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Herts Dental

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 10 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.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which mostly reflected current legislation.
- 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.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- There was effective leadership and a culture of continuous improvement.
- 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

Herts Dental is in Watford and provides private dental care and treatment for adults.

There is step free access to the practice. There is restricted space at the entrance of the practice, so it is not easily accessible for people who use wheelchairs and those with pushchairs. The practice does not have an accessible toilet and they communicated this to new patients before booking. 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 1 dentist, 2 trainee dental nurses and 1 dental hygienist. A locum dental nurse attends the practice to assist with sedation. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist, both trainee dental nurses and the hygienist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 10am to 6pm.

Saturdays by appointment only.

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

- 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.
- Take action to ensure audits of radiography are completed at the recommended frequency and that audits of record keeping and antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

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). Improvements could be made to ensure that instruments were kept moist after use and prior to decontamination and that heavy duty gloves were changed as per current guidance. Immediately after the inspection, we were provided with evidence that these issues had been rectified.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment completed on 6 October 2023. We saw that monthly testing of the hot and cold-water temperatures was carried out and the temperatures recorded were as recommended in the risk assessment.

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 recruitment procedures 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 observed that satisfactory evidence of conduct in previous employment (references) had not been obtained at the commencement of employment for staff members. Evidence of the effectiveness of vaccination against Hepatitis B was not available for 2 clinical members of staff. Immediately after the inspection, the practice implemented a recruitment policy which included obtaining references for new staff members. We were also advised that blood tests to show the effectiveness of vaccination against Hepatitis B would be arranged for the 2 staff members.

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 gas and electrical safety checks had been carried out immediately following the announcement of our inspection.

A fire safety risk assessment was carried out in line with the legal requirements on 9 October 2023 and the management of fire safety was now effective. We noted that the smoke detection and fire-fighting equipment was serviced immediately prior to our inspection. In-house testing of the smoke alarms, emergency lighting and fire evacuation drill had been commenced on the day of the risk assessment. We saw that servicing of the emergency lighting was not carried out. This was completed on 11 October 2023.

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).

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. On the day of inspection, we observed that the sharps containers were not labelled and that safety sharps devices were not available in the surgeries. The sharps risk assessment and staff advised that the clinicians used a “scoop technique” when handling used sharps. Immediately after the inspection, we were sent evidence that the sharps containers were now appropriately labelled and that safety devices had been ordered.

Information about the signs of sepsis were on display in the practice. However, improvement could be made to ensure all staff had completed training and had awareness of sepsis.

Emergency equipment and medicines were available in accordance with national guidance. However, on the day of inspection we saw that the equipment used to manage a medical emergency was not included in the weekly in-house checks, that aspirin was not in the dispersible form and that the recommended sizes of needles used for the administration of medicines were not available. Immediately after the inspection, we were provided with evidence that the emergency equipment had been added to the weekly practice checklist and that aspirin in the dispersible form and the recommended sizes of needles had been ordered.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and immediate life support training. Medical emergency scenarios were discussed at team meetings.

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 not carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate accidents. Improvement could be made to ensure that other significant events were recorded so that information about these could be shared with staff to promote learning. Immediately after the inspection, we were provided with evidence that a significant event form had been implemented so that events in the practice could be recorded and discussed within the team for learning.

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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, and sedation equipment checks. The principal dentist acted as the sedationist and operator and had completed sedation training in line with guidance. All members of the dental team had completed training in immediate life support. A sedation trained dental nurse attended the practice to support with sedation. However, we noted that training in sedation for this staff member was completed in 2016 which is not in line with sedation guidance which states that training in sedation should be completed every 5 years. Immediately after the inspection the sedation nurse completed an additional 8 hours training in sedation.

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 dentist described to us how they assessed the patients' needs and delivered care and treatment in line with current legislation, standards and guidance. However, improvements could be made to the detail recorded in the dental care records relating to the patient assessment including the discussion of treatment options, risk assessments for caries, periodontal disease, cancer and tooth wear used to determine the recall interval decision.

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 dentist justified, graded and reported on the radiographs they took. Improvements could be made to ensure that radiography 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 effective?

(for example, treatment is effective)

The practice was a referral clinic for dental implants, and we saw staff monitored and ensured the dentists were aware of all incoming referrals. Improvements could be made to ensure there were systems in place to track and monitor referrals made externally. Immediately after the inspection, we were shown that a log to monitor the outcome of referrals made externally had been implemented.

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 1 patient. 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.

Staff described to us how patients were called after receiving treatment to enquire about their wellbeing.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff although we were told it was not operational on the day of our visit. 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 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, models, videos, and X-ray images.

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 some adjustments including a ground floor surgery for patients with access requirements. However, the practice had not completed a disability access audit to identify how access to the practice could be improved for patients with additional needs. Immediately after the inspection, the provider completed a disability access audit and formulated an action plan. We were shown evidence that an induction hearing loop, magnifying glass and emergency cord pull alarm for the patients' toilet had been ordered.

Timely access to services

The practice displayed its opening hours and provided information on their website.

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. 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 staff 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.

On the day of inspection, we noted that some risk assessments and safety checks had been recently completed following the announcement of the inspection to the practice. This indicated to us that governance processes were not fully established at the practice prior to the inspection. However, the provider was very receptive to our feedback 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 and immediately after the inspection was clear and organised.

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 in some areas over time.

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

Staff discussed their training needs during annual appraisals, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had some 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 noted that the practice used generic guidance in some areas such as consent and duty of candour. Following our feedback, bespoke practice policies for these topics were developed.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of 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 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.

Are services well-led?

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of infection prevention and control, hand hygiene and sedation. Staff kept records of the results of these audits and the resulting action plans and improvements. Improvements could be made to the frequency of radiography audits in line with guidance and to ensure the quality of patient care records and antimicrobial prescribing were suitably monitored.