

Hatfield Dental Care Limited

Hatfield Dental Care

Inspection report

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Overall summary

We carried out this announced inspection on 20 February 2023 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 advisor.

To get to the heart of patients' experiences of care and treatment, the following 5 questions were asked:

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

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

Our findings were:

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff provided preventive care and supported patients to ensure better oral health.
- The dental clinic appeared clean and well-maintained. Improvement was needed to ensure environmental cleaning equipment was used and stored in line with published guidance.
- More effective oversight and monitoring was required to ensure infection prevention and control validation protocols were in accordance with published guidance.

Summary of findings

- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available; current processes for regular checks and the location of these required review.
- The practice had systems to manage risks for patients, staff, equipment and the premises, some of which could be improved upon.
- Systems to ensure appropriate staff recruitment checks were in place and recommended training was undertaken could be improved.
- Improvement was needed in respect to prescription management, clinical waste oversight and response to safety alerts.
- 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.
- 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.
- Leadership, oversight and management of systems and processes could be improved.
- Staff felt involved, supported and worked as a team.

Background

Hatfield Dental Care is in Hatfield, Doncaster 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. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 8 dental nurses (3 of whom are trainees), 2 dental therapists, a practice manager and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday and Thursday 8am to 4:30pm

Tuesday 8am to 7pm

Wednesday 8am to 1:30pm

Friday 8am 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.

Summary of findings

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

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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 did, in some areas reflect published guidance; however, oversight of current processes could be improved to ensure records were completed appropriately to demonstrate the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' and published guidance. In particular:

- Autoclave automatic control test results were not recorded in line with guidance.
- Equipment validation records we reviewed started from January 2023. We were not assured if validation records were available prior to January 2023.

In addition, we noted the upstairs decontamination room had no hand washing sink and the hand wash and hand cream dispensers were not wall mounted as described in 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.

We were unable to establish when the air-conditioning units were last serviced or maintained, records were not available to us on the inspection day.

The practice had policies and procedures in place to ensure clinical waste was segregated appropriately in line with guidance. We noted an external clinical waste bin, containing clinical waste was unlocked, leaving its contents unsecure. We highlighted this to the manager who locked it immediately and told us this was a mistake. In addition, there was no evidence to assure us there was an appropriate and safe process in place to remove and dispose of gypsum waste.

The practice appeared clean and tidy. Environmental cleaning schedules were not in place and cleaning standards were not formally monitored. We reviewed the environmental cleaning materials and equipment storage and were not assured the cleaning equipment was stored and used in an organised manner as expected in national guidance.

The practice had a recruitment policy to help them employ suitable staff. We reviewed the process to ensure Disclosure and Barring Service (DBS) checks were in place and were role specific; we found this could be improved upon. A number of staff were awaiting a replacement DBS, some were not in place, not role specific or risk assessed where appropriate.

The practice did not have effective systems to ensure all clinical staff had adequate immunity for vaccine preventable infectious diseases.

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

The practice had systems to ensure equipment was safe to use, maintained and serviced according to manufacturers' instructions. We were unable to establish when the two compressors had last had pressure vessel inspection, the practice manager attempted to retrieve this information from the maintenance company, but this was not achieved on the inspection day and no evidence has been sent to us since.

The provider did not have fully effective fire safety management procedures. In particular:

- We saw large amounts of surplus accumulated items in the cupboard that housed the compressor, some were hazardous and combustible.

Are services safe?

- The fire safety risk assessment was of a basic tick sheet format and did not adequately reflect the fire risks at the practice.
- A fire door was locked whilst the practice was open, keys were not located nearby to enable an escape in an emergency.
- Fire escape signage and fire evacuation muster information was not available throughout the practice.
- There was no schematic drawing of the building for fire evacuation purposes.

Fire extinguishers and the fire alarm were being tested regularly and routinely maintained.

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

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We noted the following improvements could be made: The radiation protection supervisor was not named on local rules for using X-ray machines and rectangular collimators were not in use on all X-ray machines.

Risks to patients

The practice had implemented systems to assess and manage risks to patient and staff safety. The monitoring and oversight of risk management systems could be improved.

We found the risks associated with lone working were not appropriately managed, for example, risk assessments for staff who work alone at the practice were not available to us on the inspection day.

Emergency equipment and medicines were available and were 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. However, the medical emergency kit was kept in a damp cupboard where there had been a water leak. Upon review, we found the emergency medicines were in-tact and in-date but were wet. The box containing the medical kit was broken due to water damage (items fell out of the box when it was moved for checking). In addition, the logbooks used to record regular check of the medical kit were incomplete; the medical oxygen and automated electronic device (AED) were not logged as being checked weekly in line with guidance. The exterior of the AED bag was damp and the documents inside the AED bag were mouldy.

The practice 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

Overall, patient care records were mostly complete, legible, kept securely and complied with General Data Protection Regulation requirements. We noted there were some inconsistencies in respect to recording consent to treatment, risks, benefits and treatment options.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

We saw prescriptions were securely stored as described in current guidance. There was no system in place to monitor and track the use of NHS prescriptions.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. We discussed improving awareness of this process, in light of the concerns we raised during the inspection day.

Are services safe?

We were told the provider received safety alerts; there was no system in place to record any action taken in respect to a dental related alert and no evidence these were shared with the dental team.

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 the provision of dental implants was mostly in accordance with national guidance. We noted there were some inconsistencies in respect to recording consent to treatment, risks, benefits and treatment options. We also discussed reviewing manufacturer's instructions to investigate if the implant drill required regular maintenance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took.

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.

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.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

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. They stored paper records securely.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, videos and 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 reasonable adjustments for patients with access requirements.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet 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. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and 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 responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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 Notices 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

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care.

The inspection highlighted areas of concern where improvements were needed, for example, risk management, adherence to guidance and effective oversight of equipment maintenance, routine checks and validation processes.

Information and evidence were not always readily available during the inspection process and some key documentation and maintenance reports were missing.

Culture

The practice had systems, processes and protocols in place to manage the service, however these did not always operate effectively.

Staff stated they felt respected, supported and valued.

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

Systems to ensure clinical staff completed highly recommended training were not fully effective; not all safeguarding, infection prevention and control training certificates were available to us on the inspection day.

Governance and management

Staff had responsibilities roles and systems of accountability to support governance and management. These could be improved upon to ensure staff followed up-to-date published guidance.

Improvement was required to ensure more effective oversight and management of systems and processes in place. In particular:

- Infection prevention and control equipment validation testing and recording.
- Clinical waste security and assurance of appropriate collection and disposal of gypsum.
- Monitoring of cleaning standards and use and storage of cleaning equipment.
- Appropriate risk management for DBS checks and evidence of completed continuing professional development.
- Systems to ensure staff had adequate immunity for vaccine preventable infectious diseases.
- Fire safety management systems.
- Assurance that the medical emergency kit was fit for purpose and checked in line with guidance.
- Risk management systems and processes such as a lone worker risk assessment.
- Prescription management to ensure they can be monitored and tracked.
- Equipment maintenance such as for the compressors and air conditioning units.

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 protecting patients' personal information.

Are services well-led?

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

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 were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Oversight and management of fire safety systems were not effective.• Systems in place to ensure the medical emergency kit was fit for purpose and appropriately checked were not effective.• Systems to ensure prescriptions could be monitored and tracked were not in place.• Oversight and management of infection prevention and control equipment and validation was not effective.• Systems to ensure appropriate risk management for DBS checks and evidence of completed continuing professional development were not fully effective or in place.• Arrangements to ensure good governance and leadership are sustained in the longer term were not operating effectively. <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>

Requirement notices

- In-house fire safety systems were not effective.
- Clinical waste security and assurance of an appropriate collection and disposal of gypsum was not in place.
- Systems to ensure staff had adequate immunity for vaccine preventable infectious diseases were not effective.
- Systems to monitor cleaning standards and use and storage of cleaning equipment were not effective.

There was additional evidence of poor governance. In particular:

- Air conditioning servicing/maintenance records were not available.
- Pressure vessel inspection records were not available for the compressors.
- Lone working risk assessments were not available for staff who worked alone in the practice.

Regulation 17(1)