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# Hills Road Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 8 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 always ask five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for protecting vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.

# Summary of findings

- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

## Background

Hills Road Dental Practice is based in Cambridge and provides private dental care and treatment for adults and children.

The practice has made reasonable adjustments to support patients with additional needs. There is access via a ramp to the practice for people who use wheelchairs and those with pushchairs, although there is not an accessible toilet. Car parking is available directly outside the premises.

The dental team includes 3 dentists, 2 dental hygienists, a practice manager, 2 qualified dental nurses and a receptionist. The practice has 2 treatment rooms.

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

The practice is open on Mondays and Thursdays from 8am to 5pm; on Tuesdays from 8am to 4pm, on Wednesdays from 8.30am to 5pm, and on Fridays from 8am to 2pm.

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

# 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>No action</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>No action</b> ✓

# 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. Staff had completed appropriate training and we noted information about protection agencies displayed around the practice making it easily accessible to both staff and patients.

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 and had commissioned an external company to undertake its water quality checks each month.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Staff records we reviewed demonstrated that appropriate pre-employment information had been obtained.

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.

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

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

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. Clinicians did not use the safest types of needles to minimise potential injuries, but a risk assessment had been completed in relation to this.

Emergency equipment and medicines were available and checked in accordance with national guidance. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency simulation scenarios were undertaken to help staff keep their knowledge and skills up to date.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health and cleaning materials were stored safely.

Close circuit television had been installed outside the practice to provide additional security and appropriate signage was in place warning of its use.

### **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines and prescriptions. Antimicrobial prescribing audits were carried out to ensure clinicians followed nationally recommended guidelines.

# Are services safe?

## **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.

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

The practice had implemented systems for recording incidents and accidents, and these were a standing agenda item to be discussed at the regular team meetings. We were provided with specific examples where staff had implemented changes to prevent untoward incidents recurring.

There was a system for receiving and acting on national patient 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 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.

### **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. Two dental hygienists were employed to assist patients in the management of their oral health.

The practice had produced its own maintaining oral health information leaflet that was available to patients in the waiting area, and sold products such as interdental brushes, toothpaste and mouthwash.

### **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 and the requirements of Gillick competency in relation to younger patients.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance.

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

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they had enough time for their role and did not feel rushed in their work.

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. Patient referrals were monitored to ensure their timely management.

# 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 clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients. For example, during the initial Covid-19 lockdown, staff contacted older and vulnerable patients to offer help with their shopping. More recently, the practice provided free dental care to Ukrainian refugees that had arrived in Cambridge.

We found staff had a good understanding of the importance of using and respecting patients' preferred pronouns and gender identity.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage.

Patients' paper records were stored in filing cabinets which were locked every night.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment.

Staff described to us the methods they used to help patients understand treatment options discussed. These included the use of study models, X-ray images and treatment plans.

# 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**

Although the practice did not have an accessible toilet, it had made reasonable adjustments for patients with disabilities which included ramp access, handrails, widened doorways, downstairs treatment rooms, and a portable hearing induction loop.

### **Timely access to services**

At the time of our inspection, the practice was able to take on new private patients and the waiting time for a routine appointment was 2 to 3 weeks. Emergency appointments were available each day for patients in dental pain.

There was an email appointment reminder service available to patients. The practice was part of a local group of private dental practices who provided emergency cover for each other when needed.

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

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service, evidence of which we viewed in practice meeting minutes. Information about how patients could raise their concerns was available in the waiting area. We reviewed the management of 2 recent complaints and noted they had been dealt with in a timely, empathetic and professional way.



# 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 principal dentist had overall responsibility for the clinical leadership and was well supported by the practice manager who oversaw the day to day running of the service.

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

### **Culture**

The practice demonstrated a transparent and open culture in relation to people's safety and staff were aware of the Duty of Candour and their responsibilities under it.

Staff stated they felt respected and valued, citing good communication and teamwork as the reasons. They told us the principal dentist and practice manager were approachable, supportive and listened to them. Their suggestions for a larger radiator and more flexible holiday arrangements had been implemented.

Staff discussed their training needs during annual development reviews. They also discussed learning needs, general wellbeing and aims for future professional development.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management. We found there were clear and effective processes for managing risks, issues and performance.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. It was also was a member of a nationally accredited dental quality programme, and used an on-line governance tool to assist staff in the running of the service.

Communication systems in the practice were good with regular staff meetings, where different topics were discussed each month to ensure staff were up to date with the latest policies and guidance.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Archived patients' notes were held in lockable cabinets.

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

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

Staff gathered feedback from patients using specific surveys and we reviewed the results from a recently completed patient survey and noted high levels of satisfaction with the service provided. Patients could also scan in a QR code that was available on the reception desk in order to provide feedback. On-line reviews were actively monitored and responded to by the practice manager.

The practice gathered feedback from staff through meetings, appraisals and informal discussions.

### **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation. Staff's membership to an accredited on-line training provider was paid for by the practice and

# Are services well-led?

records we reviewed showed that staff had completed all essential training.

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