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# Hornchurch Dentalcare

## Inspection report

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### Overall summary

We carried out this short notice announced comprehensive inspection on 31 October 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, we always ask the following 5 questions:

- 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

# Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Hornchurch Dentalcare is in Hornchurch, in the London Borough of Havering 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, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 principal dentists and 2 trainee dental nurses. The practice has 3 treatment rooms although currently 2 are in use.

During the inspection we spoke with both dentists and both trainee dental nurses.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5pm

Friday from 9am to 1pm.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 principal dentists had completed safeguarding training for children and vulnerable adults to level 3. Other clinical staff had completed training appropriate to their role.

The practice had infection control procedures which reflected 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 completed on 16 August 2023. We saw that the provider had made arrangements for the recommended actions from the risk assessment to be undertaken. We saw evidence of periodic water quality and temperature testing which were in accordance with current guidance.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. We observed that mops were stored in such a way that the heads were slightly touching, which potentially increased the risk of cross contamination. We raised this with the provider who took immediate action to rectify appropriately.

The practice had a recruitment policy and procedure to help them employ suitable staff. Concerns had been raised about staffing at the practice. On the day of inspection, we saw evidence that 2 trainee dental nurses had been recently recruited. We looked at the staff recruitment records for the members of staff and saw that these reflected the relevant legislation.

The clinicians were qualified, registered with the General Dental Council and had professional indemnity cover. We saw that both of the trainee dental nurses had enrolled onto a dental nurse apprenticeship scheme.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. We noted that the electrical installation condition report was due for renewal in June 2022 and was therefore overdue. However, we saw that the provider had arranged for another test to be completed on 17 November 2023.

A fire safety risk assessment was carried out in line with the legal requirements by an external company in 2016 and the recommended actions completed. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and most of the required radiation protection information was available. We saw that 3-yearly performance checks of the X-ray units had been completed in May 2022. However, we were not provided with evidence to show that electro-mechanical servicing was carried out in accordance with manufacturer's guidance. Immediately after the inspection we were sent evidence the servicing of the X-ray units had been arranged for 10 November 2023.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency medicines and most emergency equipment were available in accordance with national guidance. On the day of inspection, we noted some sizes of clear face masks were missing and that only 1 size of needles for the administration

# Are services safe?

of medicines was available in the practice. The missing items were ordered on the day of the inspection. We also saw that Glucagon (a medicine to treat low blood sugar) was stored in a fridge that was not temperature monitored to ensure the medicine was stored at the temperature recommended by the manufacturer. Checks of the emergency drugs and equipment were recorded monthly which was not in line with the relevant guidance which states that emergency drugs and equipment should be checked weekly. Immediately after the inspection, we were sent evidence that a weekly check of the medical emergency medicines and equipment and daily logging of the temperature of the fridge where the Glucagon was stored had been implemented.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were discussed at team meetings.

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**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

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

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

The practice had some systems for appropriate and safe handling of medicines. However, improvements could be made to improve the security of prescriptions in the practice. Immediately after the inspection we were provided with evidence that a log of prescription pad numbers and prescriptions issued to patients had been implemented. This would ensure that prescriptions that were lost or missing could be identified. Antimicrobial prescribing audits were carried out.

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

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

# 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.

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

The practice provided preventive care and supported patients to ensure better oral health. Oral health care products were available for sale in the practice.

### **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. The practice carried out radiography audits six-monthly following current guidance.

### **Effective staffing**

Clinicians had the skills, knowledge and experience to carry out their roles.

However, concerns had been previously raised that the practice had not ensured that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the fundamental standards of care and treatment. On the day of inspection, we saw that the provider had recently recruited 2 trainee dental nurses. We looked at a sample of 10 patient care records and the appointment book for the period following when the concern was raised with the provider, which showed us that the dentists now worked with an agency or trainee dental nurse when treating patients.

Newly appointed staff had a structured induction and the dentists 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.

On the day of inspection, we reviewed patient feedback and spoke with 1 patient. Feedback we received indicated that they were very happy with the care they had received at the practice.

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.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 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 pictures, photographs, study models, videos, X-ray images and a camera.

# 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, including step free access for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. This included the installation of a hearing induction loop and an emergency alarm for the toilet.

### **Timely access to services**

The practice displayed its opening hours and provided information on their patient information leaflet and outside the practice.

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 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. We saw that information about how to complain was displayed in the patient waiting area. Staff discussed outcomes to share learning and improve the service.



# 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 practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

The provider had responded promptly when concerns had been raised about staffing levels at the practice.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

### **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.

### **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 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.

### **Continuous improvement and innovation**

# Are services well-led?

The practice had systems and processes for learning, quality assurance, and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.