and was always happy to answer any questions. Patients confirmed this through comment cards. They told us they felt listened to by staff who were attentive to their care and treatment needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

### Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice was accessible to people using wheelchairs. However, the toilet facilities were not accessible and could not be modified. The provider offered domiciliary visits to people living in their own home. This supported patients with a disability or limited mobility to access care and treatment when needed.

### Access to the service

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We saw the website also included this information. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day. On the day of our inspection, we overheard the receptionist scheduling an appointment for later the same day for a patient with dental pain.

### Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room. However, this did not include contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. We discussed this with the practice manager who immediately resolved to address this.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice team discussed any complaints received in order to learn and improve the quality of service provided.

# Are services well-led?

## Our findings

### **Governance arrangements**

The governance arrangements of the practice were developed through a process of continual learning. The provider had responsibility for the day to day running of the practice and was fully supported by the practice team.

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

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the provider or practice manager without fear of discrimination. All staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team.

### **Management lead through learning and improvement**

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken June 2015 indicated the facilities and management of decontamination and infection control were managed well.

X-ray audits were carried out every three months, however; we found this process was not complete. The audit results confirmed the dentist was meeting the required standards on most occasions, however; the practice had not analysed the results to identify where improvement actions may be needed. We discussed this with the practice manager who resolved to address this in order to reduce the risk of patients being subjected to further unnecessary X-rays.

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

There was a system in place to act upon suggestions received from people using the service. For example, the practice had introduced a suggestion box after a patient had recently suggested this. The practice conducted regular scheduled staff meetings as well as daily unscheduled discussions. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon.

We reviewed a random sample of recently completed patient feedback forms which demonstrated patients were very satisfied with the level of service they had received.