

Neel Dentistry Limited

# Neel Dentistry Limited

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 3 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 life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.

# Summary of findings

- 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.
- The practice had staff recruitment procedures which broadly reflected current legislation.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements could be made to mitigate risks in relation to sharps.
- 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

Neel Dentistry Limited is in Welwyn, Hertfordshire and provides 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 the principal dentist, 5 associate dentists including specialists in endodontics and orthodontics, 2 dental nurses, 1 trainee dental nurse, 1 locum dental nurse, 1 dental hygienist, 1 dental therapist, 1 accounts manager and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist, 2 associate dentists, 2 dental nurses and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 9am to 7pm

Tuesday and Thursday from 9am to 6pm

Wednesday from 9am to 8pm

Friday from 8am to 2pm.

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

- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Improve the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff. In particular, satisfactory evidence of conduct in previous employment (references) and evidence of effective immunity for vaccine preventable infectious diseases such as Hepatitis B.

# Summary of findings

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when prescribing antibiotics.

# 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. Information about safeguarding was available in the practice. We were provided with evidence that the clinicians had completed training for safeguarding children and vulnerable adults. However, 2 dental nurses had last completed training for safeguarding children in 2018. Intercollegiate guidance recommends that training is refreshed every 3 years, and we were not provided evidence that they had been provided with training for vulnerable adults 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 an in-house risk assessment completed in July 2023. However, we did not see evidence to demonstrate that the staff member was appropriately trained and knowledgeable to make the assessment. We saw evidence of recent water quality and temperature testing; and Legionella certificates of conformity dated 2018, 2019 and 2020 which confirmed water temperatures were in accordance with current guidance. Immediately after the inspection we were provided with evidence that the provider had arranged for a risk assessment to be undertaken by an appropriate external company on 25 October 2023.

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. These mostly reflected the relevant legislation. Disclosure and Barring Service (DBS) checks, records of employment history and proof of identification were available in staff files. We looked at 12 staff files and observed that satisfactory evidence of conduct in previous employment (references) had not been obtained at the commencement of employment for the clinicians or other staff members. Evidence of the effectiveness of vaccination against Hepatitis B was not available for 2 clinical members of staff. In addition, we were not provided with evidence that a DBS check had been obtained for the locum dental nurse. Immediately after the inspection a reference was obtained.

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. However, we noted that the autoclave had last been serviced in September 2022. Immediately after the inspection we provided with evidence that a service had been booked for 25 October 2023.

A fire safety risk assessment was carried out in line with the legal requirements. We saw evidence that fire safety and fire detection equipment was serviced annually. Staff completed training in fire safety awareness, and we saw that 3 members of staff had completed fire marshal training. We were shown evidence of weekly testing of the smoke detection and emergency lighting. However, the emergency lighting was not serviced, and records were not kept to evidence that fire evacuation drills were undertaken. Immediately after the inspection we were sent evidence that a timed evacuation drill had been completed the day after the inspection and that a log had been created to record fire evacuation drills on a monthly basis going forward. In addition, a company had been booked to provide an external check of the emergency lighting equipment on 27 October 2023.

# Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT), laser and handheld X-ray equipment.

## **Risks to patients**

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included lone working. Improvement was required to manage the risks associated with sharps. On the day of inspection, we saw used sharps in a container in the decontamination room which indicated to us that staff did not always follow the control measures included in the practice's sharps risk assessment and sharps guidance which states that used sharps be disposed of by the clinician at the point of use. This shortfall was addressed immediately, and the sharps container removed from the decontamination room.

Information about sepsis was displayed in the practice. However, staff had not completed sepsis awareness training. Immediately following the inspection, we were sent evidence that training had been undertaken by the principal dentist and an associate dentist with further staff training planned for a team meeting scheduled for 1st November 2023.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted on the day of inspection that the practice did not have paediatric pads for the automated external defibrillator. The missing pads were ordered immediately following the inspection.

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

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. However improvement could be made as although the practice logged when medicines came into the practice and when they were dispensed to patients, that they did not keep a record of the stock of medicines held in the practice. Immediately following the inspection, we were sent evidence that a stock log for all medicines held at the practice had been implemented.

Antimicrobial prescribing audits were carried out. However, we noted that the audit had not identified that the clinicians were not following national guidance regarding antimicrobial prescribing, in particular, patients were being given a 7-day course of antibiotics rather than 5 days. Following our feedback, the principal dentist advised us that the issue had been raised with the clinicians and that going forward 2 days' worth of tablets would be removed from packets so that patients were dispensed medicines in line with guidance and that in future 5 days packs would be ordered.

## **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.

We saw the provision of dental implants was in accordance with national guidance.

### **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. 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**

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 reviewed patient feedback and spoke with 2 patients. Feedback we received from patients 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.

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 and information leaflets 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, photographs, videos, X-ray images and an intra-oral 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, an accessible toilet and an induction hearing loop for patients with additional 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 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 website and answerphone provided a mobile telephone number 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 practice provider demonstrated a transparent and open culture in relation to people's safety.

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

We were told by the principal dentist that the practice manager had recently left the practice and that other staff had taken over some governance responsibilities. However, systems and processes were mostly embedded, and staff worked together in such a way that where the inspection identified areas which required improvement these were acted on immediately.

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 annual appraisals and 1 to 1 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.

### **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 processes for managing risks, issues and performance. Improvement was needed to the management and mitigation of risks associated with sharps.

### **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, 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**

# 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.