Care Quality Commission

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Clocktower Dental Practice

Inspection Report

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Overall summary

Clock Tower Dental Practice is located in the London Borough of Barnet in north-west London and provides private and NHS dental services.

The practice team included one principal dentist, one dental nurse and one practice manager.

We reviewed seven Care Quality Commission (CQC) comment cards completed by patients and spoke with six patients on the day of the visit. Patients we spoke with and those who completed comment cards were very positive about the care they received from the practice. They commented that staff were caring, respectful and helpful.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice assessed and managed risks to patients. These included infection prevention and control, health and safety and the management of medical emergencies.
- Staff ensured patients gave their consent before treatment began. Dental care records we looked at were detailed and showed monitoring of patients' oral health.
- Staff had received training appropriate to their roles.
- Staff were knowledgeable about patient confidentiality and we observed good interaction between staff and patients during the inspection.
- The patients we spoke with and all the comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. It was reported that communication with patients and their families, access to the service and to the dentists, was good. Patients reported good access to the practice.

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

- Adopt an individual risk based approach to patient recalls having regard to National Institute for Health and Care Excellence (NICE) guidelines and ensure they are suitably recorded in patient notes.
- Remove carpet from treatment area and substitute with covered flooring that is impervious and continuous, to allow for effective cleaning of the environment.
- Look at developing a system to document improvements made following audits.

Summary of findings

- Ensure a practice adult safeguarding policy is developed in order to signpost staff who may have concerns.
- Ensure a business continuity plan is in place to deal with foreseeable emergencies that could impact on the running of the practice.
- Ensure staff receive performance appraisals at regular intervals.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

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 a system to assess and manage risks to patients. They had safe systems in place including for infection prevention and control, health and safety, staff recruitment and training and the management of medical emergencies.

Staff told us they felt confident about reporting incidents and accidents. Staffing levels were safe for the provision and care of treatment.

Are services effective?

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

Patients were given time to consider and make informed decisions about which treatment option they wanted. The dental care records we looked at included details of the condition of the patient's teeth and soft tissues lining the mouth and gums. The practice manager ensured there were sufficient staff to meet patient needs.

Staff 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 development.

Are services caring?

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

We looked at seven CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Are services responsive to people's needs?

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

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

We observed the waiting area was large enough to accommodate patients with wheelchairs and prams. The layout allowed for easy access to the reception area, toilet and treatment rooms.

Are services well-led?

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

The practice had systems in place to seek and act upon feedback from patients using the service, including carrying out a patient survey. The practice manager ensured there were systems to monitor the quality of the service that were used to make improvements to the service. The staff described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team.

Clocktower Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

An announced inspection was carried out on the 12 May 2015 by an inspector from the Care Quality Commission (CQC) and a dental specialist advisor. Prior to the inspection we reviewed information we held about the provider and by other organisations.

During the inspection we toured the premises and spoke with the principal dentist, the dental nurse, and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We spoke with six patients on the day of the visit and also obtained the views of seven patients who had filled in CQC comment cards.

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

Staff we spoke with were aware of, and had access to, the incident reporting system. This allowed staff to report all incidents including near misses where patient safety may have been compromised. The staff we spoke with told us there had been no incidents or accidents in the past year.

Reliable safety systems and processes (including safeguarding)

The practice had a child protection policy in place. This provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was readily available to staff. There was no policy on safeguarding adults at risk and staff did not have contact details for both child protection and adult safeguarding teams. However, the staff we spoke with told us who they would contact if they suspected abuse and were able to tell us how they would obtain the contact details for the relevant authorities. The practice manager undertook to develop a policy for adults at risk and obtain the contact details for the safeguarding teams.

The principal dentist was the safeguarding lead professional for the practice. Safeguarding was identified as essential training for all staff to undertake and records showed staff had completed the relevant training.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. The principal dentist undertook root canal treatment and told us rubber dam was used in line with guidance from the British Endodontic Society.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed no reports had been made.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). An emergency resuscitation kit and an Automated External Defibrillator (AED) were available. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Oxygen and medicines for use in an emergency were available and complied with latest recommendations from Resuscitation Council UK. Records showed regular checks were made to help ensure the equipment and emergency drug kit was safe to use.

Staff had completed training in emergency resuscitation and basic life support in September 2014. Staff we spoke with knew the location of all the emergency equipment in the practice and how to use it. Staff had also completed emergency first aid training.

Staff recruitment

The practice had a policy and documentation in place for the safe recruitment of staff which included seeking references, checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post.

The practice manager checked the professional registration for clinical staff annually to ensure professional registrations were up to date.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place. The practice had a log of risk assessments. For example, we saw risk assessments for radiation, electrical faults and fire safety. The assessments included the measures in place to manage the risks and any action required. The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants. We found there was no business continuity plan to deal with emergencies that may occur which could disrupt the safe and smooth running of the service. The practice manager confirmed this would be in place as soon as possible.

Infection control

Are services safe?

The practice manager ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. The practice had followed the guidance about 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

Posters about good hand hygiene and the decontamination procedures were displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment room appeared visibly clean. Instrument decontamination was carried out in the treatment room. The practice manager told us there was no space to have a separate area within the practice for decontamination.

The treatment room was partially carpeted. Carpet is not recommended in areas where there is a risk of spillage or aerosol contamination as it may impact on cleaning, however the area immediately surrounding the dental chair had sealed, vinyl flooring, which could be easily cleaned.

The dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments; packaging and storing sterilised instruments. Staff wore appropriate protective equipment such as eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages.

The practice had systems in place for daily, weekly, quarterly and annual quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted. Records showed a risk assessment process for Legionella had been carried out. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

We observed waste was separated into safe containers for disposal by a registered waste carrier and documentation was detailed and up to date.

The practice manager carried out the self-assessment audit relating to HTM01-05 every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included annual checks of electrical equipment such as portable appliance testing (PAT). Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure there was no disruption in the safe delivery of care and treatment to patients.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date. The practice had procedures regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The batch numbers and expiry dates for local anaesthetics were recorded and these medicines were stored safely for the protection of patients. Prescription pads were stored securely. The practice stored medicines in the fridge as required. The fridge temperature was checked daily to ensure the temperature was within the required range for the safe use of medicine.

Radiography (X-rays)

The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. The file identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw that the local rules relating to each X-ray machine was displayed in accordance with guidance**.** We saw X-ray quality assurance audits were carried out annually.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept paper records of the care given to patients. We reviewed the information recorded in five patient dental care records about the oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health. 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 was not fully up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentist did not always use current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. The provider told us they followed guidelines issued by the Royal College of Surgeons when prescribing antibiotics. Dentists assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

Health promotion & prevention

The waiting room at the practice contained a range of literature providing information about effective dental hygiene and how to reduce the risk of poor dental health. Patients completed a medical questionnaire which included questions about smoking and alcohol intake. Appropriate advice was provided by the dentist. The practice manager had been trained to provide advice about smoking cessation.

Staffing

The practice had identified key staff training including infection control, safeguarding of

adults and children at risk and basic life support.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. There were no record of appraisals in the staff files we looked at, however the practice manager assured us this would be carried out.

The practice manager ensured there were sufficient staff to meet needs and staff were available to cover staff absences.

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 to hospitals and specialist dental services for further investigations. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant required information. Dental care records we looked at contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. We reviewed a random sample of five clinical patient records that confirmed this. Staff ensured patients gave their consent before treatment began. Treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comments patients made when they spoke with us as well as on CQC comment cards.

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. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at seven CQC comment cards patients had completed prior to the inspection and spoke with six patients on the day of inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' dental care records were stored in cabinets however some cabinets where not locked. The provider told us the room was locked and there was an intruder alarm system in place. The provider assured us keys would be found for the existing cabinets so they could be locked from then onwards.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss something with them away from the reception area. Treatment rooms were used for all discussions with patients. We observed staff were helpful, discreet and respectful to patients.

Involvement in decisions about care and treatment

Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed the plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients when required.

Patients were informed of the range of treatments available and their cost in information leaflets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice provided patients with information about the services they offered in their practice leaflet, in the waiting area. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for the dentist to accommodate urgent or emergency appointments. The patients we spoke with told us they were seen in a timely manner in the event of a dental emergency.

Staff told us the appointment system gave them sufficient time to meet patient needs.

Tackling inequity and promoting equality

The practice had made adjustments to meet the needs of patients, including having an audio loop system for patients with a hearing impairment. We were told an audit of the premises had been conducted to ensure access to the building and services met the needs of disabled people. As a result a ramp had been purchased to enable wheelchair access into the building.

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients.

Staff told us patients who had English as their second language often attended with relatives who interpreted for them. The practice manager was knowledgeable about how to arrange an interpreter if required.

Access to the service

Information regarding the practice opening hours was available in the premises and on the practice's website. The practice answer phone message provided information on opening hours as well as on how to access out of hours treatment.

The treatment room was on the ground floor. It was sufficiently spacious to accommodate a pushchair or wheelchair. The layout on the ground floor allowed easy access to the reception area, toilet and treatment room.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with guidance about how to support patients who may have wanted to complain. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

Information for patients about how to raise a concern or offer suggestions was available in the waiting room. The practice had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service and ensured there were systems to monitor the quality of the service. These were used to make improvements to the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw detailed risk assessments and the control measures in place to manage those risks.

The practice undertook regular meetings involving the dentist, practice manager and dental nurse and records of these meetings were retained.

Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. The staff described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff said they felt valued and were committed to the practice's progress and development.

Management lead through learning and improvement

The provider had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. The dentist and dental nurse working at the practice were registered with the General Dental Council (GDC). [The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom]. The practice manager kept evidence that staff were up to date with their professional registration.

Staff told us they had good access to training and that management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the GDC.

The practice audited areas of their practice, such as infection control. Following audits improvements were made however they were not fully recorded. National Patient Safety Alerts and notifications from the Medicine and Healthcare Regulatory Agency were acted on appropriately and cascaded to relevant staff. The practice manager ensured medical alerts were shared with staff.

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

The practice had systems in place to seek feedback from patients using the service, including carrying out patient surveys. Feedback forms were available in the waiting area for patients to complete after each visit.

The most recent patient survey carried out from January 2015 to March 2015 showed a high level of satisfaction with the quality of service provided. The practice manager told us any suggestions or comments patients made directly to them were discussed with the dentist and dental nurse at practice meetings.