

Mr Muhammad Haroon Syed

Orchard Dental Care

Inspection report

12 Orchard Parade
Mutton Lane
Potters Bar
EN6 3AZ
Tel: 01707655000

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Overall summary

We carried out this announced focussed inspection on 3 September 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

As part of this inspection we 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:

Are services safe?

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

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

Orchard Dental Care is in Potters Bar, Hertfordshire and is situated in a parade of shops in a residential area. The practice provides 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 including dedicated parking for people with disabilities, is available near the practice.

The dental team includes two dentists, two dental nurses, and one receptionist. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Orchard Dental Care is the principal dentist.

During the inspection we spoke with two dentists, two dental nurses and the receptionist. 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 6pm.

Fridays from 9am to 4pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

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)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. These included the risks associated with modern day slavery and female genital mutilation. We saw evidence that staff had received safeguarding training although one member of the clinical team had only completed level one training. The provider was aware of this and provided assurance that additional appropriate training to level two would be completed. The provider sent us evidence of this after the inspection. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Information about reporting procedures and contact details of local protection agencies was available in the practice's policy folder and staff room. We also saw a poster giving advice about domestic abuse in the patients' waiting area.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional measures had been implemented to the patient journey to reduce the spread of Covid 19 and the provider had purchased air purifiers for each treatment room.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. Infection prevention and control audits were completed twice a year. The latest audit showed the practice was meeting the required standards.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

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 which was completed in March 2021. Recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

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

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We reviewed recruitment records for two staff which showed the provider followed their recruitment procedure. We saw that staff received a four-week induction to their role. We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances and fixed wiring.

A fire risk assessment had been carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems were regularly tested and fire exits were kept clear. The practice undertook regular fire evacuation drills although these were not timed.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The dentists carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used on all 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 the Covid-19 pandemic. The provider had current employer's liability insurance.

Clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and the effectiveness of the vaccination was checked. A sharps risk assessment had been undertaken and staff followed the relevant safety regulation when using needles and other sharp dental items. Sharps bins were sited safely and labelled correctly.

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

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who presented with a dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. In addition to this, staff undertook regular medical emergency simulations as part of their monthly team meetings to keep their training and skills up to date.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Interpreting services were available for patients who did not have English as their first language and we saw a poster advertising this service in the patients' waiting area.

Safe and appropriate use of medicines

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

Some medicines were dispensed privately, and the practice's name and address were recorded on the container label of the dispensed medicines. There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines and antibiotics. Regular audits were carried out to monitor and confirm their compliance with this.

Glucagon was kept in the fridge, and the fridge's temperature was checked to ensure it operated effectively.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

We saw records of two incidents at the practice and saw that these were investigated, documented and discussed with the rest of the dental practice team as an opportunity for learning.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice. We saw they were shared with the team and acted upon if required.

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 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.

Dentists used digital x-rays which they showed to patients on a screen in the surgery to enhance the delivery of care. The practice was considering using intraoral cameras in the same way.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The practice had a selection of dental products for sale and prior to the COVID 19 pandemic provided leaflets to help patients with their oral health.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The dentists gave patients information about treatment options and the risks and benefits of these and used models and laminated pictures of root canal and gum treatments so patients could make informed decisions. We saw this documented in patients' records.

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. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Staff new to the practice including agency staff had a structured induction programme. We confirmed clinical staff completed the 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. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly.

Are services well-led?

Our findings

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

The practice 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 the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustained high-quality services and demonstrated improvements over time.

Leadership capacity and capability

We found the partners had the capacity, values and skills to deliver high-quality, sustainable care.

The partners were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. They were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

The practice had a policy which detailed its complaints' procedure, and details of how to complain were available in the patients' waiting area. When we visited the practice there had been no complaints received within the last twelve months.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were happy and proud to work in the practice. One member of staff explained how she had followed the partners when they started up their own practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The dentists were a husband and wife team and shared the responsibility for the management and clinical leadership of the practice and the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider 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 clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider 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

Are services well-led?

The provider used patient surveys and encouraged verbal comments to obtain patients' views about the service. We were shown an example of a suggestion from a patient that the practice had acted on. For example, a patient commented that the flush handle in the patients' toilet was difficult to use and the flush system was changed.

Patients were also encouraged to complete on-line reviews and at the time of our inspection the practice had scored 5 stars out of 5 based on 192 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, a staff member suggested that the filing cabinets were changed to larger ones to make filing patient records easier and this was done.

Continuous improvement and innovation

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

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

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.