

Harlow Dental Practice Limited

Florence Nightingale Dental Practice

Inspection report

Florence Nightingale Health Centre
1st Floor Dental Practice
Harlow
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Overall summary

We carried out this announced focused inspection on Florence Nightingale Dental Practice 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The dental clinic was visibly clean and well-maintained.
- 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 with some exceptions. Missing items were ordered during our inspection.
- Some systems were in place to help manage risk to patients and staff. However, not all issues had been identified.

Summary of findings

- 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 two practices and this report is about Florence Nightingale Dental Practice, Harlow.

Florence Nightingale Dental Practice is in Harlow, Essex and provides NHS and private dental care and treatment for adults and children.

There is level access and a lift to the first floor where the practice is located, for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available in a car park directly outside the practice. The practice is located in a local health centre and has made reasonable adjustments to support patients with additional needs.

The dental team includes five dentists, seven dental nurses (including one trainee dental nurse), three dental hygienists and one practice manager. The practice has four treatment rooms.

During the inspection we spoke with three dentists, two dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5.30pm.

Friday from 8am to 4pm.

Saturday from 9am to 4.30pm.

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular, ensure five yearly electrical fixed wire testing is undertaken and ensure patients privacy is maintained in treatment rooms.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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

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.

The practice had infection control procedures which reflected published guidance. Where we highlighted issues such as missing logs for heavy duty gloves and brushes, local anaesthetics not stored in blister packs and X-ray holders not in pouches, the practice took immediate action to rectify this.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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 visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. There was scope to ensure cleaning equipment was stored correctly.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff.

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. However, the five yearly electrical fixed wire testing had not been undertaken. Immediately following the inspection, the practice provided evidence that this was scheduled to be undertaken on the 4 August 2022.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. We discussed ensuring the practice had undertaken a risk assessment for the evacuation of people who use wheelchairs and those with pushchairs in the event of a fire, loss of electricity or lift failure.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We noted local rules had not been updated. The practice took immediate action to rectify this.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Appropriate emergency medicines and most life-saving equipment were available. However, we found the oropharyngeal airway size 0, and clear face masks sizes 0, 1, 2, 3 and 4 were missing. Adult and child ambubags were past their expiry date. The provider took immediate action and ordered all of these before the end of the inspection.

We noted glucagon (a medicine used to prevent blood glucose levels dropping too low), was stored in the clinical fridge of which the temperatures were monitored, however the fridge was not located in a secure area of the practice and could be accessed by others not associated with the practice. Before the end of the inspection, the provider agreed to move the fridge to a secure location within the practice.

Are services safe?

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

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.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. However, we found one prescription pad in an unattended treatment room drawer and not all clinicians were following guidance when completing prescriptions. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. 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.

The practice had access to digital X-rays to enhance the delivery of care.

There was level access to a lift for the practice located on a first floor for those patients who were unable to access stairs. We were told the practice ensured access to appointments daily for patients in pain who required urgent access.

Comments received from patients reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it.

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. We noted two treatment room doors had glass panelling, patients undergoing treatment in these rooms could not always be guaranteed total privacy. We discussed this with the provider who confirmed they would be reviewing this.

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.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

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 well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice team took swift action to rectify these.

The information and evidence presented during the inspection process was clear and well documented.

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

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

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.

We saw there were processes for managing risks, issues and performance. There was scope to ensure these were expanded to cover all risks, including reviewing the evacuation of people who use wheelchairs in the event of an emergency.

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.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.