

Mr. Ketan Mehta

Hillside Dentalcare

Inspection report

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Overall summary

We undertook a follow up focused inspection of Hillside Dentalcare on 16 January 2024. 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 and a second CQC inspector.

We had previously undertaken a comprehensive inspection of Hillside Dentalcare on 19 September 2023 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 safe, effective and well-led care and was in breach of regulations 12, 13, 17, 18 and 19 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 Hillside Dentalcare 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 areas where improvement was required.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 19 September 2023.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach/es we found at our inspection on 19 September 2023.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach/es we found at our inspection on 19 September 2023.

Background

Hillside Dentalcare is in the London Borough of Hillingdon and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. The practice does not have an accessible toilet and they communicate this to new patients before booking. Car parking spaces are available near the practice.

The dental team includes the principal dentist, 2 associate dentists, 1 qualified dental nurse, 2 trainee dental nurses and 1 dental hygienist. The practice has 1 treatment room.

During the inspection we spoke with the principal dentist and one of the trainee dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Tuesday, Thursday and Friday from 8.30am to 5.30pm

Wednesday from 8.30am to 4.30pm

Saturdays by appointment only.

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

- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.

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?	No action	✓

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 16 January 2024, we found the practice had made the following improvements to comply with the regulations:

- The practice had made improvements to ensure that safeguarding processes to prevent abuse of vulnerable adults and children were effective. We saw evidence that staff had completed safeguarding training at a level appropriate to their role. Staff were aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. Information about internal safeguarding procedures had been updated and made accessible to staff and people who use the service.
- The decontamination process demonstrated by staff was broadly in accordance with the guidance set out in the Department of Health publication 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). Staff wore the required personal protective equipment (PPE) during the decontamination process and there were systems in place to ensure aerosol risk was minimised. The practice implemented systems to monitor the use of long-handled brushes and domestic gloves and the water temperature was monitored throughout the cleaning process to ensure it was 45 degrees Celsius or lower. Staff maintained a dirty to clean flow during the decontamination process and there were effective systems in place to monitor the storage time of sterilised instruments. The tap in the decontamination room had been replaced to a lever-operated mixer tap as per recommended guidance. All posters in the surgery and the decontamination area had been replaced to laminated ones to ensure they were easily cleansable, and the clinical area had been de-cluttered. We saw evidence that staff had completed infection prevention and control training. The practice infection prevention and control policy had been updated to reflect the processes specific to the service. Further improvements could be made to introduce practical infection prevention control training for trainee dental nurses, covering various topics, including cross-contamination, instrument inspection and ultrasonic cleaner validation and testing.
- Recommendations made in the Legionella risk assessment dated 26 May 2023 had been acted upon. We were shown evidence that staff were carrying out monthly checks of the hot and cold water-outlets and the recorded temperatures were in the range recommended by the risk assessment.
- The practice had made changes to ensure clinical waste awaiting collection was stored securely. Further improvements could be made to ensure that an amalgam separator was attached to the suction unit to remove amalgam particles from the wastewater to reduce the amount of amalgam entering the sewage system. Following the inspection, the principal dentist told us that they had arranged the installation of an amalgam separator.
- The practice had a cleaning log in place, and we saw evidence that the effectiveness of cleaning was regularly checked. The required colour coded mops and buckets were available and stored properly. The practice installed a lock on the cabinet used to store cleaning materials.
- The provider improved their recruitment procedure to reflect the relevant legislation. The required documentation, including Disclosure and Barring Service (DBS) checks, evidence of conduct in previous employment, full employment history and current indemnity details were available to review for all staff. On the day of the follow-up inspection, not all members of staff had a proof of identity, including a recent photograph, on file. In response to our inspection feedback the provider told us that these documents had now been obtained. The principal dentist stated that moving forward the relevant recruitment documentation would be obtained at the point of employment in line with their updated recruitment policy.

Are services safe?

- The provider improved the systems in place to ensure the premises were safe. An electrical installation condition report had been undertaken on 23 October 2023 and we saw evidence that recommendations made within the report had been acted upon. We were shown the gas safety certificate dated 16 October 2023 which demonstrated that the appliance had been checked for safety. Portable appliance testing had been completed on 28 September 2023.
- Improvements had been made to ensure the management of fire safety was effective. The practice had a fire risk assessment completed by a competent person on 20 October 2023. Most recommendations made in the risk assessment had been acted upon. At the time of the inspection the installation of fire-resistant doors remained outstanding. The principal dentist was aware of this and told us that this would be actioned as soon as possible. The principal dentist was the lead for fire safety, and we saw evidence that they had completed fire awareness training. We saw from the practice meeting records that fire safety had been discussed in practice meetings and fire evacuation drills were being carried out. The practice implemented systems to ensure that the smoke detectors were tested weekly. We saw the electrical installation certificate to demonstrate that emergency lighting had been installed on 27 October 2023. Further improvements could be made to ensure the testing of this was added to the practice fire logbook.
- Arrangements to ensure the safety of the X-ray equipment were effective. Recommendations made in the 3-yearly performance report dated 6 December 2022 had now been acted upon. The intraoral unit had a rectangular collimator fitted and following the instructions of their Medical Physics Expert (MPE), the practice had adjusted the patient entrance dose for both adult and child mandibular molar to ensure it was not greater than the National Diagnostic Reference levels. The practice had completed a radiation risk assessment identifying the procedural controls required to restrict exposure.
- The practice had updated their sharps risk assessment, and it considered risks relating to all forms of sharps used in the practice. We were shown evidence that all members of clinical staff had blood test to show their response to the Hepatitis B vaccination they received.
- Sepsis prompts for staff and information posters were available within the practice. The record of practice meetings showed that sepsis had been discussed to ensure staff were able to triage patients with sepsis correctly.
- The practice had completed a lone worker risk assessment for staff working alone.
- Most medical emergency drugs and equipment were available in line with the guidance issued by the British National Formulary and the Resuscitation Council (UK). We noted that Glucagon (an emergency drug to treat low blood sugar) was stored in the fridge, however the fridge temperature was not monitored. Following the inspection, the provider told us that they had now removed the Glucagon from the fridge and reduced the shelf-life by 6 months. This was in line with the manufacturer's guidance. On the day of the inspection the practice did not have child self-inflating bag with reservoir. In response to our inspection feedback, the provider told us that this would be ordered on 22 January 2024. Practice staff checked the medical emergency drugs and equipment at least weekly as set out in the relevant guidance published by the Resuscitation Council (UK). We noted that the bodily fluid spillage kit and the Automated External Defibrillator (AED) pads were now in date.
- The practice had carried out risk assessments for all hazardous materials used in the practice as per Control of Substances Hazardous to Health Regulations 2002 (COSHH). In addition, staff had access to the relevant safety data sheets of hazardous materials used in the service.
- The practice had made improvements to ensure that patient care records were stored securely in lockable cabinets.
- The practice had implemented systems for tracking and monitoring referrals for patients with suspected oral cancer under the national two-week wait arrangements.
- Improvements had been made to the safe and appropriate use of medicines. The practice had a stock control system to monitor the medicines kept on site. Prescription only medication was stored securely. The practice had a prescription log; however, this was not suitable to identify any missing prescriptions. In response to our inspection feedback, the principal dentist told us that they had now prepopulated the NHS prescription numbers in a spreadsheet, and this would allow them to identify missing prescriptions in the future.

Are services safe?

- The practice had implemented systems and processes for reporting on accidents and incidents internally to ensure information about these were shared with staff to promote learning and prevent recurrence.
- We saw evidence that the practice had now signed up to receive reports relevant to the service issued by the Medicines and Healthcare products Regulatory Agency (MHRA). The principal dentist told us that relevant alerts would be disseminated to staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At the inspection on 16 January 2024, we found the practice had made the following improvements to comply with the regulations:

- The practice made improvements to ensure dental professionals were up to date with current evidence-based practice. Our discussion with the principal dentist demonstrated that they were now aware of relevant nationally recognised guidance, including Patient Group Directions, the most recent guidelines around antimicrobial prescribing and the restrictions of using amalgam on deciduous teeth, breastfeeding women and children under 15. They further demonstrated an awareness of Gillick competency, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances.
- Clinicians had improved their record keeping and the clinical records we looked at now included the required details, including intraoral and extraoral examination, Basic Periodontal Examination (BPE) and treatment options. Further improvements were needed to ensure patient care records included risk assessments of periodontal disease, caries and oral cancer, and recall intervals according to risk.
- The provider implemented systems to ensure newly appointed staff received structured inductions. The topics covered included safeguarding, infection prevention and control, health and safety, medical emergencies, practice policies and procedures, and confidentiality.
- There were now effective systems in place to monitor staff training to ensure appropriate action was taken quickly when training requirements were not being met. All members of staff had completed training relevant to their role. Clinical staff were up to date with their continuous professional development requirements. In addition, the practice had face to face infection prevention and control and basic life support training on 18 October 2023. The principal dentist ensured that trainee dental nurses were effectively monitored and learning and development needs were discussed in appraisal meetings. Further improvements could be made to ensure all members of staff completed training on interacting with people with a learning disability and autistic people.

The practice had also made further improvements:

- The practice had implemented systems to centrally monitor patient referrals to other dental or health care professionals to ensure they were received in a timely manner and not lost.

Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 16 January 2024, we found the practice had made the following improvements to comply with the regulations:

- The principal dentist showed commitment to delivering safe, compassionate and high-quality care. Our discussions with the principal dentist revealed that they had sufficient oversight of the day-to-day activities of the practice. The dental team worked together to implement improvements.
- Information presented during the inspection was well organised and easily accessible.
- The practice had regular meetings with set agendas. Topics covered included discussion about the improvements required in response to our previous findings, safeguarding, management of clinical waste, sepsis and medical emergency scenarios. Future planned topics included changes to practice policies and procedures, to ensure these were disseminated to staff promptly.
- The Health and Safety Policy and risk assessment had been updated and these documents were now reflective of the arrangements within the service.
- The practice had completed a disability access audit and formulated an action plan to continually improve access to patients.
- The practice now had a complaints policy which set out the systems and processes for dealing with complaints. Information and guidance about how to complain was now available and accessible to those who used the service.
- The practice had an external infection prevention and control audit undertaken in November 2023. The audit included a detailed action plan, and the practice was working towards completing all recommendations.
- An antimicrobial prescribing audit had been completed in November 2023 and antimicrobial prescribing was now in accordance with the current guidance. We saw evidence that radiography audits were being completed. Improvements could be made to ensure that where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.