

Hockerill Limited

# Hockerill Dental

## Inspection report

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### Overall summary

We carried out this announced inspection on 27 July 2021 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 provider 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 three 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:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services well-led?**

# Summary of findings

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

## Background

Hockerill Dental provides private treatment for adults and children but has a small NHS contract. In addition to general dentistry it also provides dental implants. There is ramp access to the premises for wheelchair users, and a partially accessible toilet.

The dental team includes seven dentists, four dental nurses, two hygienists, a practice manager and reception staff. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Hockerill is one of the dentists.

The practice is open on Mondays and Wednesdays from 8am to 7pm; on Tuesdays and Thursday from 8am to 5pm, and on Fridays from 8am to 3pm. The practice opens on a Saturday by appointment only.

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

## Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The provider dealt with complaints positively and efficiently.
- The provider actively sought and valued patient feedback, using it to drive improvement to the service.
- Staff felt involved and supported and worked as a team.
- The provider had effective leadership and a culture of continuous improvement.

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

- Take action to ensure the dental hygienists 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.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Take action to implement a system to easily identify any lost or missing prescriptions.

# 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 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)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. One of the dentists was the lead for safeguarding concerns and staff had received appropriate training. Information about reporting procedures and contact details of local protection agencies was available in the practice's policy folder and via the provider's web-based portal. We noted information about local protection agencies in the patients' toilet making it easily accessible. During our inspection, the receptionist added further information about local domestic violence support services. The practice manager told us of safeguarding concerns at a previous dental practice where they had worked. These examples demonstrated they took safeguarding concerns seriously and reported appropriately.

A rainbow icon was attached to the dental care records to alert staff to any vulnerable patients or patients who required other support such as with mobility or communication.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed. Staff also had access to the provider's own internal reporting procedure which was monitored by members of the provider's compliance team.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional measures had been implemented to the patient journey to reduce the spread of Covid 19 and the provider had purchased air purifiers for each treatment room.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

*The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.*

Infection prevention and control audits were completed quarterly and the latest showed the practice was meeting the required standards.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. However, we noted that the legionella assessment stated that hot water temperatures should be tested to ensure they reached above 55 degrees; staff had only been testing the water temperature to 50 degrees.

We saw effective cleaning schedules to ensure the practice was kept clean. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Zoning from clean to dirty areas was well signposted.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately. External clinical waste bins were stored securely in a locked shed.

# Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We reviewed recruitment records for three staff which showed the provider followed their recruitment procedure. All staff received an induction to their role and underwent a probationary period to ensure they were suitable for the role.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances and fixed wiring. Staff reported that they had enough equipment for their job and repairs were undertaken quickly.

Records showed that fire detection and firefighting equipment was regularly tested, and staff completed regular timed fire evacuation drills. All staff had undertaken fire training and two staff had been appointed as fire marshals for the practice. The practice's fire risk assessment had recently been reviewed and automatic door closures were in the process of being installed as a result.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used on all X-ray units to reduce patient exposure.

## **Risks to patients**

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. A sharps risk assessment had been undertaken and staff followed the relevant safety regulation when using needles and other sharp dental items. Sharps bins were sited safely and labelled correctly.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. In addition to this, staff undertook regular medical emergency simulations to keep their training and skills up to date. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

The provider had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

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

# Are services safe?

The dentists were aware of current guidance with regards to prescribing medicines and regular audits were carried out to monitor that the dentists were prescribing antibiotics in line with it.

Glucagon was kept in the fridge, and the fridge's temperature was checked to ensure it operated effectively.

There was a stock control system of medicines which were held on site, and during our inspection this was improved to show the actual amount held. Staff stored and kept records of NHS prescriptions as described in current guidance, although did not have a system in place to easily identify lost or missing prescriptions.

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

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues and staff monitored and reviewed incidents and accidents that occurred in the practice. The practice had an incident reporting policy in place and specific forms were available to complete in relation to these. All significant events were recorded on the provider's on-line portal and were actively reviewed by the compliance team.

It was clear that learning from any unusual incidents was used effectively to improve the service. For example, different coloured coat storage boxes were obtained, following an incident where a patient had mistakenly walked off with another person's coat.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and were triaged by the practice manager who downloaded them and disseminated the information if needed.

# 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.

Patients' dental care records were audited regularly to check that the dentists recorded the necessary information. Clinicians had access to the provider's clinical director if they needed any support or advice.

The practice offered dental implants. These were placed by the dentists who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras and a three-dimensional scanner to enhance the delivery of care to patients.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

Dental care records we reviewed demonstrated dentists had given oral health advice to patients, although did not always demonstrate that the clinicians had followed the periodontal pathway as recommended in guidance by the British Society of Periodontists.

Two hygienists work at the practice to give patients advice and gum disease and oral health management. There was a large TV screen in the waiting room giving patients helpful information about different types of treatment available and about oral health. Some of the information was in cartoon format, making it accessible to younger patients. The practice sold sundries such as interdental brushes, floss, and mouthwash.

Prior to the Covid -19 pandemic, a large selection of dental information leaflets had been available to patients, but these had been removed temporarily to minimise the risk of cross infection.

### **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after.

The practice's consent policy included information about the Mental Capacity Act 2005 and Gillick guidelines. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

### **Effective staffing**

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

A dental nurse worked with the dentists when they treated patients, although this was not always the case for the dental hygienists. This had been fully risk assessed.

# Are services effective?

(for example, treatment is effective)

Staffing levels had not been unduly affected by the Covid pandemic and staff told us they had enough time to do their job and did not feel rushed.

## **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. All outgoing referrals were logged centrally and monitored by one of the dental nurses to ensure they were managed in a timely 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**

We found staff had the capacity, values and skills to deliver high-quality, sustainable care. The practice manager was responsible for the day to day running of the service and was supported by an area manager and governance advisor who visited regularly. The practice manager was also able to seek support from the provider's IT, HR and finance departments if needed.

In addition to this, staff had delegated responsibilities, with specific leads in the practice for areas such as treatment co-ordination, infection control, referrals and patient feedback. The practice manager realised the benefit of giving staff additional responsibilities as a way to develop their skills and add interest to their role.

Following our inspection, the practice manager sent us evidence of action they had already taken to address some of the minor shortfalls we had identified. This demonstrated to us their leadership and commitment to improve the service.

The practice manager had recently won an internal award for 'practice manager of the year', within the provider's group of 90 practices, and had also been nominated for an external national dental award.

### **Culture**

Staff told us they felt respected and valued, citing good teamwork, effective management and support for training as the main reasons. One staff member reported that the practice manager had been very understanding of their family caring commitments.

The practice manager was keen to encourage teamwork and to achieve this had introduced staff guided meditation sessions and 'positive vibe' feedback where staff left anonymous positive comments about each other. Plans were in place to organise a summer picnic involving all staff.

The practice ran a 'star of the month' scheme where individual staff members were recognised and thanked for their contribution.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong.

### **Governance and management**

There were effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication systems in the practice were good with regular meetings and weekly huddles to ensure key information was shared to the staff team. Minutes of meetings we reviewed showed that staff were kept up to date with latest guidance and issues concerning the practice. On-line message apps were also used to communicate with staff.

The practice had a policy which detailed its complaints' procedure, and details of how to complain were available in the waiting area. We viewed recent complaints received and noted they had been investigated and responded to in a timely and professional way.

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

# Are services well-led?

The practice had its own survey to gather feedback from patients in relation to the quality of their treatment, and experience at the practice. 44 responses had been received between April 2021 and June 21, with high levels of patient satisfaction indicated. The practice used this information to improve its service and patients' suggestions for a water cooler, music to be played in treatment rooms and new window blinds had been actioned. Patients were also encouraged to complete on-line reviews and at the time of our inspection had scored 4.9 stars of 5 based on 134 reviews.

The provider gathered feedback from staff through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, their suggestions for scrub uniforms, a bigger storage area and air-cooling units had been implemented.

## **Continuous improvement and innovation**

The provider had quality assurance processes to encourage continuous improvement. These included audits of dental care records, radiographs, infection prevention and anti-microbial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted in the minutes of staff meeting minutes we reviewed that the results of audits were discussed so that learning could be shared.

Staff completed 'highly recommended' training as per General Dental Council professional standards and had personal development plans in place. Staff discussed their training needs, general well-being and aims for the future at an annual appraisal, evidence of which we viewed. The appraisals covered what staff were proud of, what they could do differently and any support they required. Staff described the appraisals as useful. In addition to this, the practice manager met regularly with the dentists to discuss their performance or training needs.