

Hillcrest Smiles Ltd

Hillcrest Dental Practice

Inspection report

Hillcrest
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Overall summary

We carried out this announced focused inspection on 12 July 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The dental clinic was visibly clean.
- The practice had infection control procedures which reflected published guidance. However, improvements could be made.
- Staff knew how to deal with medical emergencies.
- The practice had systems to help them manage risk to patients and staff. Improvements could be made in relation to reduction of fire risk.
- 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.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines. An antimicrobial audit is recommended to improve practice.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

Hillcrest Dental Practice is in Barnstaple and provides private dental care to mostly adults.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice.

The dental team includes two dentists, one dental nurse, one dental hygienist, one receptionist, two administrators and a practice manager/dental nurse. The practice has three treatment rooms (two are currently in use). One of the treatment rooms is located on the ground floor.

During the inspection we spoke with the principal dentist, the dental hygienist, two dental nurses (one of whom was a locum nurse), one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am – 5pm.

(The practice is closed for lunch between 1pm – 2pm).

The practice had taken steps to improve environmental sustainability. For example, the practice used an intra oral camera, microscope and intra oral scanner. These are cleaner technologies, which also allow diagnoses to take place at the practice, reduces dental waste patient travelling.

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

- Take action to ensure ongoing fire safety management is effective.
- Implement audits for prescribing of antibiotic medicines, taking into account the guidance provided by the College of General Dentistry.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, by establishing a clear date for upgrading the current temporary decontamination and sterilising of dental instruments room.

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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures. We noted there was a dedicated room for the cleaning and sterilising of dental instruments. This was described as a temporary room, however there was no established clear date for an upgrade. Improvements could be made as the temporary room had no hand washing sink or mechanical ventilation.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. We noted two actions to cut back dead leg pipework were outstanding in the risk assessment report. A contractor was called during our visit and scheduled to rectify this work.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements. Improvement could be made as we noted portable electrical appliance (PAT) testing was overdue and there was no current electrical wiring certificate. There was clutter of combustibles in the attic space and gaps under doors, which would allow smoke to easily spread in the event of a fire. Immediate action was taken to arrange for testing of portable electrical appliances and assess the electrical wiring. The practice manager told us a new fire risk assessment would be scheduled with a specialist contractor.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We did note, however, that a competence certificate was not available for one clinician taking and interpreting cone-beam computed tomography (CBCT) scans. They told us they would stop taking scans until they had updated their training. The CBCT unit was also overdue servicing. The provider told us no scans would be performed until this service had taken place (which had been scheduled the day of the inspection visit).

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 equipment and medicines were available. We noted one child sized self-inflating bag was absent and some first aid kit contents were out of date. Arrangements were made to purchase and replace items during the inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

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

Dental care records we saw were complete, legible, were 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. However, improvements could be made.

An antimicrobial prescribing audit had not been completed. The provider told us an audit would be completed.

We noted that Faculty of General Dental Practitioner standards for antibiotic prescribing had not always been followed in the choice of antibiotic prescribed and that dispensed medicines did not always include a label with the name of the dispensing practice and contact details.

Track record on safety, and lessons learned and improvements

The practice had implemented effective systems for reviewing and investigating 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.

We were not able to fully assess the effectiveness of dental implants as the dentist who places implants was not scheduled to be working at the practice on the day of the visits. We noted the dentist was appropriately trained and experienced to perform this role. We also noted, however, that there were two open bags of saline and one expired vial of sodium chloride, used during dental implant placement in the practice medicines fridge. We brought this to the attention of the provider, who disposed of these items. We noted a bag of loose components for dental implants in one cupboard. These were disposed of during the inspection. The provider told us that there had not been a dental implant placement at the practice for some time.

Helping patients to live healthier lives

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

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff 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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society, such as patients with dementia.

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 and legislation.

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 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.

There was an emphasis on continually striving to improve.

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

Culture

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

Staff discussed their training needs during annual appraisals and in staff meetings. 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. One clinician had not evidenced successful completion of safeguarding training to the recommended level of competence for their role. During the inspection the practice manager took action to ensure this training was scheduled for completion, in a timely way.

Governance and management

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

The practice had a system of clinical governance in place 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 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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

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

Staff kept records of the results of these audits and the resulting action plans and improvements.