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Battle Hill Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 4 November 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 asked the following 3 questions:

- 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 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 appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.
- Improvements were needed to the systems used to help the provider manage risks to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements could be made to ensure all important checks were carried out at the time of recruitment.
- Improvements were needed to ensure infection prevention and control protocols were in accordance with national guidance.

Summary of findings

- Staff knew how to deal with medical emergencies. Most medicines and life-saving equipment were available. Improvements could be made to the monitoring protocol to ensure all equipment was available and in date.

Background

Battle Hill Dental Practice is in Hexham in Northumberland 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. The practice is located near local transport routes. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes 1 dentist, 1 dental nurse, 1 trainee dental nurse, 1 dental hygienist and a practice manager/dental nurse. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist, 1 dental nurse, the trainee dental nurse, the dental hygienist and the practice manager/dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Thursday from 9am to 5.30pm

Tuesday and Wednesday from 9am to 5pm

Friday from 8am to 1pm

The practice closes for lunch between 1pm and 2pm daily

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

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

- Review the practice's protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

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? | Requirements notice | ✗ |

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. Improvements were needed to ensure all staff had carried out the appropriate level of safeguarding training for their role and at the required intervals.

The practice had infection control procedures which reflected published guidance. However, some improvements were needed to ensure adherence to this guidance. In particular;

- The clinical waste bin in the decontamination room was not foot operated.
- Nail brushes were available and in use in clinical areas.
- The handwashing sinks in the surgeries and decontamination room had over-flows and some also had plugs.
- There were no lint-free cloths available to dry sterilised instruments.
- We could not be assured all recommended routine testing of the equipment, used to sterilise dental instruments, was carried out as required.

We noted improvements were needed to the general cleanliness of the decontamination area.

The infection control policy, reviewed by the practice on 14 October 2022, did not reflect the current protocols at the practice. We were also shown an infection prevention and control audit completed by the practice, in February 2022 in accordance with HTM 01-05. We noted, it did not highlight the shortfalls we found on the day of the inspection, or the corrective actions required. We also discussed with the provider the importance of ensuring the audit is undertaken bi-annually in accordance with the guidance.

The practice had some procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. The provider sent us their water monitoring protocol and records immediately after the inspection. We could not be assured water temperature monitoring was carried out as part of the management of Legionella.

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

Overall, we saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. However, in staff records we looked at, we noted improvements were needed, in particular;

- A Disclosure and Barring Services (DBS) check had not been carried for all staff at the point of recruitment and there was no evidence the risks around this had been considered.
- Not all DBS checks for clinical staff were of the required, enhanced level.
- The provider did not have records to demonstrate that important recruitment checks had been carried out at the point of recruitment for all members of staff.
- Not all staff members had an employment contract.

We also discussed with the provider the importance of ensuring a protocol was in place when using temporary or locum staff.

Are services safe?

Records were not available to demonstrate that all clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus.

We noted the effectiveness of the vaccination had not been checked nor a suitable risk assessment undertaken for all clinical 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, with the exception of the suction motor. The practice ensured the facilities were maintained in accordance with regulations; however, we noted the most recent annual Gas Safety certificate was out of date and had been carried out on 4 May 2021.

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

Overall, the practice had arrangements to ensure the safety of the X-ray equipment. However, we noted the X-ray unit in Surgery 1 had a crack in the collimator casing that was noted in the servicing report in January 2022 and again in October 2022. While it was determined it didn't pose a radiation risk, concerns were raised in relation to an infection control risk. No action had been taken to address this.

We also discussed with the provider the importance of ensuring all X-ray equipment is serviced and maintained in accordance with manufacturer's guidance. Radiation protection information was available, although it was not up-to-date and did not reflect the current staff authorised to operate the equipment.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. The sharps safety policy we were shown, was not reflective of the current protocols at the practice. It stated that safer sharps were in use at the practice and we confirmed with the provider that this was not the case. Some staff were knowledgeable around the signs and symptoms of sepsis and we discussed the benefits of all staff undertaking this training.

Staff told us they knew how to respond to a medical emergency and most had completed training in emergency resuscitation and basic life support every year. We discussed the importance of ensuring all staff carried out hands-on training annually.

Emergency equipment and medicines were available in accordance with national guidance, with the exception of the needles and syringes for use with the Adrenaline and the medicine used to treat low blood-sugar. We noted the needles and syringes available expired in 2020 and 2016 respectively and no replacements were available. The medicine used to treat low blood sugar was stored at room temperature. We noted the date had not been adjusted as required when stored in this way and was therefore beyond its recommended use-by date. We raised this with the principal who ordered these items immediately after the inspection and sent us confirmation.

In addition, 2 of the 5 oropharyngeal airway sizes available had expired in 2000 and while new ones were available, the old ones had not been disposed of. Improvements were needed to the monitoring protocols to ensure all equipment and drugs were checked, available, in date and this was undertaken at the recommended intervals.

The practice had information available 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.

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. The introduction of a monitoring protocol was needed so referrals were reviewed to ensure they had been received and that the patient had been called for assessment or treatment.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. We saw NHS prescription pads were stored securely, but the introduction of a monitoring system was needed to ensure all prescriptions can be accounted for. 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.

Helping patients to live healthier lives

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

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.

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 following current guidance and legislation.

Effective staffing

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

Staff told us they received an informal induction when starting at the practice and we discussed this with the principal dentist who assured us staff inductions would be improved to ensure all important information was shared and recorded.

Staff undertook training and development, relevant to their role; however, we discussed the overall monitoring of staff training to ensure it was up-to-date and reviewed at the required intervals.

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 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

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

The inspection highlighted some areas such as risk management and adherence to published guidance where improvements were needed.

Culture

The practice had protocols in place to manage the service, however these did not always operate effectively.

Staff told us they enjoyed working at the practice and everyone worked well together and supported each other. They felt able to discuss their learning needs, general wellbeing and aims for future professional development.

We saw staff carried out continual professional development learning. We discussed the benefits of introducing a monitoring protocol for the provider to assure themselves that all staff completed all 'highly recommended' training as per General Dental Council professional standards.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support the management of the practice.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as equipment servicing, maintenance of facilities, sharps safety and medical emergencies.

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 and the public and reviewed this information.

As a small team, the practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said they were confident these would be listened to and acted on as appropriate.

Continuous improvement and innovation

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.

Are services well-led?

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

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The infection prevention and control measures were not in accordance with HTM 01-05.• The infection control policy was not reflective of the current protocols at the practice.• Medical emergency equipment was not available and monitored as required.• The annual electrical and mechanical testing of the intra-oral X-ray unit in surgery 2 had not been carried out.• The annual gas safety assessment had not been undertaken.• The management of Legionella was not carried out in accordance with the policy.• There was no referral monitoring system to ensure patients were followed up.• There was no protocol in place to monitor NHS prescriptions. <p>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:</p> |

This section is primarily information for the provider

Requirement notices

- Improvements were needed to the system, to ensure important recruitment checks had been carried out, for all members of staff, at the time of recruitment and the level of immunity checked following staff vaccinations.

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:

- Infection prevention and control audits did not highlight the areas where guidance was not being followed.

Regulation 17 (1)