

Ace Dental Care Limited

High Oaks Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 11 July 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 mostly 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.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- 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 mostly reflected current legislation.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements could be made in mitigating risks in relation to fire, sharps management and lone working.
- 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

High Oaks Dental Practice is in St Albans and provides NHS and private dental care and treatment for adults and children.

There is a small step into the practice with a removeable ramp for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 associate dentists and 1 locum dentist, 2 trainee dental nurses, 3 dental hygienists, a practice manager who is also a qualified dental nurse and 2 receptionists. A practice manager from a sister practice was also present on the day of the inspection. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 trainee dental nurse, 1 dental hygienist, 1 receptionist and 2 practice managers. 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, Wednesday, Thursday, Friday from 9am to 5pm

Saturday from 9am to 4pm.

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

- Take action to ensure ongoing fire safety management is effective. In particular, ensuring that regular in-house testing of fire detection equipment and fire evacuation drills are undertaken and that the smoke alarm is sited appropriately.
- 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.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 20.

Summary of findings

- Take action to ensure audits of radiography are undertaken at regular intervals for all clinicians 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 always ask the following five questions of services.

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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 which mostly reflected published guidance. They had arrangements for checking, sterilising and storing instruments in line with national guidance set out in the Department of Health publication 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). Improvement could be made to ensure that the practice used separate bowls for the manual cleaning and rinsing of dental instruments and that boxes used for the transportation of clean and dirty instruments were clearly labelled. Immediately after the inspection we were sent evidence that an additional bowl for rinsing dental instruments and colour coded boxes for transportation which were also labelled had been obtained.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Improvement could be made so that the clinical bin used for waste storage was suitably secured.

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, including for agency or locum staff. These reflected the relevant legislation. However, improvements were required to ensure they were following the policy and procedure as not all staff recruitment documentation was present in staff files on the day of inspection. In particular, we saw that Disclosure and Barring Service checks were missing from 2 clinical staff member records, 1 record was missing evidence of indemnity and 1 indemnity document had expired. Immediately after the inspection we were sent these missing documents. In addition, we saw that not all clinical staff records included evidence of the effectiveness of vaccination against Hepatitis B, or satisfactory evidence of conduct in previous employment (references). We discussed this with the practice manager who assured us that improvement would be made.

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.

A fire safety risk assessment was carried out in line with the legal requirements. We saw evidence that fire safety equipment was serviced annually. Staff completed training in fire safety awareness and the practice manager had completed fire marshal training. However, we were not provided with evidence to show that periodic in-house checks were completed for the smoke alarm or that fire evacuation drills were undertaken. In addition, we saw that the smoke alarm was not appropriately mounted in the practice. Immediately after the inspection we were sent evidence that a log had been created to record weekly in-house testing of the smoke alarm and advised that fire evacuation drills would be completed.

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

Risks to patients

Are services safe?

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. Improvement was needed to identify and mitigate the risks of lone working for the cleaner. Immediately after the inspection we were sent evidence that a risk assessment had been completed.

In addition, we saw some 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. We discussed this with the practice manager who assured us this would be discussed with staff so that improvement was made.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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. Antimicrobial prescribing audits were carried out.

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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. A range of oral health products were available for sale to patients at the practice.

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. Improvements could be made to ensure all clinicians completed radiography audits and that audits were completed at six-monthly intervals, in line with 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 dentist 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.

The practice had installed closed-circuit television although these were not currently operational. Relevant policies and protocols were in place.

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 leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, study models, 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 a portable ramp for patients with access 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 patient information leaflet.

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, 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 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 staff demonstrated a transparent and open culture in relation to people's safety.

The practice manager took the main responsibility for governance at the practice. The registered manager who worked at a sister practice provided clinical leadership and also supported with the governance of the practice.

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 fire, lone working and 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 informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Improvement could be made to the frequency of radiography audits in-line with guidance and to ensure that the audits were completed for all clinicians and included the results and the resulting action plans and improvements.