Makwana & Patel Dentiques Limited

# The Hamptons Dental Care

## Inspection report

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## Overall summary

We carried out this announced inspection on 9 November 2021 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.

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

• 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:**

**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 well-led?**

# Summary of findings

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

**Background**

The Hamptons Dental Care is a well-established practice which provides both NHS and private treatment to adults and children. The dental team includes one dentist, two dental hygienists, two dental nurses, three receptionists and a practice manager. The practice has three treatment rooms. The practice has parking facilities to the rear of the premises. Wheelchair access is available via a small ramp, and there is a fully accessible toilet and ground floor treatment room.

The practice opens on Mondays to Thursdays from 9am to 5.30pm; and on Fridays from 9am to 1pm.

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 the practice is the principal dentist.

During our inspection we spoke with the dentist, the practice manager, two dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

**Our key findings were:**

- The practice appeared clean and well maintained.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had thorough staff and induction recruitment procedures.
- Patients' care and treatment was provided in line with current guidelines.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The practice had systems to help them manage risk to patients and staff.
- Staff felt involved and supported and worked as a team.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

- Take action to implement the recommendations in the practice's fire risk assessment and ensure ongoing fire safety management is effective.

- 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'. For example, reviewing the setup in the decontamination area, measuring cleaning liquids, removing lime-scale build up from sinks, keeping instruments moist before sterilisation, and ensuring heavy duty gloves and long handled brushes are changed regularly.

# Summary of findings

- Take action to ensure audits of antimicrobial prescribing, radiography and dental care records are undertaken at recommended intervals to improve the quality of the service.

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

# 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

**Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

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 noted information about reporting procedures around the practice, making them easily available to both staff and patients. Staff had also downloaded a specific safeguarding application on their phones. The practice manager described to us a recent safeguarding concern in relation to a child patient that they had reported to the local protection agency, demonstrating that they took the protection of patients seriously. We noted detailed information about local support groups and domestic violence services in the patients' toilet.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed. Details of the whistle bowing policy were on display next to the staff rota, ensuring that staff could see it.

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

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional operating protocols had been implemented to the patient journey to reduce the spread of Covid-19 and the provider had purchased air filtration units for each treatment room.

The practice had arrangements for cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

Infection prevention and control audits were completed regularly, and the latest audit showed the practice was meeting the required standards. However, it had not identified some of the concerns we noted in the decontamination area. For example, we found that the practice's ultrasonic bath was sited precariously over the sink. There was no system in place to ensure that long handled brushes and heavy-duty gloves were changed regularly, and staff were not measuring cleaning fluids to ensure the correct dilution was achieved. We noted a build-up of limescale round the handwash sink and tap, and instruments were not kept moist prior to sterilisation.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records we viewed showed that water temperatures throughout the practice were monitored regularly, although the temperature to be achieved had been cited as 40 degrees Celsius and not above 50-55 degrees, as stated in the assessment. This was corrected during our inspection.

We saw the practice was visibly clean and treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. However, we noted that treatment room floors were not coved or sealed, and we found some out of date materials in drawers, and loose and uncovered items that risked aerosol contamination.

The practice had procedures in place to ensure clinical waste was segregated and was stored securely.

# Are services safe?

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We looked at recent staff recruitment records which showed the practice followed their recruitment procedure. Each new staff member underwent a comprehensive four-month induction period to ensure they had the skills and knowledge for their role.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions including electrical and gas appliances. A fire risk assessment had been completed for the premises. We noted its recommendation to install internal fire doors had not been actioned. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records showed that emergency lighting, fire detection and firefighting equipment such as fire extinguishers were regularly tested. All staff rehearsed timed evacuations every six months and two staff had received fire marshal training.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and all required information was in the radiation protection file. X-ray units had rectangular collimation to reduce patient dosage.

We saw evidence that the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits, although one had not been completed since 2019. There was no evidence to show that the dentist had completed continuing professional development in respect of dental radiography. Training in this was completed immediately after our inspection and evidence provided to us.

**Risks to patients**

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Staff followed relevant safety regulation when using needles and other sharp dental items and staff were using the safest types of needles. The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

Most emergency equipment and medicines were available as described in recognised guidance, although we noted there was no child self-inflating bag, no portable suction, missing clear face masks for the self-inflating bags and some missing syringes to administer adrenaline. These were ordered immediately following our inspection, evidence of which we viewed.

**Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with clinicians how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible. They were kept securely and complied with data protection requirements.

**Safe and appropriate use of medicines**

# Are services safe?

The dentist was aware of current guidance with regards to prescribing medicines, although antimicrobial prescribing audits were not carried out annually as recommended.

Prescription pads were held securely, although there was no robust system in place to easily identify any lost or stolen scripts.

The temperature of the practice's fridge where medication was stored was monitored daily to ensure it operated effectively.

**Lessons learned and improvements**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process and incident and significant events were a regular agenda item at practice meetings. We reviewed records in relation to two recent incidents that had occurred and noted they had been recorded in detail with clear action points and learning noted.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and triaged by the practice manager who actioned them if needed. We noted details of a recent alert displayed in the manager's office.

# 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Dental care records we reviewed clearly detailed patients' assessments and treatments.

Patients' dental care records were audited regularly to check that clinicians recorded the necessary information.

Staff had access to intra-oral cameras, digital X-ray and an orthopantomogram to enhance the delivery of care.

**Helping patients to live healthier lives**

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Dental care records we reviewed demonstrated clinicians had given oral health advice to patients.

Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The practice sold dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash, and toothpaste.

The practice manager told us that, prior to Covid-19 restrictions, staff had visited local primary schools to offer oral health advice to pupils there.

**Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

**Effective staffing**

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council (GDC). The practice manager told us they undertook regular GDC checks to ensure staff were registered and fit to practice. A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

Staffing levels had not been unduly affected by the Covid-19 pandemic, bar having had to close for two days, and staff told us they had enough time to do their job. The practice was in the process of recruiting another dentist to help increase the number of appointments available and reduce waiting times. At the time of our inspection waiting times for a routine appointment were three to four months.

**Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

## (for example, treatment is effective)

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The practice should consider strengthening its monitoring system to ensure all referrals are managed in a timely way.

# Are services well-led?

## Our findings

**Leadership capacity and capability**

The practice manager took responsibility for the overall leadership in the practice supported by a newly appointed lead nurse.

Staff described both the practice manager and principal dentist as approachable and supportive.

We found they were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. At the time of our inspection they were in the process of trying to recruit additional staff to meet patient demand, and find alternative premises so they could expand. They took immediate action to address some of the minor shortfalls we identified during our inspection, demonstrating their commitment to improve.

**Culture**

Staff stated they felt supported and enjoyed their work, citing good teamwork, effective communication and support for training as the reasons.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints we reviewed. The practice had a Duty of Candour policy in place and staff were aware of their personal obligations under it. A copy of this policy was also on display in the waiting area, making it accessible to patients.

**Governance and management**

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive 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.

Communication across the practice was structured around regular meetings. Staff told us these provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. In addition to monthly team meetings, there were daily recorded 'huddle' meetings that were used to share key information with staff.

The practice had a policy which detailed its complaints' procedure and information about how patients could raise concerns was available in the waiting area. Reception staff we spoke with had a clear understanding of the practice's complaints system and spoke knowledgably about how they would respond if a patient raised a concern. They kept a specific 'grumbles' book to record all minor complaints and patient issues. The practice manager was the lead for complaints and logged all complaints received which were the discussed at the weekly practice management meeting.

**Engagement with patients, the public, staff and external partners**

Patients were encouraged to complete the NHS Friends and Family Test and were also encouraged to leave on-line reviews which were monitored by the practice manager. At the time of our inspection the practice had received 2.8 out of five stars based on 18 on-line reviews.

The provider gathered feedback from staff through meetings, appraisals, surveys and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff's idea for a specific day each week to focus on their welfare had been implemented, as had their request for more cutlery in the kitchen.

**Continuous improvement and innovation**

# Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The practice manager told us that some audits were overdue, due to the pressures of Covid-19, searching for alternative premises and a focus on recruiting new staff.

Staff told us they received good support to meet the requirement of their continuous professional development and the practice had a policy of funding 50% of the cost of training courses for staff. The practice manager told us they had been supported to undertake a level four management qualification.

All staff received an annual appraisal of their performance.