Mr Raj Wadhwani

Market Hill Dental Care

Inspection report

6-8 Market Hill
Royston
SG8 9JL
Tel: 01763244298

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Overall summary

We carried out this announced focused inspection on 8 June 2021 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 three questions:

• Is it safe?

• Is it effective?

• 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 well-led?

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

Summary of findings

Background

Market Hill Dental Care is a well-established practice that offers private dental and cosmetic treatment to patients. The practice is one of eight that are part of the Antwerp House Group of dental practices in the Cambridge/Hertfordshire area. It is based in Royston and has three treatment rooms. The dental team includes three dentists, an endodontist, a periodontist, two dental nurses, a practice manager and three dental hygienists.

The practice is open Mondays from 8am to 7pm; Tuesdays from 8am to 5.30pm; Wednesdays from 8.30 am to 5pm, and Fridays from 8.30am to 5pm.

The practice is owned by an individual who is the principal dentist for the Antwerp House Group. They have 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 spoke with one dentist, the practice manager and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Premises and equipment were clean and properly maintained, and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- 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
- Implement an effective performance appraisal system for all staff
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Recruitment procedures reflected current legislation and helped ensure only suitable staff were employed.
- Patient complaints were managed positively and empathetically.

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

- Improve support to the hygienist by providing them with chairside assistance from a trained member of the dental team.
- Implement an effective performance appraisal system for all staff
- Implement anti-microbial audits to ensure clinicians are prescribing to nationally recommended guidance

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**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. The practice manager was the lead for safeguarding issues, and we viewed evidence that staff had received appropriate safeguarding training.

Information about protection agencies was available in each treatment room, making it easily accessible to staff. Vulnerable or at-risk patients could be flagged on the practice's computer software, and staff were aware of the need to record if a child had not been brought for an appointment to identify possible safeguarding issues.

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. The practice manager told us rubber dams were now used for all aerosol generating procedures to help protect against the risk of Covid 19 transmission.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We reviewed three staff recruitment records: these showed the provider followed their recruitment procedure. All staff received a full induction to their role

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested, and staff completed timed fire evacuation drills every six months. Two members of staff had been trained as fire marshals. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

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 graded and reported on the radiographs they took, although the justification for taking X-rays was not always recorded in a few dental care records we reviewed. The practice carried out radiography audits every year, although these were not clinician specific.

Staff completed continuing professional development in respect of dental radiography and two of the nurses had completed radiography training. Rectangular collimation had been fitted to X-ray units to reduce patient 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. Additional assessments had been completed for risks associated with Covid-19.

Are services safe?

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus. A sharps risk assessment had been completed and staff used the safest types of needles as recommended in national guidance. Sharps' bins were sited safely and labelled correctly. We reviewed the practice's incident book which showed that sharps' injuries sustained by staff had been recorded.

Emergency equipment and medicines were available as described in recognised guidance, although the aspirin was in tablet form and not dispersible as recommended. Staff kept records of their equipment and medicines checks to make sure they were available, within their expiry date, and in working order. We noted the Glucagon had not been checked regularly as it was stored in an upstairs fridge and not with the rest of the emergency kit. The practice manager assured us they would rectify this immediately.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

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 every three months, and the latest audits showed the practice was meeting the required standards. Additional measures had been implemented to the patient journey to reduce the spread of Covid 19 and ultra-violet air purifiers had been purchased for each treatment room to help filtrate the air. Staff had been trained to fit test specialist masks worn to protect them from Covid-19 infection.

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. The practice did not have a washer disinfector, so staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

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 water temperatures each month and undertook quarterly dip slide testing of the water quality.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt.

The practice used an appropriate contractor to remove dental waste from the practice and external yellow clinical waste bins were secured, although would benefit from being attached to a fixed post.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines to patients, although did not routinely complete audits to check this.

There were patient group directions in place for the dental hygienists who administered local anaesthetics to patients, although these needed to be signed by each individual dental hygienist.

Information to deliver safe care and treatment

Are services safe?

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 an incident reporting policy in place and completed specific reports of any unusual incidents that occurred. We viewed records in relation to two incidents and saw they had been recorded and fully investigated to prevent their recurrence. It was clear staff learnt from these. For example, following a sharps injury sustained by a member of staff, the practice implemented the use of disposable matrix bands. The practice also reviewed how it managed clinical waste, when a member of staff was injured by a bin lid that fell on their head.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice manager who acted on them if needed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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 dentist 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.

Staff had access to digital X-rays, orthopantogram machine, and an intra-oral scanner 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

Three 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. There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

Consent to care and treatment

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

Staff 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. The practice also offered a treatment co-ordinator service provided by an experienced dental nurse who could explain all aspects of treatments to patients so that they fully understood what was involved.

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

The practice's consent policy included information about the Mental Capacity Act 2005. We found staff understood their responsibilities under the Act when treating adults who might not be able to make informed decisions.

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.

Staffing levels had not been unduly affected by the Covid 19 pandemic. However, at the time of our inspection the practice was relying on dental nurses from sister practices and agency staff to help cover the rota and staff told us this was unsettling. Staff told us they were very pleased that a new nurse was about to be recruited as this would help reduce their workload.

We noted that the hygienists worked without chairside support, which was not in line with GDC Standards.

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

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for any treatment the Antwerp Dental Group could not provide. We found that the tracking of patient referrals could be tightened to ensure they were sent and received in a timely way.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager took responsibility for the day to day running and leadership of the practice. They were supported by an operations director and financial manager who visited to help in the management of the practice. Although the principal dentist did not routinely work on site, we were told he was easy to contact and approachable. 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.

We found that the practice manager was experienced and knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. Plans were in place to increase staff numbers and refurbish to decontamination room to accommodate the practice's expansion.

Culture

Most staff told us they felt respected and valued and were encouraged to undertake relevant training for their role. They stated that the principal dentist had been incredibly supportive and informative during the Covid -19 pandemic and had ensued that the safety of staff was paramount: something which they greatly appreciated.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice manager told us that, in response to one complaint, an on-line meeting had been set up with the patient, their family and the dentist concerned to listened to their concerns and discuss the treatment and a solution in depth.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong.

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.

The practice was a member of a nationally recognised quality assurance scheme to help it meet nationally recognised standards.

Prior to the Covid 19 outbreak there were regular practice meetings attended by all staff. These had now stopped, but the manager sent out regular emails to ensure staff were kept up to date with information and guidance. All managers within the Antwerp dental group also met monthly on-line to share best practice and any areas of concern.

The practice had a policy which detailed its complaints procedure, and details of how to complain were available in the waiting area and on the practice's website.

We viewed two recent complaints received by the practice and noted they had been investigated and responded to in a timely and professional way. Reception staff spoke knowledgeable about how they would deal with a patient complaint and the timescales involved for a response.

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.

Are services well-led?

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. All archived patients' notes had been scanned onto the practice's software systems so that no hard copies were kept.

Engagement with patients, the public, staff and external partners

The practice used surveys to gain feedback about the service, which asked patients for their views on waiting times, the quality of their treatment and the ability of clinicians amongst other things. Patients were also actively encouraged to leave on-line reviews about the practice. At the time of our inspection the practice had scored 4.9 of five starts based on 39 Google reviews.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, one staff member told us their suggestion to implement a stock list for medical consumables had been actioned.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control. The practice manager kept records of the results of these audits and the resulting action plans and improvements.

Staff completed 'highly recommended' training as per General Dental Council professional standards and the practice manager monitored that staff kept up to date with their training closely. The practice paid for staff to subscribe to an on-line dental training provider. Clinicians regularly attended training sessions with the principal dentist.

However, we noted that not all staff had received a recent formal appraisal of their performance and not all had personal development plans in place.