

Hatfield Dental Care Limited

Hatfield Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 14 August 2017 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 CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

To get to the heart of patients' experiences of care and treatment, we always ask the following five 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:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

Hatfield Dental Care Limited is in Doncaster and provides NHS and private treatment to adults and children.

There is ramp access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes a principal dentist and an associate dentist, six dental nurses (two are trainee dental nurses), two dental hygiene therapists, a practice manager and a receptionist. The practice has three treatment rooms and two decontamination rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Hatfield Dental Care Limited was the principal dentist.

On the day of inspection we collected 43 CQC comment cards filled in by patients and spoke with 13 other patients. This information gave us a very positive view of the practice.

During the inspection we spoke with the principal dentist, two dental nurses, one dental hygiene therapist and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Thursday: 8am – 4:30pm

Tuesday: 8am – 7:30pm

Wednesday: 8am – 1:30pm

Friday: 8am – 5pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance; we identified some minor areas which required further consideration.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available but some processes and availability of staff training could be improved.
- The practice had systems to help them manage risk; some associated areas of risk could be improved.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures in place but these could be improved upon.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

- The appointment system met patients' needs.
- The practice had a leadership structure. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's system for reviewing incidents or significant events with a view to preventing further occurrences and ensuring staff awareness and those improvements are made as a result.
- Review staff training to ensure all staff are trained to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the storage of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's infection control procedures, protocols and audit to take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance', ensure staff are aware of who is the lead person in the practice for infection control procedures.
- Review the servicing schedule of the pressure vessel equipment used for providing care or treatment to a service user and ensure they are serviced and maintained in accordance with manufacturer's instructions.

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?

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

The practice had systems and processes to provide safe care and treatment. We identified that communication within the team could be improved in relation to awareness of MHRA alerts and implementing change from incidents.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks, we identified some areas of the process required reviewing.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments; we saw that some infection control processes and equipment servicing procedures required revising.

The practice had suitable arrangements for dealing with medical and other emergencies; we identified that some areas including training required further review.

The sharps risk assessment required some amendment to make them practice specific.

The practice had recently been renovated and required new fire and legionella risk assessments.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very professional, excellent and extremely gentle. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. We noted the level of detail recorded could be more comprehensively documented in the small number of records we checked.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

We found minor improvements could be made to the staff induction process.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 56 people. Patients were positive about all aspects of the service the practice provided. They told us staff were very kind, sympathetic to

No action



Summary of findings

their needs and helpful. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they were treated well and made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn but minor improvements could be made. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events, we saw that incidents were documented and evaluated for future learning. We were told that issues were raised at practice meetings but action was not always taken to implement change.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and we saw that alerts were acted upon and stored for future reference. We were told that relevant alerts were discussed with staff; staff were unable to recall any recent alerts being discussed.

We highlighted these areas to the principal dentist who assured us that communication in these areas would be improved.

Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Some staff were unsure who the safeguarding lead was in the practice.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of retribution.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. We reviewed the current sharps risk assessment and found that it had not been adjusted to reflect the practice's sharps handling procedure. The principal dentist assured us that this would be updated without delay.

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

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and most had completed training in emergency resuscitation and basic life support every year. One staff member had been unaware of the last in-house training session and was not assisted to find training elsewhere. This was brought to the attention of the principal dentist who assured us training would be arranged without delay.

Emergency equipment and medicines were available as described in recognised guidance with the exception of the medical oxygen cylinder. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that sufficient quantity of medical oxygen was not available to meet current guidelines. The principal dentist proceeded immediately to arrange a replacement cylinder. We also noted that the emergency equipment and medicines were kept disorganised in an area which was not easily accessible to all staff. We discussed this with the principal dentist who agreed to review the storage area and organise the kit for ease of access in an emergency.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. We looked at all staff recruitment files. These showed the practice mostly followed their recruitment procedure but some improvements could be made to the process. For example, copies of staff identification were absent and some professional registration certificates were not present. We brought this to the attention of the principal dentist who assured us that a more formal process would be introduced.

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

Monitoring health & safety and responding to risks

Are services safe?

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice had recently undergone some renovation where by a new fire risk assessment was required. We brought this to the attention of the principal dentist who arranged this on the day of inspection for 1 September 2017.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygiene therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We identified some areas of the process required further consideration. For example, we noted that mixing of impression material and plastic tray production was carried out in the clean area of the ground floor decontamination room. The first floor decontamination room served both treatment rooms with a door from each treatment room into the decontamination room. As a result of the layout of this room we were unable to easily identify the dirty to clean flow of the decontamination process. We discussed these areas of concern with the principal dentist who agreed to make changes for improvement where possible.

Staff completed infection prevention and control training every year.

Records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards to 96%, an action plan was produced to identify where the practice needed to make improvements but it had not been actioned at the time of inspection. The principal dentist assured us this would be addressed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which required updating. The practice had recently undergone some renovation where by a new legionella risk assessment was required. We brought this to the attention of the principal dentist who arranged this on the day of inspection for 30 August 2017.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for some of the equipment used. Servicing documentation for both compressors was not available; we were told that the compressors were last serviced in 2014. The principal dentist immediately arranged for the compressors to be serviced on 1 September 2017.

Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We noted that the Radiation Protection Supervisor and Advisor details were not annotated on the local rules for radiography in each treatment room. The risk assessment on the local rules had not been accepted by the principal dentist. We drew this to the attention of the principal dentist who assured us that these issues would be addressed immediately.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme but it could be made more comprehensive. We reviewed the practice induction process and saw evidence of completed induction checklists. Staff we spoke with were unsure what their induction had involved. We discussed this with the principal dentist who assured us this process would be reviewed and made more robust.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

The Dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. We reviewed the referral process and found the level of detail being recorded in the referrals could be enhanced. We discussed this with the principal dentist who agreed that recording more comprehensively would be beneficial.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, polite and wonderful. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding, nothing was too much trouble.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines, a television and a fish tank in the waiting area. The waiting area was recently re-decorated with a modern feel and had new comfortable chairs; patients commented that it was a lovely environment to wait in.

An Information folder was available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease, some cosmetic and simple orthodontic treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a ground floor treatment room and an accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter and translation services which included British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some free time available for same day appointments. The 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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had 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; we found some improvements could be made to equipment maintenance schedules, risk management, completion of action plans, induction and recruitment processes.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns. We identified that responses to issues, concerns and incidents raised by staff could be improved.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed training, including medical emergencies and basic life support, each year. Some improvements were identified to ensure all staff receive in-house medical emergency training. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and comment cards to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.