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Clock House Dentistry

Inspection Report

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Date of inspection visit: 22 January 2019
Date of publication: 18/02/2019

Overall summary

We carried out this announced inspection on 22 January 2019 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

Clock House Dental is a well-established practice that offers mostly NHS treatment to both children and adults. In addition to general dentistry, it offers a range of procedures including dental implants, teeth whitening and facial aesthetics. 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 four dentists, four dental nurses, two hygienists and a practice manager. There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including two for blue badge holders, are available.

The practice opens from 8am to 5pm Monday to Friday. The practice is open every Saturday for hygiene services and one Saturday a month for dental services.

Summary of findings

The practice is owned by an individual who is the principal dentist of the Antwerp House 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 46 CQC comment cards filled in by patients and spoke with two other patients. We spoke with two dentists, three dental nurses, the business operations manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies, and appropriate medicines and life-saving equipment were available.
- 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.
- The practice provided good preventive care and supported patients to ensure better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 good arrangements in place for essential areas such as clinical waste, the management of medical emergencies, assessing risk and dental radiography (X-rays).

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.

There were sufficient numbers of suitably qualified staff working at the practice.

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

The dentists discussed treatment options with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

No action



Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Staff gave us specific examples of where they had gone out of their way to support patients.

Patients' medical information was managed in a way that protected their privacy and confidentiality.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs, although the departure of one dentist had impacted on the availability of appointments. Patients told us they could get an appointment quickly if in pain.

No action



Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children, although information about translation services was not available to patients who did not speak English.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for staff to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and valued.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for, and listening to, the views of patients and staff.

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 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 in each treatment room, making it easily available to staff. The practice manager gave us an example of where she had sought appropriate advice when she had concerns about a small child. 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. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider did not have formal written protocol in place to prevent wrong site surgery.

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 the latest employee which showed the practice had followed their procedure to ensure only suitable people were employed.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. However, fixed electrical wiring testing had not been undertaken every five years to ensure the hard wiring in the building was safe.

Records showed that fire detection and firefighting equipment was tested. Staff undertook regular timed fire evacuations with patients and all had completed fire training. The practice manager had received specific fire marshal training.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

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. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. X-ray units had rectangular collimation to reduce patient radiation exposure.

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 been undertaken and staff mostly followed relevant safety laws when using needles and other sharp dental items, although not all clinicians were using the safest types of sharps. Sharps bins were not wall mounted and had not been labelled correctly.

Staff were aware of changes in regulations in the use of dental amalgam and appropriate amalgam separators had been installed.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus. The practice manager told us of the additional measure she had taken to ensure the trainee nurses had been appropriately immunised during the recent national Hep B vaccination shortage.

Emergency equipment and medicines were available as described in recognised guidance, although we noted self-inflating oxygen bags were not easily accessible to staff. Staff kept records of their checks of these to make sure

Are services safe?

these 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. However, they did not undertake regular medical emergency simulations to keep their knowledge and skills up to date.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all 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 completed infection prevention and control training and received updates as required. Staff carried out infection prevention audits but not as frequently as recommended in best practice guidance, and we noted some minor discrepancies in their findings. The latest audit showed the practice was meeting the required standards.

The practice had some 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 were validated, maintained and used in line with the manufacturers' guidance. We noted that protein residue tests were only undertaken monthly, and not weekly as recommended in best practice guidance.

The practice had undertaken an assessment of legionella risk in June 2018, and all but one of its recommendations had been implemented. Records of water testing and dental unit water line management were in place and indicated staff were following best practice guidance.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Full-time staff only received two sets of uniforms which made it difficult for them to ensure they wore a clean one every day.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally but we noted the bins were not secured adequately.

Safe and appropriate use of medicines

The dentists were aware of current guidance about prescribing medicines. There were suitable systems for prescribing and managing medicines, although the practice's name and address were not printed on medicines dispensed privately. Prescription pads were held securely. There is a tracking system for prescriptions but it would not identify theft of loss immediately

The practice had just begun to undertake antimicrobial audits to ensure dentists were prescribing them according to national guidelines.

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

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events.

There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice. We viewed a number of incident logs which clearly outlined the event and the action taken to prevent its recurrence.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and implemented any action if required. Staff we spoke with were aware of recent alerts affecting dental practice

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 46 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it.

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 Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

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

The practice had digital-X-ray machines and a cone beam computed tomography scanner to enhance the delivery of care.

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. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One of the nurses had undertaken additional training in oral health education and was about to start a weekly clinic, giving oral health advice to patients. Plans were in place for her to liaise with local community services. The practice had taken part in a local Scarecrow festival, creating 'Flossy the Tooth Fairy Scarecrow' to promote the importance of oral health.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. A patient folder was available in the waiting area providing information about local smoking cessation services and safe alcohol unit intake.

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 their dentist 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

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. However, the hygienists worked without chairside support, which was not in line with GDC Standards.

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.

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 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.

Are services effective?

(for example, treatment is effective)

The practice manager actively monitored all referrals to make sure they were dealt with promptly.

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 understanding and helpful. One patient told us that their dentist was patient and gentle with their children. Another, that the hygienist always gave encouraging and helpful advice to them. Staff told us some of the practical ways they helped nervous patients through their treatment. Staff gave us specific examples of where they had supported patients, such as starting work early so that one patient could have their veneers fitted before Christmas, and letting patients enter the practice during lunchtime closure when it was raining heavily.

The practice had undertaken a survey in 2017, which had been completed by 60 patients. 100% of respondents indicated that they were happy with the attitude of the staff team.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screen was 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 to protect patients' privacy.

Involving people in decisions about care 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 with them. One patient told us their dentist always answered their questions, and another that staff took time to explain dental procedures to them.

The practice's own survey completed by 60 patients, indicated that 95% of respondents were happy with the quality of explanations they received from the dental team. One of the dentists showed us the photographs and images he used to explain treatments to patients and the practice had a specific treatment co-ordinator who could help patients understand their treatment. The practice's web site provided good information about each of the treatments on offer.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In addition to general dentistry, the practice also provided tooth whitening, dental implants, orthodontics and facial aesthetics to patients. Patients could be referred for more complex treatments such as orthodontics or conscious sedation to one of the provider's other practice's locally.

The practice had made reasonable adjustments for patients with disabilities. These included car parking for blue badge holders, level access electronic door entry, downstairs treatment rooms, a fully accessible toilet and a hearing loop to assist those who wore hearing aids. We noted however that there was no information in relation to translation services for patients who did not speak English.

Timely access to services

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Appointments could be made by telephone or in person and the practice operated a text appointment reminder service. Specific emergency slots were available for those experiencing pain. However, at the time of our inspection the practice did not have capacity to take on new NHS patients as one dentist was about to leave. This had impacted on the availability of appointments, with routine appointments not available for a number of months.

We received concerns from three patients that their appointments had been cancelled, and they had not been informed of this until they had attended the practice for it.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients.

The practice manager took responsibility for dealing with all complaints and monitored them closely to identify themes and patterns.

We viewed the paperwork in relation to two recently received complaints and found that they had been investigated appropriately and patients had been given an empathetic and timely response.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager took responsibility for the overall leadership in the practice supported by an assistant manager. A business operations manager and relationships manager also visited the practice to assist in its running. The practice manager told us they met monthly with other managers in the Antwerp Dental Group to share best practice and any issues.

We found the practice manager to be knowledgeable, experienced and clearly committed to providing a good service to both patients and staff. She was well prepared and organised for our inspection. Staff described her as approachable and effective.

There was a clear staffing structure within the practice itself with specific staff leads for areas such as infection control, health and safety, and safeguarding. Processes were in place to develop staff's capacity and skills for future leadership roles. Staff were encouraged to undertake lead roles and expand their knowledge.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients which was shared with its staff. The business manager told us plans were in place to develop a specific human resources function and intranet facility that would benefit all the practices in the Antwerp Dental Group. The group had recently won the contract to provide minor oral surgery and was focussed on setting that service up.

Culture

The practice had a culture of high-quality sustainable care. Staff said they felt respected, supported and valued and were clearly proud to work in the practice. One dentist told us he received excellent support from other clinicians within the Antwerp Group.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. The practice manager told us of a minor confidentiality breach that was managed in line with this policy.

Governance and management

There were clear and 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. We looked at several policies and procedures and found that they were up to date and had been reviewed regularly. A system was in place to update staff when policies changed.

Communication across the practice was structured around a weekly meeting which staff told us they found beneficial. The day this was held was changed regularly to accommodate the needs of part-time staff.

A weekly and monthly management reporting system was in place to ensure the provider was kept up to date with key issues in each of the eight practices

The practice was a member of the British Dental Association's Good Practice Scheme and had Denplan excel accreditation.

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. Staff received training on information governance.

Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved level 2 on its most recent assessment, indicating it managed information in a satisfactory way.

Engagement with patients, the public, staff and external partners

The practice gathered feedback from patients in a number of ways. Patients were able to complete a survey on an electronic tablet available at the reception desk, as well as leave reviews on google and NHS Choices. The practice had introduced the NHS Friends and Family Test as another way for patients to let them know how well they were doing. We viewed 10 recent responses which indicated that they all would recommend the practice. Staff told us that patients' suggestions to improve signage, purchase new magazines for the waiting area and install a hand rail had been implemented.

Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. Suggestions to colour code paper files and provide more examination packs in treatment rooms had been implemented by the practice manager.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic prescribing and infection prevention and control. Additional audits were undertaken to assess hand hygiene, telephone answer times and waiting times for patients.

The provider ran its own dental academy which had won a Princess Royal award in recognition of its staff training. There was a weekly journal club in place to facilitate the learning and development needs of the dentists. One

dentist told us that he had recently attended informative sessions on minor oral surgery and was looking forward to forthcoming sessions on composite veneers and facial aesthetics. He stated that when a dentist undertook training, there was an expectation within the dental group that any learning from it would be shared across the dental team.

Dental nurses told us they had received good support and encouragement to undertake a variety of training, which was paid for by the practice. All the dentists had received training as witnesses so they could support the dental nurses in their training. The practice manager told us she regularly undertook direct observations of the dental nurses to ensure they were following correct protocols and guidance.

All staff had professional development plans in place which were overseen by the Antwerp academy's director.