

Dr Kushbah Begum

Battle Hill Dental Practice

Inspection report

11 Battle Hill
Hexham
NE46 1BA
Tel: 01434602678

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Overall summary

We undertook a follow up focused inspection of Battle Hill Dental Practice on 5 July 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Battle Hill Dental Practice on 4 November 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Battle Hill Dental Practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required. In addition to reviewing the improvements made since our last inspection in relation to the practice providing well-led care, we also inspected the practice to ensure they were providing caring and responsive care, which had not been assessed at the previous inspection.

As part of this inspection we asked:

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Our findings were:

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- The appointment system worked efficiently to respond to patients' needs

Summary of findings

- Staff and patients were asked for feedback about the services provided.
- 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.
- Improvements were needed to ensure complaints were dealt with positively and efficiently.
- The provider confirmed they had information governance arrangements, although staff were unclear what these were.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breach we found at our inspection on 4 November 2022.

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, the dental nurse, the trainee dental nurse 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 meeting. 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:

Summary of findings

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Take action to ensure the availability of an interpreter service for patients who do not speak English as their first language.
- Take action to ensure the practice stores dental care records securely.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	Requirements notice	✗

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.

The practice gathered patient feedback. Where recommendations were made, we were told these were reviewed and actioned where appropriate.

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. We saw paper records were not stored securely, the provider confirmed they would review this and ensure paper records were not accessible to unauthorised persons.

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 provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options; including X-ray images.

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 some adjustments for patients with additional needs. A disability access audit had been carried out although there was a limited action plan to improve the service.

Timely access to services

The practice displayed its opening hours and provided information on their website and social media page.

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.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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 had policies relating to the management of complaints; however these did not accurately reflect the protocols at the practice. Detailed information relating to the complaints process was not accessible to patients. From the records we were shown, we could not be assured patients were signposted to additional escalation options available to them. There was no evidence staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found that this practice was not providing well-led care. 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).

At the inspection on 5 July 2023 we found the practice had made some improvements to comply with the regulation:

- The recommended testing of the intra-oral X-ray unit had been carried out. We noted some recommendations had been made, 1 of which had been actioned. The provider confirmed the settings were being used in accordance with the recommendations made in the report. They confirmed a plan was in place to replace the unit in order to be able to take intra-oral X-rays on children.
- The annual gas safety assessment had been undertaken.
- A protocol had been implemented to monitor NHS prescriptions.
- The provider confirmed no recruitment had been carried out since the last inspection. A protocol had been introduced to ensure all relevant checks were carried out at the time of recruitment. Further improvements could be made to ensure records were available to demonstrate the level of immunity was checked following staff vaccinations.

The practice had also made further improvements:

- The practice had introduced a monitoring protocol for staff training. We looked at the records available on the day and noted this had been started but was still a work in progress.

However, there were a number of areas where improvements had not been made:

- The infection prevention and control measures were not in accordance with guidance including the Health Technical Memorandum 01-05: Decontamination in Primary Dental Practices (HTM01-05). In particular:
 - We could not be assured heavy duty gloves were used when carrying out manual scrubbing of dirty instruments.
 - The long handled brush, for cleaning used dental instruments, in use on the day was visibly worn and dirty.
 - There was no illuminated magnifying glass available for staff to check the instruments.
 - The hand-washing sink in the decontamination area appeared dirty and had visible debris.
 - The sharps bins in both surgeries were not appropriately labelled.
 - We could not be assured staff carried out all recommended daily checks to ensure that the sterilising equipment achieved optimal pressure to effectively sterilise dental instruments.
 - Lint-free cloths, used for drying instruments, were not available. The practice manager confirmed they had purchased some cloths but we noted these were not appropriate.
 - Clinical waste was stored near the cleaning equipment in the decontamination room as the practice did not have a suitable storage area for temporarily storing items pending collection. On the day we noted a new clinical waste bin had been delivered and the provider confirmed they would arrange for this to be used.
- Infection prevention and control audits did not highlight the areas where guidance was not being followed and were not carried out at the required intervals.
- The system for monitoring the medical emergency drugs was not effective. On the day of the inspection we noted the glucagon (medicine used to treat low blood sugar) and the adrenaline were available in the medical emergency kit despite them being beyond their expiry date. We were shown replacements for both medicines had been purchased but these would not have been easily accessible to staff. The provider could not be assured the out-of-date medicines would not be used in the event of an emergency.
- The management of Legionella was not effective. The practice tested the water on a quarterly basis but monthly water temperature monitoring was not carried out.
- A simple referral monitoring system had been introduced to ensure patients were followed up. Further improvements could be made to ensure staff are aware of the status of each referral sent.

Are services well-led?

- We found staff had limited understanding of their obligations in relation to information governance and the Accessible Information Standards.

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">• There were ineffective systems to ensure that infection prevention control procedures were monitored and carried out in accordance with HTM01-05.• There were ineffective systems to ensure medical emergency medicines were appropriately disposed of and were not available for use beyond their expiry date.• The legionella monitoring protocols were not effective. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none">• There were ineffective systems for managing complaints. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p>

This section is primarily information for the provider

Requirement notices

- Staff were not aware of their responsibilities in relation to information governance and the Accessible Information Standards.

Regulation 17(1)