Dr. Irene Amrore

The Prior's Green Dental Hive

Inspection report

2 Priors Green Local Centre
Bennet Canfield, Little Canfield
Dunmow
CM6 1HE
Tel: 01279871724
www.bcastle.org

Date of inspection visit: 9 December 2021
Date of publication: 24/01/2022

Overall summary

We carried out this announced inspection on 9 December 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

As part of this inspection we asked 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

Summary of findings

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

Background

The Prior's Green Dental Hive is in Little Canfield, Dunmow, Essex and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available outside the practice.

The dental team includes four dentists, two dental nurses including one trainee nurse who also works on reception, one practice manager and two receptionists. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with one dentist, one dental nurse, one receptionist who is a trainee dental nurse 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 from 9am to 5pm.

Our key findings were:

- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments. However, we noted five-yearly electrical fixed wire testing had not been undertaken.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available. The practice took immediate action to rectify this.
- The provider had systems to help them manage risk to patients and staff.
- The recording of staging and grading of periodontal (gum) disease in patients dental care records was not always completed.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

Summary of findings

- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- 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 ensure the five-yearly electrical fixed wire testing is undertaken.
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. All staff had access to the NHS safeguarding application. This provided 24-hour, mobile access to up to date legislation and guidance including local authority contact details.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

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. We saw a recently completed infection prevention and control (IPC) audit. However, the provider had not carried out infection prevention and control audits as frequently as guidance recommended. This meant the provider could not assure themselves that they were managing IPC systems and mitigating risks. We raised this with the practice manager, and they assured us they would implement an IPC audit schedule moving forward.

The provider had arrangements for transporting, 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. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

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

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider 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. Staff recruitment records we looked at showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. However, a five-year fixed electrical wire check had not been completed. We raised this with the provider, and they confirmed that they had scheduled the test with an external company.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Staff confirmed they had not undertaken a recent fire drill but were all aware of the procedures should there need to be an evacuation of the premises.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had knowledge of the recognition, diagnosis and early management of sepsis, however there was no record of staff completing sepsis awareness training. There were no sepsis prompts or staff and patient information posters displayed throughout the practice. We discussed this with the provider and practice manager who confirmed this would be reviewed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed.

Are services safe?

Emergency equipment and medicines were available. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. However, we noted the oropharyngeal airways, clear face masks and paediatric pads were past their expiry date. There were no needles suitable for administering adrenaline. Plasters, saline and alcohol wipes were past their expiry date in the first aid kit. We discussed these concerns with the practice manager. Immediate action was taken to rectify these issues and replace out of date items.

A dental nurse worked with the dentists and the dental hygienist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had product safety sheets for substances that are hazardous to health, however the practice had not completed risk assessments to minimise the risk that can be caused from substances that are hazardous to health. In addition, we noted the safety sheets were filed in such a way that these were not easily accessible for staff in the event of an emergency. We noted these did not include a risk assessment or details of household materials used in the cleaning of the practice. Following the inspection, the practice manager confirmed this would be actioned.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit was underway.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

The practice reviewed regular Coronavirus (Covid-19) advisory information and alerts. Information was provided to staff and displayed for patients to enable staff to act on any suspected Covid-19 cases. Patients and visitors were requested to wear face coverings, wash their hands and use antibacterial hand gels on entering the premises.

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.

The practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance. The name of the sedationist was recorded in the patients' dental care record. We discussed with the practice manager ensuring full recruitment information was obtained by the practice prior to any external contractor working from the practice. We were assured that moving forward systems would be put in place to establish this prior to undertaking any further sedations. Following the inspection, we were sent confirmation that this information was recorded at the practice.

The provider took into account guidelines as set out by the British Society of Disability and Oral Health when providing dental care in domiciliary settings such as care homes or in people's residence.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, treatment rooms on the ground floor and an accessible toilet with handrails and a call bell. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists/clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their 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.

Are services effective?

(for example, treatment is effective)

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording charts of the patient's gum condition. However, we noted some variation of detail across the clinical team with regards to completing dental care records and ensuring all records contained comprehensive patient dental care information.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

The practice was selected to take part in the government's Dental Prototype Agreement Scheme to trial a new NHS dental contract which aims to offer a new way of providing dental care with an increased focus on disease prevention.

As part of this the practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

The practice along with its sister practice in Harlow provided an Urgent Dental Centre during the current pandemic.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice displayed its opening hours in the premises and included it on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment or contact with a clinician the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. The practice used Clinipads (a handheld electronic device) to record patient consent and information.

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 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 may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Monitoring care and treatment

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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Are services effective?

(for example, treatment is effective)

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' 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.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The trainee dental nurse was employed at the practice and received training and support from the college training provider as well as staff at the practice. Staff had access to both internal and external training including discussions and training during clinical supervision.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We were told that agency staff were rarely used. Staff had an agreement with a sister practice to try and cover short term staff vacancies, for holiday cover or sickness. Staff worked between these practices to cover vacancies when required. This helped to ensure that staffing levels were not affected.

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.

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice took swift action to resolve these. The information and evidence presented during the inspection process was clear and well documented. They could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

The provider ensured that sufficient staff were on duty to continue providing a service to patients during the Covid pandemic and beyond. A member of staff cleaned down patient areas and 'touch points' between patient visits. Clinicians always worked with dental nurses. Air filtration was in place to reduce the fallow time following completion of an aerosol generating procedure.

Culture

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at a one to one meetings and during clinical supervision. The practice manager confirmed that annual appraisals had not been completed. Staff assessed and accessed training using an online system paid for by the provider and through face to face training organised by the provider. There was no documented evidence to demonstrate that learning needs or general wellbeing were discussed, however staff described how they regularly discussed learning needs, general wellbeing and aims for future professional development with the provider and practice manager. We were told both the provider and practice manager were approachable and supportive.

The staff focused on the needs of patients. For example, through the provision of general dentistry and an implant service the practice aimed to provide regular care at appropriate intervals for patients. This was supported by the ability to provide sedation services for patients if required. The practice manager described the provision of an Urgent Dental Centre at the practice and how this had impacted on the support and improvement in patient care and treatment in the area. They described the frustrations they encountered for patients seeking to join an NHS practice waiting list and the ongoing recruitment issues for both dentists and dental nurses in the area and how they were striving to overcome this in the future with dental nurse led reviews and appointments.

We saw the provider had systems in place to deal with staff poor performance.

Are services well-led?

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

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 provider 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.

The practice worked closely with its sister practice in Harlow, Essex, staff worked across both sites and were supported by the practice manager who oversaw human resources, finance, clinical support and patient support services.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS Business Services Authority performance information, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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 involved patients, the public, staff and external partners to support the service. For example:

The provider used social media sites and encouraged verbal comments to obtain patients' views about the service. Following appointments patients were directed to feedback electronically on social media sites regarding their experiences. Where patients had responded to the practice invitations to comment on social media, we noted the practice had in turn responded back to each comment. These were often an acknowledgement and thank you, or where required an apology and details of what action the practice had taken as a result of the concerns raised.

We noted of the 28 social media comments, a majority of these described positive patient experiences.

Due to the pandemic and the infection control risk, the practice had suspended the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. The practice told us that when appropriate they would review reinstating this.

The provider 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 provider had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. There was scope to ensure infection prevention and control audits and antimicrobial audits were undertaken as frequently as guidance recommended. Staff kept records of the results of completed audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice paid for and provided an online training system for staff in addition to face to face training.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.