Mr Raj Wadhwani

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Inspection Report

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Overall summary

We carried out this announced inspection on 10 March 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Falkner House Dentistry is a well-established practice that offers mostly NHS treatment to both children and adults. The practice is one of eight that are part of the Antwerp House Group of dental practices in the Cambridge area. The dental team includes seven dentists, six dental nurses, a dental hygienist, reception staff and a practice manager.

There is ramp access for people who use wheelchairs and those with pushchairs. There are parking spaces for patients just outside the practice.

The practice opens on Mondays from 8am to 7pm; on Tuesdays, Thursdays and Fridays from 8am to 5pm, and on Wednesdays from 8am to 6pm.

Summary of findings

The practice is owned by an individual who is the principal dentist of the Antwerp House Dental Group. He has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 29 CQC comment cards filled in by patients. We spoke with the operations manager, the stand in practice manager, two dentists, two dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and commented positively on the treatment they received, and of the staff who delivered it.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The provider had systems to help them manage risk to patients and staff.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider asked staff and patients for feedback about the services they provided.

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

- Improve the practice's sharps procedures and ensure the practice follows the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Implement an effective system to ensure that regular servicing of the practice's gas boiler is completed.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, in particular cover open brickwork in clinical areas and ensure the clothing worn by staff when carrying out their duties is clean and fit for purpose.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.	We asked the following question(s).
Are services safe?	**No action** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training and knew about the signs and symptoms of abuse and neglect, and how to report concerns. Information about protection agencies was available around the practice making it easily accessible to staff. The operations manager told us that the practice was about to implement a 'was not brought process', to identify potential safeguarding concerns in relation to children who did not attend their appointments.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults. The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns if needed.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We noted that a specific rubber dam audit had been completed to ensure all clinicians were using them appropriately.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information for two recently recruited employees which showed the practice had followed their policy.

The practice ensured that facilities and equipment were safe, and that most equipment was maintained according to manufacturers' instructions, including electrical appliances. However, we noted that gas boiler had last been serviced in 2016.

Records showed that fire detection and firefighting equipment was regularly tested, and staff completed regular fire evacuation drills.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running and staff had implemented recommended measures to identify and contain the spread of the coronavirus.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file, although we noted that a critical exam and acceptance test certificate was missing for one X-ray unit.

The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year, and clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff.

A sharps risk assessment had not been undertaken in relation to the different types of sharps used in the practice. Not all staff used the safest types of needles as recommended in national guidance, but a risk assessment had been undertaken for this. Sharps' bins were wall mounted and labelled correctly. We reviewed the practice's accident book which showed a nurse had sustained a used needle stick injury in January 2020, caused by an unsheathed needle. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their equipment and medicines checks to make sure they were available, within their expiry date, and in working order. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year, although we noted staff were unsure about how to use the practice's defibrillator

Are services safe?

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for the materials used within the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff carried out infection prevention audits and the latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We saw staff had procedures to reduce the possibility of legionella or other bacteria developing in the water systems, in line with a risk assessment. Staff monitored monthly water temperatures, however we noted several occasions when the hot water temperature had not reached the recommended 55-degrees Celsius. No action had been taken to address this.

We noted that all areas of the practice were visibly clean, including the waiting area corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. However, two surgeries had exposed brick walls making them hard to clean. We noted that some clinicians wore the same trousers and shoes for both work and home, thereby compromising infection control.

The practice used an appropriate contractor to remove dental waste from the practice and external yellow clinical waste bins were secured.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines. Staff stored and kept records of NHS prescriptions as described in current guidance.

There were no patient group directions in place for the hygienist who administered local anaesthetics to patients.

Antimicrobial prescribing audits were not carried out annually to monitor that the dentists were prescribing antibiotics in line with NICE guidance.

Information to deliver safe care and treatment

We looked at a sample of dental care records to confirm our findings and noted that records were written in a way that kept patients safe. Dental care records we saw were accurate, complete and legible. They were kept securely and complied with The Data Protection Act and information governance guidelines.

Lessons learned and improvements

There had been a number of safety events in the practice including a car that had hit the building, sharps injuries and a staff burn from an autoclave. There was no evidence to show that these incidents had been fully investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and implement any action if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 29 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken, and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment.

We noted that specific audits had been undertaken by the provider to ensure clinicians were recording patients' BPE scores, mouth cancer risk and consent.

The provider had researched extensively into the prevalence of gum disease amongst the patient population and had created their own comprehensive periodontal care pathway.

Staff had access to digital X-rays and an OPG to enhance the delivery of care to patients.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

A dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One dental nurse had undertaken oral health education and fluoride application courses and ran their own clinic once a week. The dental nurse had also visited schools to run oral health education sessions to pupils and teachers.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. We noted a large display in the waiting room, providing helpful information to patients about the sugar content of common drinks. There was also information about smoking cessation services in the waiting room.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. Patients confirmed clinicians listened to them and gave them clear information about their treatment.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

We noted however that the hygienist worked without chairside support, which was not in line with GDC Standards. An assessment of risk had been undertaken with regards to this.

The provider had current employer's liability insurance in place.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for referring patients with suspected oral

Are services effective?

(for example, treatment is effective)

cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The provider had appointed a specific member of staff to monitor referrals from all the practices within the Antwerp Group, to ensure they were managed effectively.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as approachable, friendly and kind.

Staff gave us specific examples of where they had gone out of their way to support patients such as providing additional emergency out of hours support to a patient who had experienced oral trauma.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures. Glass walls surrounding treatment areas were frosted to protect patients' privacy.

Involving people in decisions about care and treatment

The practice's website provided useful information to patients on a range of dental procedures and treatment.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment.

Dental records we reviewed showed that treatment options had been discussed with patients.

Dentists used, leaflets, models and X-ray images to help patients better understand their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had its own website which gave patients information about its services and staff members. The waiting area was comfortable with children's toys and TV screen to keep patients occupied whilst they waited. The practice offered a payment plan to help patients spread the cost of their dental care.

The practice had made good adjustments for patients with disabilities. This included ramp entry access, downstairs treatment rooms, a fully accessible toilet, a hearing loop, and specialist dental chairs for people with limited mobility. Medical history forms could be enlarged on the patient clinipads to make them easier to read. The operations manager told us that further accessibility would be provided as part of the practice's forthcoming refurbishment.

We noted information in the reception area, written in languages other than English, informing patients that translation services were available.

Timely access to services

At the time of our inspection the practice was taking on new patients. Reception staff told us that waiting times for a routine appointment varied between two to three days, and two to three weeks depending on the dentist. Same day emergency appointments for patients in dental pain were available and each dentist kept two slots free for this. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

A specific audit had been undertaken between October and December 2019 to monitor patient waiting times.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint and details of how to complain were available in waiting areas for patients.

We viewed two recent patient complaints and found that they had had been investigated and responded to in an appropriate and timely way.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager took responsibility for the overall leadership in the practice supported by a senior nurse. A business operations manager visited the practice to assist in its running. The practice manager also oversaw another practice within the Antwerp Dental Group and staff told us they would value having the practice manager on site more. All managers within the group met monthly to share best practice and any issues.

We received mixed feedback about senior leadership. Staff told us they felt supported and valued by the practice manager, but some less so by other senior leaders within the Antwerp Dental Group. Some felt that their additional qualifications and experience were not recognised or rewarded sufficiently. Others told us that communication systems could improve: this was also echoed in the staff survey results that we viewed.

Culture

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication across the practice was structured around a regular meeting for all staff which they told us they found useful.

The practice was a member of the British Dental Association's Good Practice Scheme and had also achieved a nationally accredited customer services award.

Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. Results were posted in the waiting room, and those for February 2020 showed that 100% of respondents would recommend the practice. Patients' suggestions for the practice to become more environmentally friendly and to install a call bell at the entrance doorway had been implemented. Patients were able to leave Google reviews and at the time of our inspection the practice had scored 4.7 out of five stars based on 31 reviews.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to. Staff from across all the provider's practices could be nominated for an employee of the month award, and one staff member had recently won this.

Continuous improvement and innovation

The practice had comprehensive quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, oral cancer screening, BPE examinations, the use of rubber dam and the recording of consent. Staff kept records of the results of these audits and the resulting action plans and improvements, although we noted that the dental care records audits had only been completed for one dentist within the practice.

Staff discussed their training needs and performance at appraisals, which staff told us they found useful. However, we noted that the practice manager had not received an annual appraisal since 2017.