

Hartforde Dental Centre Limited

Hartforde Dental Centre

Inspection report

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Overall summary

We carried out this announced focused inspection on 23 March 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The dental clinic appeared to be visibly 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 most life-saving equipment were available. However, defibrillator pads which were out of date were ordered on the day.
- The practice had some systems to help them manage risk to patients and staff. However, there were shortfalls in assessing and mitigating risks in relation to lone working and the management of substances hazardous to health.
- 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 although not all staff files were complete.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement. However, audits could be improved by having documented learning points.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.

Background

The provider has two practices and this report is about Hartforde Dental Centre.

Hartforde Dental Centre is in Borehamwood, Hertfordshire and provides private dental care and treatment for adults and children.

There is access to the practice for people who use wheelchairs and those with pushchairs via a ramp. Car parking spaces are available outside the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes three dentists, one dental nurse, one dental hygienist, and one receptionist. The practice has three treatment rooms.

During the inspection we spoke with two dentists, one dental nurse, and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8am to 4pm.

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 and that appropriate checks are completed prior to new staff commencing employment at the practice.

Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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 the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

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)

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. We noted that the practice did not have separate facilities for handwashing and the manual cleaning of dental instruments and were not recording the weekly changing of heavy-duty gloves. We discussed this with the provider, who provided evidence, immediately after the inspection, that a log for the heavy-duty gloves had been implemented and an additional bowl for manual cleaning obtained. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy to help them employ suitable staff which reflected the relevant legislation although the policy was not always followed, in particular, in obtaining two references for a newly appointed member of staff before commencement of employment. We noted that not all recruitment documentation was present in the practice, in particular, some evidence of current indemnity, disclosure barring and service (DBS) checks, and the effectiveness of the vaccination against Hepatitis B virus for all staff. Immediately after the inspection we were provided with copies of missing indemnity, DBS and a reference.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and the use of dental dam. However, there was no lone working risk assessment for the hygienist who worked without chairside support. We were advised after the inspection that a nurse would be provided to assist the hygienist.

Emergency medicines and most equipment were available and checked in accordance with national guidance. We found these checks were not always effective as we noted the defibrillator pads were out of date. Replacement pads were ordered on the day of inspection.

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

Are services safe?

The practice had not carried out risk assessments in relation to the safe storage and handling of substances hazardous to health for dental materials or cleaning products kept at the practice.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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 implemented systems for reviewing and investigating when things went wrong. However, there was scope for improvement in ensuring that accidents and events were used as an opportunity 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.

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.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. However, we noted that some patient dental care information such as risk assessments for caries, periodontal disease and cancer was not always recorded. We discussed this with the provider who assured us that this would be implemented immediately. The dentists assessed patients' treatment needs in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation. However, there was scope to improve these by making them clinician specific with documented actions and learning points.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. However, at the time of the inspection there was scope to improve the monitoring of referrals. Immediately after the inspection a process was implemented to follow up referrals to ensure patients received care in a timely manner.

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

There was effective leadership with emphasis on continually striving to improve. Staff worked together in such a way that where the inspection highlighted any issues or omissions, they took swift action to rectify these.

The information and evidence presented during the inspection process was clear and well documented. However, not all documentation for staff recruitment files was present on the day.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice 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. 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 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.

We saw there were processes for managing risks, issues and performance. However, we found shortfalls in appropriately assessing and mitigating risks in relation to lone working, accidents and near misses and the management of substances hazardous to health for dental materials and cleaning products used at the practice.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice 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 practice had systems and processes for learning, 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, disability access, antimicrobial prescribing, radiographs and infection prevention and control.

Staff kept records of the results of these audits but there was scope to improve some audits by making them clinician specific with recorded action points for learning.