Dr Monica Bhardwaj

New Square Dental Surgery

Inspection Report

35 New Square, Cambridge
CB1 1EZ
Tel: 01223 506490
Website:www.newsquaredentalpractice.co.uk/

Date of inspection visit: 7 June 2016
Date of publication: 30/06/2016

Overall summary

We carried out an announced comprehensive inspection on 07 June 2016 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

New Square Dental Surgery provides private dental treatment to adults and has about 500 permanent patients on its list. In addition to general dentistry, it also provides orthodontics, periodontics, tooth whitening, and a nervous patient programme.

The practice has one principal dentist, two associate dentists, and two dental hygienists. A specialist periodontist visits once a fortnight and a specialist endodontist once a month.

The practice opens on a Monday from 8.30am to 7pm, and on Tuesdays to Thursdays from 8.30am to 5pm.It also opens one Saturday a month.

The practice's premises consist of three treatment rooms, a decontamination room, a patient waiting area and a small reception office.

Our key findings were:

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- The practice was visibly clean and well maintained.
- Infection control and decontamination procedures were robust, ensuring patients' safety.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.

Summary of findings

- Patients could access routine treatment and urgent care when required.
- Staff had received training appropriate for their roles and were supported in their continued professional development
- Patients were treated in a way that they liked and information about them was treated confidentially.
- Patients received their care and treatment from well trained and supported staff, who enjoyed their work.
- The practice was well-led, staff felt involved and supported and worked well as a team

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

- Review fire safety systems so that staff regularly practice evacuating the building in the event of a fire and so that adequate signage of fire escape routes is provided.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).
- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice protocols and adopt an individual risk based approach to patient recalls and the procedures for promoting the maintenance of good oral health giving.
- Review the practice's protocols with regards to providing all patients with detailed treatment and cost plans.
- Review appraisal protocols to ensure that all clinicians working at the practice have their performance monitored and assessed.

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 safeguarding children and adults from abuse and maintaining the required standards for sterilising dental instruments. Risks to staff and patients had been identified and control measures put in place to reduce them. Emergency equipment was available and medicines were checked to ensure they did not go beyond their expiry dates. However the practice did not receive safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA)

Recruitment procedures were robust and ensured only suitable staff were employed.

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

Patients were referred to other services appropriately and staff were suitably trained and skilled to meet patients' needs. The practice kept dental care records of the treatment carried out and monitored any changes in the patient's oral health. However, not all dental care records showed that patients were being recalled in line with guidance, and not all patients had received a basic periodontal examination.

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

Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments, although not all patients received a detailed treatment and cost plan.

Patient information and data was handled confidentially.

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 a wide range of services to meet patients' needs. Routine dental appointments were readily available, as were urgent on the day appointment slots. The practice opened late one evening a week and also one Saturday a month to meet the needs of those who found it difficult to attend during working hours. Patients told us it was easy to get an appointment with the practice.

Patients' complaints were dealt with in a timely and empathetic way.

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

The practice had a number of policies and procedures to govern activity and held regular staff meetings. Staff received inductions and regular performance reviews, although there were no formal procedures in place to monitor the quality of work provided by the visiting dental specialists. The practice team were an integral part of the management and development of the practice. The practice proactively sought feedback from staff and patients, which it acted on.

New Square Dental Surgery

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.

The inspection took place on 07 June 2016 and was conducted by a CQC inspector and a dental specialist advisor.

During the inspection we spoke with the principal dentist, a dental hygienist, a dental nurse and the receptionist. We received feedback from15 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection. We reviewed policies, procedures and other documents relating to the management of the service.

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.

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 had an adequate understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences). We viewed the practice's accident book and saw that an incident involving a sharps' injury had been recorded properly and that appropriate action had been taken in response to it.

There was a specific policy for managing significant events all staff were aware of a recent event when there had been a power cut in the practice. It was clear learning occurred after events as patients' phone numbers were now printed out on the daily list so that they could be contacted immediately should another power cut occur.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Staff had received appropriate training in safeguarding patients and were aware of the different types of abuse a vulnerable adult could face and of external agencies involved in protecting children and adults.

Contact numbers for agencies involved in protecting people were easily accessible in the staff area. We noted that the practice's safeguarding procedure had been discussed at the team meeting in April 2016 to remind staff of their responsibilities.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentist we spoke with confirmed that they used rubber dams as far as practically possible.

Medical emergencies

The practice had arrangements in place to manage emergencies and records showed that all staff had received regular training in basic life support. However, emergency medical simulations were not regularly rehearsed by staff so that they had a chance to practice what to do in the event of an incident.

Emergency equipment, including oxygen and an automated external defibrillator was available.

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. However the AED was not checked regularly to ensure it operated effectively and staff only had access to one oxygen cylinder. However following our inspection, the practice sent us evidence which showed that the defibrillator was now being checked weekly and plans were in place to obtain another oxygen cylinder. We also noted that the emergency equipment was stored in different places in the practice, making it difficult to access in an emergency and slowing down response times. Following our inspection the practice sent us a photograph showing that all emergency equipment had been located in the same place, making it more accessible to staff.

Medicines were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all medicines were checked weekly by the receptionist to ensure they were within date for safe use.

Staff recruitment

We reviewed three recruitment files and found that appropriate checks had been undertaken for staff. For example, qualifications, registration with the relevant professional body and checks through the Disclosure and Barring Service (DBS). It was the practice's policy to update staff's DBS checks every three years to ensure they were suitable to work with vulnerable adults and children. Insurance and indemnity checks were undertaken to ensure dental clinicians were fit to practise.

Although no interview notes were available in the recruitment files we checked, the principal dentist told us a record of employee interviews was kept using a British Dental Association approved template, but that this evidence was kept elsewhere.

We spoke with an agency dental nurse who was on duty on the day of our inspection. He told us he had received a thorough induction to his role when he started.

Monitoring health & safety and responding to risks

Are services safe?

We viewed a comprehensive risk assessment in place which covered identified hazards in each area of the practice, and the control measures in place to reduce the risks to patients and staff. A legionella risk assessment had been carried out and there was regular monitoring of water temperatures to ensure they were at the correct level. Regular flushing of the water lines was carried out in accordance with current guidelines, at the start and end of each day, and between patients to reduce the risk of legionella bacteria forming.

The practice had a sharps' risk assessment in place and had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps safety system which allowed staff to discard needles without the need to re-sheath them. We viewed a poster in the staff area which detailed the action to be taken in response to a sharps' injury and staff we spoke with knew what action to take were they injured.

Access to the first floor was up a narrow and steep staircase and we noted that there was no warning for patients of this. Following our inspection the provider sent us a photograph of hazard warning tape that had been applied to the bottom and top steps to make them more visible to patients.

Fire detection and firefighting equipment such as extinguishers were regularly tested, and we saw records to demonstrate this**.** However, full fire evacuations not practiced regularly to ensure staff knew what to do in the event of the alarm sounding. There was also no fire signage on the first floor of the practice to indicate to patients where they could exit the premises.

There was a health and safety policy available with a poster in the reception office which was updated following our inspection to identify local health and safety representatives.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The principal dentist was the lead for infection control and there were infection control policies in place to guide staff.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, corridors, stairway and reception office. The patient toilet was clean and contained liquid soap and an electric hand dryer so that people could wash their hands hygienically. However, not all hand basins had posters above them detailing the hand washing procedure. Following our inspection, the practice confirmed to us that prompter posters had been added above all basins in treatment rooms.

We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were foot operated bins and personal protective equipment available to reduce the risk of cross infection. Sharps' boxes were stored safely so they could not be knocked over.

All dental staff had been immunised against Hepatitis B. We noted that staff uniforms were clean, long hair was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection. We noted that they changed out of their uniforms, when leaving the practice during their lunch break.

Staff wore appropriate personal protective equipment when treating patients including eye wear, masks and gloves, and patients were given eye protection to wear during their treatment. We viewed the dental nurse wiping down all areas where there had been patient contact, following the consultation.

The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process. Following inspection with an illuminated magnifier instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. We observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. Weekly protein residue tests were carried out. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary

waste consignment notices. Clinical waste was stored prior to removal in a locked bin in the practice's small car park. However these bins were not colour coded according to guidance and were not secured appropriately. Following our inspection the principal told us they had ordered the correctly coloured bin and had arranged a meeting on 28 June 2016 with the property manager of the building to discuss how best to secure it.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. Staff told us they had suitable equipment to enable them to carry out their work, and any repairs or replacements were actioned swiftly.

The practice used a CAD/CAM device (computer-aided design and computer-aided manufacturing) to improve the design and creation of dental restorations. However, it was not clear if the machine had been registered with the Medicines and Healthcare Products Regulatory Agency (MHRA) and training records confirming that the dentist had been trained in its use were not available.

We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' clinical notes. However, staff did not receive MHRA alerts so it was not clear how staff kept up to date with any alerts and recalls for drugs and medical devices.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we reviewed demonstrated that the X-ray equipment was regularly tested and serviced.

A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Local rules were available and due to be reviewed in July 2016. Those staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings and its quality grade. There were regular audits undertaken as to the quality of the x-rays. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with three patients during our inspection and also received 12 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the staff, their dental assessments, the explanation of their treatment and the quality of the dentistry

Dental care records we reviewed contained a patient medical history; evidence that routine extra oral and intra oral checks had taken place and that patients' oral cancer risk had been assessed and documented. However, they did not evidence clearly that guidance was followed in relation to patients' recall frequency or that a basic periodontal examination had been completed. Referrals made to the practice's hygienist were not documented.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs and infection control.

Health promotion & prevention

A number of oral health care products were available for sale to patients in the reception area including interdental brushes, toothpaste and floss.

We found that clinicians had not always applied guidance issued in the Department of Health's publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting..

During our observation we noted the dentist gave one patient detailed advice about the effect of acidic foods on teeth, and how to combat it. The hygienist told us she regularly asked patients' about their alcohol intake and told them about local smoking cessation services. She talked knowledgeably about the importance of working with parents to improve their children's oral health.

Staffing

Staff we spoke with told us the staffing levels were suitable for the size of the service and the dentist always worked with a dental nurse. However, the hygienist worked alone and without support of a dental nurse.

Files we viewed demonstrated that staff were appropriately qualified, trained and where required, had current professional validation. The dentists were well qualified and some had undertaken advanced specialist courses in clinical dentistry, dental implantology, periodontology and endodontology. One of the hygienists had undertaken recent training in preventative advice, behaviour management and managing patient conflict. The other hygienist told us she was part of a Facebook discussion group for dental therapists and hygienists which helped keep her practice up to date, and where she could raise any dental queries. Training certificates showed that staff had undertaken training including safeguarding vulnerable people, first aid, information governance and customer skills.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and patients received a copy of their referral for their information. Staff told us that referrals were made within 48 hours of treatment or faxed directly if urgent. A log of when the referrals was made was kept so they could be followed up if necessary. However, referrals to the practice's own hygienist were not recorded.

Consent to care and treatment

Patients we spoke with told us that they were provided with good information during their consultation and that they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients in detail. Evidence of their consent had also been recorded.

The practice had a specific policy in relation to gaining meaningful patient consent and we viewed a poster outlining the key principles of the Mental Capacity Act 2005 (MCA) in the staff area, making them easily available. Those staff we spoke with demonstrated a thorough understanding of the MCA and its relevance in obtaining patients' consent, and told us about additional measures

Are services effective?

(for example, treatment is effective)

they might put in place for a patient with a learning disability or one living with dementia. The principal dentist had recently attended MCA training and had shared her knowledge at a staff meeting held in May 2016.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 12 completed cards and received many positive comments about the empathetic and supportive nature of the practice's staff. One patient described the principal dentist as especially caring, gentle and thoughtful. Two patients told us they were very nervous, but the practice's staff made them feel relaxed and confident about their treatment.

The receptionist gave us many examples of where clinicians had accommodated patients' requests for an urgent appointment at the last minute, and where she herself had stood and waited outside the practice for patients so they could find it easily. The hygienist described to us the additional help she gave one patient with significant mental health issues to ensure they attended their appointments. Following complex treatments patients were contacted to check on their health and well-being.

We spent time in the reception area and observed a number of interactions between the receptionist and patients coming into the practice. The quality of interaction was good, and the receptionist was helpful and professional to patients both on the phone and face to face.

Practice computer screens were not overlooked which ensured patients' information could not be seen at the reception desk. All consultations were carried out in the privacy of the treatment rooms and the hygienist told us she always played the radio to obscure any sound from the adjoining treatment room.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They reported that they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback on the comment cards we received was also positive and aligned with these views. However patients who were part of the practice's insurance scheme with a private company did not receive written plans which outlined their treatment and its costs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

In addition to general dentistry, the practice also offered services including orthodontics, periodontics, dental implants and tooth whitening. Two hygienists also worked at the practice to support patients with treating and preventing gum disease. The practice also had specialist equipment which could take a 3D image of a patients' mouth when providing crowns, bridges and implants.

Information was available about appointments on the practice's website and also in its patient information leaflet. This included opening times, details of the staff team, fees and the services provided. The practice was open Mondays from 8.30am to 7pm, and Tuesdays to Fridays from 8am to 5.30pm. The practice also opened on a Saturday once a month by appointment. Two emergency slots were available each day to accommodate patients who needed an urgent appointment, or patients could be fitted in between fixed appointments if needed.

Patients were given a mobile telephone number where they could access a dentist if needed when the practice was closed. Patients were able to receive text or email reminders for their appointments. During our observation in reception we noted that patients were able to book an appointment with the dentist, immediately followed by another appointment with the hygienist saving them having to visit the practice twice.

The principal dentist told us she often treated patients immediately 'off the street' who had fallen off their bikes and required urgent dental work to their front teeth. She also told us she also visited two local care homes for older people to provide denture services to save residents having to attend the practice.

Tackling inequity and promoting equality

The practice had a downstairs surgery available for patients with limited mobility, and there was a portable hearing loop available to assist those with a hearing impairment. However, there were no chairs with arms, or at different heights in the waiting room to assist people with mobility problems. There was no access for wheelchair users and the building could not be adapted due to its Grade 2 listed status.

Information about the practice was not available in any other languages, or formats such as braille or audio. Following our inspection however we were sent a copy of the practice's patient information leaflet which had been converted to large print to make it more accessible to those with visual impairments.

Staff had not received any training in equalities and diversity to ensure they understood their obligations under the Equality Act and the needs of people with diverse backgrounds.

Concerns & complaints

The practice had a complaints' policy and a procedure that set out how complaints would be addressed, the timeframes for responding and details of the dental complaints service and the General Dental Council. However information about how to complain was not easily available to patients and when we asked the receptionist how to raise concerns she was not able to give us any written information. Following our inspection, the provider confirmed to us that a copy of the complaints policy had been included in the practice's information folder in the waiting area and had also been displayed in a frame on the wall there.

Patients we spoke with told us that, although they were not aware of how to raise concerns, they felt confident that staff would respond appropriately to any they had.

We viewed the practice's complaints' log which showed that two recent complaints had been dealt with in a responsive and empathetic way, and a refund had been offered appropriately. Learning points had also been documented to ensure the complaint did not re-occur.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had responsibility for the day to day running of the practice, supported by a receptionist. The practice had a clear set of policies and procedures to support its work and meet the requirements of legislation. Staff had access to the policies and had signed to show that they had read and agreed to abide by them.

Communication across the practice was structured around a morning meeting where the day's patient list and any equipment needed would be discussed. In addition to this, there was a monthly staff meeting attended by the principal dentist, nurse and receptionist. Satisfactory minutes were kept of the meetings.

Most staff received regular appraisal of their performance, however there was no formal system in place to monitor the performance of the visiting specialists.

The practice was a member of the accredited quality scheme which demonstrated its commitment to working to standards of good practice in its professional and legal responsibilities.

Leadership, openness and transparency

Staff told us they enjoyed their work and the small size of the practice which meant that communication systems were good. They told us they felt supported and valued in their work and reported there was an open culture within the practice. The reported that they had the opportunity to, and felt comfortable, raising any concerns with the principal dentist who was approachable and responsive to their needs. As a result, they were motivated and enjoyed working at the practice

Learning and improvement

It was clear that the practice was keen to improve and the principal dentist emailed us shortly after our inspection, providing evidence of the action she had already taken to address many of the shortfalls we identified during our inspection.

Regular audits and checks were undertaken to ensure standards were maintained in a range of areas including radiography, infection control and the quality of clinical records. Sterilised instrument pouches were audited every three months to check they were within their expiry sate and that the pouches were not damaged.

All the staff we spoke with felt supported by the practice and reported that they were encouraged to develop their knowledge and skills.

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

The practice regularly sought feedback from patients who were provided with questionnaires every three months asking them to rate their satisfaction level with the quality of the staff and the ease of getting an appointment. We viewed the most recent results (based on 6 responses) which showed that patients had rated the service as 'good' or 'very good'. A suggestion box was available in the waiting area for patients to leave their comments or concerns, and they could also leave feedback on-line via the practice's web site. The principal dentist told us that as a direct result of patient feedback, the practice had increased the number of hygienists' appointments available and had also opened late one evening a week.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us that the principal dentist listened to them and implemented their suggestions. For example, one staff member reported that she had requested that appointment times for the periodontist were increased as they always ran late. As a result, this had increased from an hour and a quarter to an hour and a half. Her suggestion to increase the number of emergency appointments had also been implemented. Another staff member told us that her requests for specific types of equipment were always met.