

Hatfield Peverel Surgery Limited

Hatfield Peverel Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 January 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 practice was undergoing extensive renovations and building works at the time of our inspection to include additional treatment rooms, dedicated decontamination rooms, additional storage areas, staff and training rooms. The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance.

Summary of findings

- Staff knew how to deal with medical emergencies. Most appropriate medicines and life-saving equipment were available. Those items that were identified by us as missing were obtained following the inspection.
- Protocols for the disposal of medicines and security of prescriptions were not in place. The practice took immediate action to improve systems following the inspection.
- Not all staff supporting sedation had undergone the required training. Following the inspection the practice confirmed this would be reviewed.
- The consent policy did not include information about the Mental Capacity Act 2005 or make reference to Gillick competence. Not all staff understood their responsibilities under the acts.
- 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.
- 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.
- The provider had effective leadership and was implementing a culture of continuous improvement. At the time of our visit, areas such as legionella risk assessment, fire yearly electrical fixed wire testing had not been completed due to the provider prioritising facility improvements and renovations. The practice confirmed that these had been scheduled following the completion of the building work.
- 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.

Background

Hatfield Peverel Dental Surgery is in Hatfield Peverel, Chelmsford, Essex and provides NHS and private dental care and treatment for adults and children. In addition to general dentistry, the practice provides a sedation service, Cone-beam computed tomography systems (CBCT) X-rays and is a dental foundation training practice for dentists. The practice also provides a dental implant service from a visiting dental specialist.

There is step free access to the practice for people who use wheelchairs and those with pushchairs as well as a large accessible toilet. Car parking spaces, including dedicated parking for disabled people, are available outside the practice and in local free car parks. The practice is in the process of expanding the building and making many adjustments to support patients with additional needs. These will include additional ground floor and first floor treatment rooms, a new decontamination room, storage and training rooms.

The dental team includes 4 dentists, 6 dental nurses including 1 trainee dental nurse, 7 dental hygienists, 1 receptionist and 1 practice manager. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 dental hygienist, 1 receptionist 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 Thursday from 8am to 5.30pm.

Summary of findings

Friday from 8am to 2pm.

We noted innovative approaches to providing person centred care. The practice had introduced children days during school holidays. These were specific drop-in days for children and families who were not registered with an NHS dentist. The practice team including NHS dentists, hygienists and dental nurses were on hand to encourage families with young children to attend for NHS oral health advice and preventative care. Goody bags with oral health products were provided for children who attended. In addition, the practice issued a quarterly practice newsletter providing the latest updates about the practice services, the practice team and the latest oral health news.

The practice had taken steps to improve environmental sustainability. The practice encouraged recycling; patients returned empty toothpaste tubes to reduce the use of plastic. Where the practice shredded documents they used a system of universal shredding, the results of this were then used for animal bedding. In addition, the practice had included the fitting of led box ceiling lights (LED) in treatment rooms and motion sensor LED lights on stairs for hands free illumination and to reduce the use of electricity.

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

- Take action to ensure that dental nursing staff who assist in conscious sedation have the appropriate training and skills to carry out the role, taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and disposed of safely and securely. In addition, improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are in compliance with legislation, take into account relevant guidance, and staff follow them.

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.

The practice had infection control procedures which reflected 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.

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

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. The practice manager confirmed a new external Legionella risk assessment had been scheduled for February 2023 when renovations and extension work had been completed. In addition, we were provided evidence that the electrical installation condition report (electrical fixed wire testing) was underway and would also be completed once the renovation works had been finalised⁰⁰.

A fire safety risk assessment was carried out in line with the legal requirements. We were told smoke alarms were checked but there were no records of these checks. We were told following the completion of the building extension work, the team would be reviewing its procedures for fire safety and the safe evacuation of the building in the event of a fire.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment.

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. We noted there were no paediatric pads for the automated external defibrillator (AED), the full range of clear face masks sizes 0 to 4 were not available in line with UK Resuscitation Council guidance. There were no paediatric face masks or ambubag. We noted both adult and child tubing was missing and the airways available had expired.

We noted both oxygen cylinders were below half empty, the practice manager was aware and confirmed these were both scheduled to be refilled. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. Following the inspection, the practice confirmed that the missing items and expired items had been purchased and that the check logs had been updated to include the missing items and the expiry dates.

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. We noted that none of the dental nurses providing support for patients undergoing treatment under sedation had undertaken Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training). We discussed this with the practice manager who confirmed following the inspection that training would be put in place for supporting staff.

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, 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 some systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

We found there was scope to improve the security of prescription pads in the practice and ensure systems were in place to track and monitor their use. In addition, staff we spoke with were not aware of systems to record the use and the disposal of excess medicines such as Midazolam (a medicines used in sedation). Following the inspection, the provider confirmed these had been put in place.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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 offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability. However, we found not all staff supporting sedation had undergone the required training. Following the inspection, the practice manager confirmed this training would be put in place for supporting staff.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

Oral health advice and preventative care was provided by the dentists and the hygienists.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. The practice's consent policy did not include information about the Mental Capacity Act 2005, not all staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy did not make reference to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Not all 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 patient care records in line with recognised guidance.

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 the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits, however these were not completed six-monthly following current guidance. Following the inspection, the practice confirmed these would be completed in line with current recommended guidance.

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 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 we spoke with and feedback we reviewed was wholly positive. References were made to specific staff for their kindness and support both at reception and during treatments.

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.

The practice's website, quarterly newsletters, social media pages and information leaflets provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included 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 reasonable adjustments, including level access, wider doors and an accessible toilet for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media pages.

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 website, newsletters, information leaflets and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with another local practice and patients were directed to the appropriate out of hours service.

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 discussed outcomes 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 team demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on.

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

Staff 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 told us that the practice manager and the dentist were always available to provide help if required and that staff at the practice were helpful and supportive towards each other.

Staff discussed their training needs during annual appraisals, 1 to 1 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. Staff told us that they were encouraged to complete training, the practice paid for staff training and training needs were discussed during appraisal meetings.

Governance and management

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

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 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.

The practice was also a member of a good practice certification scheme. We noted the most recent membership plaque in the reception area was dated January 2023.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. There was scope to ensure audits of radiographs were undertaken 6 monthly in line with current guidance.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. For example, they had enhanced the facilities to include additional decontamination and training rooms for the team to use for staff meetings and training sessions.