

## Hadlow Dental Practice Partnership

# Hadlow Dental Practice

### Inspection report

Commercial House  
High Street, Hadlow  
Tonbridge  
TN11 0EE  
Tel: 07505953082

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## Overall summary

We carried out this announced comprehensive inspection on 16 November 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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 clean and well-maintained.
- The practice had infection control procedures which required improvement.
- Staff knew how to deal with medical emergencies. Most of the appropriate medicines were available. However, we noted some of the life saving equipment was not available.
- The practice had systems to manage risks for patients, staff, equipment, and the premises. Improvements to risk monitoring were required.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- The practice had staff recruitment procedures which did not reflect current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, 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 practice had information governance arrangements which required improvements.

## Background

Hadlow Dental Practice is in Tonbridge, Kent and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 3 registered dental nurses, a dental hygienist, and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with a dentist, 2 dental nurses, and the practice manager. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday to Friday 9am to 5.30pm

We identified regulations the provider was not complying with. They must:

- Care and treatment must be provided in a safe way for service users.
- Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## **Full details of the regulations the provider was not meeting are at the end of this report.**






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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Requirements notice</b> 
<b>Are services effective?</b>	<b>No action</b> 
<b>Are services caring?</b>	<b>No action</b> 
<b>Are services responsive to people's needs?</b>	<b>No action</b> 
<b>Are services well-led?</b>	<b>Requirements notice</b> 

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **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 did not wholly reflect published guidance.

- We saw a bur brush was in use. The use of these types of brushes are no longer appropriate, due to the abrasion they cause which in turn causes pits and fissures in items. Rendering the item difficult to clean effectively.
- The long-handled brush in use for the manual scrubbing of instruments was visibly worn. There was no stock of brushes to replace this. There was no provision for the weekly change of the long-handled brushes in line with HTM 01-05 (Health Technical memorandum 01-05. Decontamination in primary care dental practices)
- We observed the enzymatic detergent was not being made up to the correct dilution and this was not temperature monitored, in line with the manufacturer's instructions for use.
- Staff informed us they did not download the information contained in the autoclave data logger weekly, therefore they would not be aware of important information regarding the autoclaves working parameters.

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.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment procedure required improvements. The current system was not in line with current legislation.

- 5 members of staff did not have a full employment history recorded.
- 3 members of staff did not have photographic identification on file.
- 2 members of the team did not have any information regarding their immigration status or their eligibility to work in the United Kingdom.
- We saw 5 members of the team had not been subject to an induction.
- 1 member of staff did not have any hepatitis B vaccination status information recorded and another did not have what level of immunity they had for Hepatitis B.

Clinical staff were qualified, registered with the General Dental Council and some had professional indemnity cover. We did not see current indemnity for 3 of the clinical staff and 2 other staff indemnity had expired.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. We noted the data logger information for the autoclave was not downloaded regularly. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

# Are services safe?

The practice had arrangements to ensure the safety of the hand-held X-ray equipment and the required radiation protection information was available. However, some improvements were required.

- The local rules for the two hand-held units required updating as they referred to the previous owner of the practice.
- We noted the critical exam reports for the two hand-held units had reported the need for rectangular collimation to be fitted to the units and for personal dosimetry to be implemented. These had not been actioned.

## **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 sepsis awareness. However, this could be improved.

- The sharps risk assessment did not contain enough information about the types of sharps to be aware of.
- There was no lone worker risk assessment for the hygienist who worked without nursing support.

Not all the emergency equipment and medicines were available, what was available was checked in accordance with national guidance.

- The practice did not have an automated external defibrillator (AED) and AED is part of the resuscitation council's minimum equipment list for dental practices. We were sent evidence an AED had been purchased and delivered to the practice.
- The practice did not hold a 21 gauge, 25mm sterile needle, clear face masks, sizes 1,2,3,4 and 5, and a child self-inflating bag with reservoir.
- The practice held intravenous midazolam; for use during an epileptic seizure rather than the buccal solution recommended.

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.**

Patient care records were complete, legible for some of the clinicians, kept securely and complied with General Data Protection Regulation requirements. We noted patient care records for one clinician did not contain all the required information. In some of the patient care records we reviewed, we did not see a basic periodontal score (BPE) social history information, treatment options and informed consent recorded.

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 some systems for appropriate and safe handling of medicines. However, some improvements were required.

- We saw the prescription pads had been pre-stamped with the practice information.
- There was no monitoring of the prescriptions in and out of the practice, therefore staff would be unaware should prescriptions go missing.
- Antimicrobial prescribing audits were not carried out.

## **Track record on safety, and lessons learned and improvements.**

The practice had systems to review and investigate incidents and accidents which were ineffective.

# Are services safe?

- The practice did not have a significant event or incident recording process. There had been 4 documented accidents in the accident book which did not appear to have any risk reduction measures or analysis conducted.

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. We noted that patient care records were not complete for one of the clinicians.

### **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**

We saw some staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. However, we could not be assured this was consistent as no information regarding consent had been recorded for one of the clinicians. There was no consent policy or information regarding the mental capacity act for staff to refer to.

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 some detailed patient care records in line with recognised guidance. This was not the case for one of the clinical staff.

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

We saw evidence most of the dentists justified, graded, and reported on the radiographs they took, improvements were required for one member of the clinical team. We saw data collected regarding the auditing of radiographical images. No audit had taken place for one clinician.

### **Effective staffing**

Staff did not always receive a structured induction and not all the clinical staff had records demonstrating completion of 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.

Patients said staff were compassionate and understanding when they were in pain, distress, or discomfort.

### **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 and gave patients clear information to help them make informed choices about their treatment. Although we did not see documented discussions regarding treatment options for one of the clinicians.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, videos, X-ray images and an intra-oral camera.

# 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made some reasonable adjustments, including level access and an accessible toilet for patients with access requirements. Staff had carried out a disability access audit, this had not considered other disabilities other than mobility issues.

### **Timely access to services**

The practice displayed its opening hours and provided information on their patient information leaflet.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's 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 who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff did not discuss outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

### **Leadership capacity and capability**

Systems and processes were incomplete and required improvements. The inspection highlighted some significant issues and omissions.

### **Culture**

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

We were not assured annual appraisal were conducted for staff. Training needs and wellbeing were discussed on a casual basis.

Staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and had been reviewed on a regular basis. The policies available did not contain sufficient or up to date information.

- There was no consent policy or information regarding mental capacity available.
- The safeguarding policy did not contain all the required information and there was no information regarding modern day slavery or female genital mutilation.
- All the policies reviewed had not been updated with the new ownership of the practice.
- The whistleblowing policy did not contain contact information for escalation organisations.
- The practice business continuity plan refers to contacting the Primary Care Trust which no longer exists.

We saw there were processes for managing risks, issues, and performance, which needed updating and improvements.

### **Appropriate and accurate information**

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

### **Engagement with patients, the public, staff, and external partners**

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

Feedback from staff was obtained 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 where appropriate.

### **Continuous improvement and innovation**

The practice did not have sufficient systems and processes for learning, quality assurance, continuous improvement.

# Are services well-led?

- The infection prevention and control audit had been completed on a template for aseptic techniques (processes for robust infection control and sterile field management for surgical procedures) although these had been completed 6 monthly, they did not contain all the areas of HTM 01-05 and therefore, infection control had not been audited effectively. The audits conducted did not have a summary report, action plan, date for re-audit or any learning points documented.
- The X-ray image audit was incomplete. Did not reflect the current grading notation as documented in current legislation. There was no summary report, action plan, date for re-audit or any learning points documented.
- The disability access audit was brief in content and had not considered all types of disability.
- The patient record audit had not identified the insufficient notes recorded for one clinician. There was no summary report, action plan, date for re-audit or learning points documented.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 12 safe care and treatment.</b></p> <p>How the Regulation was not being met</p> <p>There was no assessment of the risk of, and preventing, detecting, and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none"><li>• We saw a bur brush was in use. The use of these types of brushes are no longer appropriate, due to the abrasion they cause which in turn causes pits and fissures in items. Rendering the item difficult to clean effectively.</li><li>• The long-handled brush in use for the manual scrubbing of instruments was visibly worn. There was no stock of brushes to replace this. There was no provision for the weekly change of the long-handled brushes in line with HTM 01-05 (Health Technical memorandum 01-05. Decontamination in primary care dental practices)</li><li>• We observed the enzymatic detergent was not being made up to the correct dilution and this was not temperature monitored, in line with the manufacturer's instructions for use.</li><li>• Staff informed us they did not download the information contained in the autoclave data logger weekly, therefore they would not be aware of important information regarding the autoclaves working parameters.</li></ul> <p>The registered person had failed to ensure that all equipment used by the service was properly used. In particular:</p>

This section is primarily information for the provider

# Requirement notices

- We noted the critical exam reports for the two hand-held units had reported the need for rectangular collimation to be fitted to the units and for personal dosimetry to be implemented. These had not been actioned.

We found there were insufficient arrangements to take appropriate action in the event of a medical emergency.

- The practice did not have an automated external defibrillator (AED) and AED is part of the resuscitation council's minimum equipment list for dental practices.
- The practice did not hold a 21 gauge, 25mm sterile needle, clear face masks, sizes 1,2,3,4 and 5, and a child self-inflating bag with reservoir.
- The practice held intravenous midazolam; for use during an epileptic seizure rather than the buccal solution recommended.

There was limited, proper and safe management of medicines. In particular:

- We saw the prescription pads had been pre-stamped with the practice information.
- There was no monitoring of the prescriptions in and out of the practice, therefore staff would be unaware should prescriptions go missing.

## Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

#### **Regulation 17 Good governance**

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the Regulation was not being met

## Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The sharps risk assessment did not contain enough information about the types of sharps to be aware of.
- The practice did not have a significant event or incident recording process. There had been 4 documented accidents in the accident book which did not appear to have any risk reduction measures or analysis conducted.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete, and contemporaneous records were being maintained securely in respect of each service user. In particular:

- We noted patient care records for one clinician did not contain all the required information. In some of the patient care records we reviewed, we did not see a basic periodontal score (BPE) social history information, treatment options and informed consent recorded.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- 5 members of staff did not have a full employment history recorded.
- 3 members of staff did not have photographic identification on file.
- 2 members of the team did not have any information regarding their immigration status or their eligibility to work in the United Kingdom.
- We saw 5 members of the team had not been subject to an induction.
- 1 member of staff did not have any hepatitis B vaccination status information recorded and another did not have what level of immunity they had for Hepatitis B.

# Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- All the policies currently in use did not contain up to date information or insufficient information.
- There was no consent policy or information regarding mental capacity available.
- The safeguarding policy did not contain all the required information and there was no information regarding modern day slavery or female genital mutilation.
- All the policies reviewed had not been updated with the new ownership of the practice.
- The whistleblowing policy did not contain contact information for escalation organisations.
- The practice business continuity plan refers to contacting the Primary Care Trust which no longer exists.
  
- The infection prevention and control audit had been completed on a template for aseptic techniques (processes for robust infection control and sterile field management for surgical procedures) although these had been completed 6 monthly, they did not contain all the areas of HTM 01-05 and therefore, infection control had not been audited effectively. The audits conducted did not have a summary report, action plan, date for re-audit or any learning points documented.
- The X-ray image audit was incomplete. Did not reflect the current grading notation as documented in current legislation. There was no summary report, action plan, date for re-audit or any learning points documented.
- The disability access audit was brief in content and had not considered all types of disability.
- The patient record audit had not identified the insufficient notes recorded for one clinician. There was no summary report, action plan, date for re-audit or learning points documented.