

Patel and Meakin

Hillton Dental Surgeries Minster

Inspection report

6 The Broadway
Minster On Sea
Sheerness
ME12 2RN
Tel: 01795874914
www.hilltondentistry.co.uk

Date of inspection visit: 12 December 2023
Date of publication: 06/02/2024

Overall summary

We carried out this announced comprehensive inspection on 12 December 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 maintained. However, improvements regarding maintaining the premises could be improved.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

Summary of findings

- 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.
- 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.
- 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

The provider is part of a corporate group Hillton Dental Practices and has 4 practices, and this report is about Hillton Dental Practices- Minster.

Hillton Dental Practices- Minster is in Minster, Kent 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 a dentist, 2 dental nurses, 2 dental hygienists, and a receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with the dentist, both dental nurses, a dental hygienist, and the receptionist. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

- Monday to Thursday 9am to 5pm
- Friday 9am to 1.30pm
- The practice is closed for lunch between 1pm and 2pm Monday to Thursday

We identified regulations the provider was not complying with. They must:

- Care and treatment must be provided in a safe way for service users. In particular, fire safety

Full details of the regulation the provider is not meeting are at the end of this report.

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

Summary of findings

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. (In particular, the large crack in the wall and the damaged flooring in the upstairs treatment room.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Staff accepted the shortfalls we raised and took immediate action the day of our inspection to begin to address these.

Where evidence is sent that shows the relevant issues have been acted on, we have stated this in our report but we cannot say that the practice is compliant for that key question as this would not be an accurate reflection of what was found on the day of our inspection.

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?	Requirements notice	✗
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

We found this practice was not providing safe 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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 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.

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.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These mostly reflected the relevant legislation. However, we saw:

- There was no information for the level of cover of Hepatitis B for one member of staff.
- There was no employment history for one member of staff. We received an updated CV with this information following our inspection.

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

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.

A fire safety risk assessment had been carried out in house by a member of staff. The risk assessment had not covered all the potential risks associated with fire safety; this was not in line with the legal requirements. The management of fire safety was not effective. We saw the only smoke alarm, which was situated in the downstairs toilet, did not have a battery installed. Following our inspection, we were informed an external company had been booked to perform the risk assessment on 23 January 2024.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. We saw that rectangular collimation was not fitted on the X-ray units. This was documented as an action in the critical reports for each unit. Using rectangular collimators decreases the dose of radiation received with each exposure. We were assured collimators would be purchased and fitted. We noticed the local rules still referred to the old regulations and required updating. We were sent updated copies of the local rules following our inspection.

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.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. One item of equipment was not available, this was purchased immediately.

Staff knew how to respond to a medical emergency however, the last completed training in emergency resuscitation and basic life support was in December 2022. We were sent information showing the training had been booked for March 2024 and all staff had completed online training for medical emergencies and basic life support.

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 systems for appropriate and safe handling of medicines. 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.

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. We noted training for the Mental Capacity Act had not been completed by some staff. One member of staff did not have certification of completion of learning disability and autism training on file. We were sent copies of training records following our inspection.

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

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.

On the day of inspection, we collected feedback from 21 patients. Patients told us:

- 7 patients commented staff were friendly and helpful.
- 5 patients mentioned they had received excellent care and treatment.
- 4 patients said staff were kind and caring.
- 1 patient told us they were more like friends than staff to them.
- 2 patients had a neutral response to appointments running on time.
- And 3 patients had a neutral response to the length of time they had to wait to get a routine appointment.

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 dentist/s explained the methods they used to help patients understand their treatment options. These included for example study models, an intra oral scanner and X-ray image.

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 a knee brake chair, for ease of access into the chair, a hearing loop and reading glasses 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.

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. Currently there is one dentist working at the practice, this has resulted in patients having to wait longer to be seen, recruitment for a second dentist is ongoing.

The practice's website, information leaflet, external poster 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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety. However, fire safety needed improvements.

Systems and processes could be improved, and the inspection highlighted some minor issues and omissions.

The information and evidence presented during the inspection process was mainly clear and well documented. However, improvements were needed with some policies and documents. The practice was in the initial stages of moving from one compliance programme to another. The areas where we found omissions and insufficient or incorrect information had been corrected and sent to us following our inspection.

Culture

Staff could show how they ensured 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 annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.

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

- We saw staff had not completed training for medical emergencies and basic life support since December 2022.
- 5 members of staff had not completed fire safety training.
- 3 members of staff had not completed Mental Capacity Act training and one member of staff training had expired.
- One member of staff safeguarding adults and children had expired.

We were sent updated training certificates following our inspection.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. We noted that some of the policies and documents did not contain all of the required information. These were:

- Safeguarding vulnerable adults and children
- Whistleblowing

We were sent updated copies of the policies following our inspection.

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

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

Are services well-led?

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.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, these did not always result in 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. However, we noted the last three infection control audits had mentioned a large crack in the wall and compromised flooring in the upstairs treatment room. Although documented, there were no actions for improvement documented and this had not been addressed.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: <ul style="list-style-type: none">• A fire safety risk assessment had been carried out in house by a member of staff. The risk assessment had not covered all the potential risks associated with fire safety; this was not in line with the legal requirements.• The management of fire safety was not effective. We saw the only smoke alarm, which was situated in the downstairs toilet, did not have a battery installed.
Surgical procedures	
Treatment of disease, disorder or injury	