

Clock Tower Dental Clinic Limited

Clocktower Dental Clinic

Inspection Report

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Overall summary

We undertook a focused inspection of Clocktower Dental practice on 02 October 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Clocktower Dental practice on 12 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Clocktower Dental practice on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement were required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Clocktower Dental Clinic is in Epsom and provides private treatment to patients of all ages.

There is no level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes 3 dentists, 2 trainee dental nurses 2 dental hygienists, therapists and 1 receptionist. The practice has 3 treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Clocktower Dentals the principal dentist.

During the inspection we spoke with 1 dentist, 1 dental hygienist, 1 receptionist/manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8:30am–7pm

Tuesday 8:30am–6pm

Wednesday 8am–5pm

Thursday 8:30am–6pm

Friday 8am–4pm

Saturday Closed

Sunday Closed

Our key findings were:

There were areas where the provider could make improvements. They should:

- Introduce protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

The practice's now has in place recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. The provider has confirmed that they will introduced protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

No action



Are services effective?

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

No action



Are services caring?

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

No action



Are services responsive to people's needs?

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

No action



Are services well-led?

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

At the previous inspection on 12 April 2018 we found that there were areas that the provider should improve. At the inspection on 02 October 2018 we found improvements had been made of the areas previously identified had been addressed:

The provider had made improvements to the management of the service. The improvements provided a start in ensuring safe ongoing development of effective governance arrangements at the practice.

The provider had arrangements to ensure the smooth running of the service, though we found

There was a clearly defined management structure and staff said they felt supported

The provider did demonstrate fully how they monitored clinical and non-clinical areas of their work to help them improve and learn.

There were some audits in place to evidence that the practice team kept complete patient dental care records. The records were written and stored securely.

The practice monitored some clinical and non-clinical areas of their work to help them improve and learn.

No action



Are services well-led?

Our findings

At our previous inspection on 12 April 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 12 April 2018 we found the practice had made the following improvements to comply with the regulation(s):

- Established an effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

The practice had also made further improvements:

- Review the way staff are supported to make sure that staff are able to meet the requirements of the relevant professional regulator throughout their employment, such as requirements for continuing professional development.
- Has considered reviewing the information held on the practice website regarding accessibility of the practice.
- Reviewed the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD)
- Reviewed the practice's policies to ensure all documents are providing the latest requirements and guidance.

- Reviewed its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Reviewed availability of interpreter services for patients who do not speak English as a first language.
- The principal dentist stated that they were commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We saw evidence of knowledge and planning towards the General Dental Councils requirement for enhanced CPD. We saw evidence of annual appraisals that discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed and we saw evidence they undertook medical emergencies and basic life support training after the last inspection. Not all emergency equipment and medicines were available as described in recognised guidance, there is also a need to be a verifiable checking system in place to ensure all equipment and drugs are in place and usable. This was addressed at inspection.

The practice now has a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 4 staff recruitment files. These were are now complete. Clinical staff were qualified and registered with the General Dental Council (GDC) and most relevant files had evidence of professional indemnity cover.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation(s): when we inspected on 02 October 2018.