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Longlands Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 30 March 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were 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:

- The dental clinic appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. However, we found one item was out of date and one medicine had been stored outside refrigeration and the expiry date had not been adjusted to accommodate this. The out of date equipment was ordered immediately after the inspection and the shelf life of the medicine was adjusted.
- The practice had some systems to help them manage risk to patients and staff but there were shortfalls in the assessment and mitigation of risks in relation to recruitment, the control of substances hazardous to health, medical emergency equipment, maintenance of equipment, and lone working.
- The five yearly electrical fixed wire testing had not been undertaken.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which did not reflect current legislation as the provider was not currently seeking evidence of satisfactory conduct in previous employment (references) for newly appointed staff.
- 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.
- 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.

Background

The provider has one practice and this report is about Longlands Dental Practice.

Longlands Dental Practice is in Hemel Hempstead 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. Car parking spaces are available in a car park at the front of the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes four dentists, four dental nurses including one trainee dental nurse, one dental hygienist, and a practice manager. The dental nurses also work on reception. The practice has three treatment rooms.

During the inspection we spoke with three dentists, two dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

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:

- Take action to ensure audits of antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service and that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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.

The practice had infection control procedures which mostly reflected published guidance. The decontamination area was small, and we noted it did not have a separate dedicated hand wash sink although measures were in place to mitigate this risk. The practice did not have an effective system to monitor the process for manual cleaning or transportation of clean and dirty instruments. The printer ink from one autoclave was too faint to be legible and the process for recording the expiry date of sterilised instruments was not consistent. We discussed this with the provider during the inspection and they took immediate action to rectify this. The practice had introduced additional procedures in relation to COVID-19 in accordance with 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.

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 staff. These did not reflect the relevant legislation as evidence of satisfactory conduct in previous employment (references) were not requested before commencement of employment. We also noted that the effectiveness of the vaccination against Hepatitis B virus was not available for all clinical staff. Immediately after the inspection the recruitment policy was updated to include requesting references.

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

The practice ensured equipment was safe to use and most equipment was maintained and serviced according to manufacturers' instructions. We found the autoclaves had not been serviced the previous year and the ultrasonic bath had never been serviced.

The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements although there was scope to improve the management of fire safety by employing a competent person to carry out the fire risk assessment, ensuring the emergency lighting was serviced annually and checked monthly and keeping records of timed fire evacuation drills. Immediately after the inspection we were advised that monthly testing of the emergency lighting had been introduced and an external fire risk assessment would be arranged.

We noted the five yearly electrical fixed wire testing had not been undertaken.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw most of the required radiation protection information was available. However, we noted that the three yearly checks were out of date and two clinicians did not have evidence of in-date training.

Risks to patients

Are services safe?

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. There were shortfalls in the management of risks associated with sharps safety, sepsis awareness and lone working. Immediately after the inspection we were advised that the sharps risk assessment had been improved, the use of safety sharps systems implemented, and information related to sepsis was displayed for patients and staff.

The provider had emergency medicines and equipment in accordance with UK Resuscitation Council guidance but the process for checking the medical equipment was not effective as we found that the adult defibrillator pads were out of date. In addition, we found one medicine used to treat low blood sugar had been stored outside refrigeration and the expiry date had not been adjusted to accommodate this. Replacement pads were ordered immediately after the inspection and the shelf life of the medicine was adjusted during the inspection.

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 for dental products but had not completed risks assessments for general cleaning products used at the practice.

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.

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 systems for appropriate and safe handling of medicines. However, antimicrobial prescribing audits had not been carried out.

Track record on safety, and lessons learned and improvements

The practice had systems for reviewing and investigating when things went wrong. There was scope for improvement by ensuring that accidents and events were used as an opportunity for learning. Immediately after the inspection we were sent evidence that this had been implemented.

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 (MCA).

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. We noted some variation of detail across the clinical team with regards to recording patient dental care information such as risk assessments for caries, periodontal disease and cancer and the implementation of new guidance on the recording of diagnosis of periodontal disease. We discussed this with the provider who assured us that this would be implemented immediately. The dentists assessed patients' treatment needs 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 six-monthly following current guidance and legislation. There was scope to improve these by making them clinician specific with documented actions and learning points.

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. At the time of the inspection there was scope to improve the monitoring of private referrals. Immediately after the inspection a process was implemented to follow up referrals to ensure patients received care in a timely manner.

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 Notice 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

The provider was receptive to the feedback provided during the inspection, acknowledged the shortfalls identified and demonstrated a willingness to implement change. Immediately after the inspection the practice manager sent evidence of some actions already taken to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

The practice demonstrated a transparent and open culture in relation to people's safety.

We noted a lack of oversight at the practice to suitably identify and mitigate all the risks associated with the undertaking of regulated activities. Some policies recently reviewed by the provider were not in line with current guidance, in particular, the recruitment policy.

Systems and processes such as, the monitoring of private referrals, recording and learning from incidents, accidents and near misses had not been embedded at the practice.

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

Culture

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals although we did not see evidence of training for radiography for two clinicians. We found that staff had not received annual appraisals where they could discuss their learning needs, general wellbeing and aims for future professional development since 2019. We were informed that appraisals were planned for all employed staff following our inspection.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management although these were not always effective in ensuring the regular servicing and checks of sterilisation and X-ray equipment and the replacement of out of date emergency medical equipment.

Improvements were required to ensure risks associated with lone working for the hygienist, five yearly electrical fixed wire testing, and control of substances hazardous for health for cleaning products were identified and mitigated.

We found there were not always effective processes for managing performance. For example, we found the provider had not always followed national guidance in relation to completion of clinical care records.

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

Are services well-led?

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

The practice gathered feedback from staff through meetings and informal discussions. Although, there was scope to improve the frequency of these meetings. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

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.

Staff kept records of the results of these audits, although there was scope to improve these audits by making them clinician specific with recorded action points for learning.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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 might be at risk. In particular:</p> <ul style="list-style-type: none">• There was ineffective oversight of medical emergency equipment to ensure that all equipment was in date.• Not all specified information was available as laid out in Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding each person employed. In particular, in obtaining evidence of satisfactory conduct in previous employment and recording the effectiveness of vaccination against Hepatitis B for all clinical staff.• Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, did not ensure risk assessments were undertaken for all cleaning products.• A five yearly electrical fixed wire test had not been undertaken.

Requirement notices

- Processes were ineffective to ensure that all equipment used for the provision of regulatory activity was serviced and tested in line with guidance and manufacturer's instructions, in particular, the autoclaves, ultrasonic bath and X-Ray three yearly checks.

The registered person had systems in place that operated 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:

- Patients' dental assessments were not always recorded in accordance with nationally recognised evidence-based guidance.

Regulation 17 (1)