Dental Harmony Ltd

# Dental Harmony

## Inspection report

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## Overall summary

We carried out this announced inspection on 12 October 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?**

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

# Summary of findings

**Background**

Dental Harmony practice is based in Peterborough and provides private dental care treatment for patients. The dental team includes three dentists, three trainee dental nurses and a receptionist. The practice has three treatment rooms.

There is ramp access to the premises for wheelchair users, and an accessible toilet. Parking for blue badge holders is available directly on-street outside the practice.

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 the practice is the owner of the company.

The practice is open on Mondays to Fridays, from 8.30am to 5pm.

During the inspection we spoke with the practice owner, two dentists and three trainee dental nurses. 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.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

- 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. In particular, ensuring all X-ray units have rectangular collimation and the radiation protection supervisor has appropriate training for their role.

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records. Particularly in relation to the staging and grading of periodontal disease.

# 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. Out of date information we noted in the policy was updated during our inspection. Staff had received safeguarding training and there was an appointed lead for safeguarding concerns in the practice. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

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.

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

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 operating protocols had been implemented to the patient journey to reduce the spread of Covid-19 and the provider had purchased air filtration units for each treatment room.

The practice had arrangements for 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 practice 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 every six months and the latest audit showed the practice was meeting the required standards.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records we viewed showed that water temperatures throughout the practice were monitored regularly.

We saw the practice was visibly clean and treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The practice had procedures in place to ensure clinical waste was segregated and was stored securely behind a locked gate in the car park.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. However, we reviewed recruitment records for a sample of staff and noted three occasions where a disclosure and barring check (DBS) had only been obtained some months after they had started working at the practice. This had not been risk assessed. A recent staff member had been employed without any references having been obtained.

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.

# Are services safe?

The practice's fire risk assessment indicated the premises were at very low risk of fire hazards. Recommendations in the assessment such as fitting a closure to the kitchen door had been actioned. Records showed that fire detection and firefighting equipment was regularly tested. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We saw evidence the dentist 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. However, the practice's radiation supervisor had not undergone any appropriate training for their role. Two of the X-ray units did not have rectangular collimation in place 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. We found the staff did not follow the relevant safety regulation when using needles and other sharp dental items. A sharps' risk assessment had been not been completed to justify and mitigate the risk of this.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. 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 were 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 dentist 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, kept securely and complied with General Data Protection Regulation requirements.

**Safe and appropriate use of medicines**

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.

The practice dispensed medicines to patients. There was a stock control system of medicines which were held on site which ensured that medicines did not pass their expiry date.

Glucagon was kept in the fridge, and its temperature was monitored daily to ensure it operated effectively.

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

The practice had procedures in place to investigate, respond to, and learn from significant events and complaints, and staff were aware of formal reporting procedures. The registered manager told us there had been no unusual events or incidents since the practiced had opened.

# Are services safe?

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and triaged by the registered manager who actioned them 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 dentist recorded the necessary information. We noted that the staging and grading of patients' periodontal diagnosis was not routinely recorded.

**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 the dentist had given oral health advice to patients.

**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**

There was a small pool of dental nurses available, although the registered manager told us he was in the process of recruiting additional nursing staff. Staffing levels had not been unduly affected by the Covid-19 pandemic and staff told us they had enough time to do their job and did not feel rushed. The provider had current employer's liability insurance

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.

**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. A system was in place to follow up all referrals made 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**

The registered manager was responsible for the day to day running of this practice and another sister dental practice in London. He told us he split his time between the two practices, spending two to three days a week in this location. Staff and told us the registered manager was accessible and approachable.Plans were in place to develop leadership capacity and we met a member of staff who was in the process of being trained up to take on a managerial role with the practice.

The registered manager was a member of a national dental practice manager group and told us this was an effective source of support and guidance.

**Culture**

Staff told us they enjoyed their job and felt respected and valued in their role.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness, honesty and transparency when responding to incidents and complaints. Information about this duty was on display on treatment room walls, making it easily accessible to staff.

**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.

There were regular practice meetings involving all staff, which staff told us they found useful. The practice also used a range of social media applications to help communication across the staff team.

The practice had a policy which detailed its complaints' procedure, however there was no information available either in the waiting room or on the practice's website informing patients how they could raise their concerns. Staff agreed to make the complaints' procedure more visible to increase its accessibility to patients. It was not possible for us to assess how the practice dealt with complaints as the registered manager told us none had been received since the practice opened.

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

The practice used patient surveys in order to gather feedback about the quality of its service. We viewed recent responses which showed patients were happy with their overall experience at the practice.

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 suggestion to implement the same consistent storage systems across all the treatment rooms had been actioned.

**Continuous improvement and innovation**

The practice had quality assurance processes to encourage continuous improvement. These included audits of dental care records, radiographs, infection prevention, waiting times and anti-microbial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements.

The provider paid for all the dental nurses to subscribe to an accredited on-line training provider to support their professional development.

# Are services well-led?

All staff received a six-monthly review of their performance which covered a range of issues including their time management, honesty and dental skills. We viewed completed reviews in the files we checked.