

Patel and Meakin

Hillton Dental Surgeries Faversham

Inspection report

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Overall summary

We carried out this unannounced comprehensive inspection on 26 October 2022 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (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:

- The dental clinic appeared to be visibly clean and well-maintained.

Summary of findings

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has three practices and this report is about Hillton Dental Surgeries Faversham.

Hillton Dental Surgeries Faversham is in Faversham and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes 2 dentists, a trainee dental nurse, a dental hygienist and the practice manager. The practice has 3 treatment rooms.

During the inspection we spoke with the dental hygienist, a trainee dental nurse from one of the other practices in the group, the treatment coordinator (from one of the other practices in the group) and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.30am to 5pm Monday to Thursday

8.30am to 1pm Friday

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

- 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, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular, the correct recording of processing and expiry dates on stored pouched instruments.

Summary of findings

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

The provider accepted the shortfalls that we raised and took immediate action to begin to address these.

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?	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

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Some staff could not demonstrate they had undertaken appropriate training in safeguarding vulnerable adults and children, as evidence of completed training to the correct level was not available on the day of our inspection. We were sent completed training certificates following our inspection.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. However, improvements could be made by a consistent approach to the dating of instruments stored in pouches. We saw that this was not always completed as many pouches did not have any dates recorded. Some were marked with the date of processing and some with the expiry date. We discussed this with staff and were ensured that both dates would be recorded and the person carrying out the reprocessing would sign the pouches also.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was not visibly clean in two areas of the practice. There were ineffective cleaning schedules to ensure the whole practice was kept clean. We were sent photographs following our inspection to show that one of the treatment rooms and the scanning room had been deep cleaned and were tidy.

Recruitment checks were not always carried out, in accordance with relevant legislation to help them employ suitable staff, including agency and locum staff. We discussed this with staff. We were sent the missing documentation following our inspection.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working although we saw that systems in relation to sepsis were lacking.

Emergency equipment and medicines were available and checked in accordance with national guidance. The emergency equipment and medicines were stored in the scanning room with other boxes stored on top of them. The case used to store some of the equipment and medicines was visibly dirty. Following our inspection, we were sent photographs to evidence this had been addressed.

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

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

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Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Records were not available to demonstrate staff undertook training in patient consent and mental capacity.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation. In one of the treatment rooms we found a number of X-ray films scattered behind the computer screen. Staff did not know who the radiographs referred to. We noted they were images of at least three separate patients. Staff stored the radiographs as unknown and hoped to return them to the correct patient records in time.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, we noted that some training had lapsed or had not been conducted, for example for mental capacity, autism awareness and disability, fire safety and infection control; or had not been conducted to the appropriate level, for example, for safeguarding. We were sent certificates to show that most staff had completed this training.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. We noted that the most recent audit had mentioned that all staff had completed training for disability awareness. Our findings were no staff had this training completed on record., Training was completed following our inspection.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The practice demonstrated an open culture in relation to people's safety and staff worked together.

The embedding of systems and processes could be improved.

The inspection highlighted some issues or omissions. For example, areas in the practice that required cleaning, radiographs not filed away in the patients records, omissions regarding the dating of pouched instruments, training that had lapsed or had not been completed and some recruitment information had not been acquired.

Some of the information and evidence presented during the inspection process was disorganised and poorly documented. For example, training documents and recruitment information.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice had some arrangements for staff to discuss their training needs during annual appraisal. However, this could be improved.

Governance and management

Staff knew their responsibilities roles and systems of accountability to support good governance and management. We discussed required improvements with staff.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis, however these were not always followed.

We saw there were some processes for managing risks, issues and performance but these required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice did not have systems and processes in place for learning, continuous improvement and innovation.

Are services well-led?

Staff kept records of the results of these audits and the resulting action plans. We noted that further improvements could be made with regard to the accurate auditing of disability access and infection prevention and control. Both audits had not identified gaps found during the inspection. After the inspection we were sent an updated disability access audit which had addressed the areas of concern. We were assured that the infection prevention and control issue had been addressed regarding the dating of stored instruments following our inspection.