

Mr. Rajan Bhatiani

# Hitchin Dental Care

## Inspection report

Cartman House  
5 Paynes Park  
Hitchin  
SG5 1EH  
Tel: 01462451181  
[www.hitchindentalcare.co.uk](http://www.hitchindentalcare.co.uk)

Date of inspection visit: 22 September 2023  
Date of publication: 28/09/2023

### Overall summary

We carried out this announced focused inspection on 22 September 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 adviser.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance, although we noted the ultrasonic bath had not been fully tested to ensure its safe operation.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- Staff had access to a range of specialist dental equipment to enhance the delivery of care.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.

# Summary of findings

- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.

## Background

Hitchin Dental Care provides private dental care for adults and children.

The practice has made reasonable adjustments to support patients with additional needs. There is level access to the premises for people who use wheelchairs, ground floor treatment rooms and a fully accessible toilet.

The dental team includes 4 dentists, 3 visiting specialists, 3 dental hygienists, 6 dental nurses, a practice manager and 2 reception staff. The practice has 6 treatment rooms.

During the inspection we spoke with the practice manager, a dentist, 2 dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Wednesdays from 9am to 5.45pm, on Thursdays from 8am to 4.45pm, on Fridays from 8am to 1.45pm, and on alternate Saturdays from 9am to 1.45pm.

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

- Ensure regular soil and protein residue checks are undertaken on the practice's ultrasonic bath.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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. Staff had completed appropriate training and we noted information about protection agencies displayed around the practice making it easily accessible. One of the dentists had been appointed as the lead for safeguarding in the practice and all staff had downloaded the NHS Safeguarding App on their phones. A system was in place to identify and follow up children who were not brought to their treatment appointments.

The practice had infection control procedures which reflected published guidance, although we noted that staff had not been undertaking the recommended soil and protein residue testing of the ultrasonic bath.

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 premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was effective. In addition to this, the provider had organised for a professional fire company to undertake an additional risk assessment 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.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. We viewed risk assessments which covered a range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks.

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 were hazardous to health.

Close Circuit Television was used in communal areas as additional security for staff and patients, and appropriate signage warning of its use was in place.

# Are services safe?

## **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.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines and regular antimicrobial prescribing audits were carried out.

Patient group directions were in place to allow the dental hygienists to administer some medicines.

## **Track record on safety, and lessons learned and improvements.**

The practice had implemented effective systems for reviewing and investigating incidents and accidents. We viewed the practice's accident records, which showed that incidents had been recorded in detail. As a result of one incident, the practice had implemented a more robust system for tracking patient referrals.

There was a system for receiving and acting on national patient 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 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 viewed were detailed and complete.

We saw the provision of dental implants was in accordance with national guidance.

The practice ran study clubs for local dental colleagues to ensure their skills and knowledge was kept up to date.

Staff had access to a range of equipment including intra-oral scanners, a CEREC (Chairside Economical Restoration of Aesthetic Ceramics) and Orthopantomography machine to enhance the delivery of care to patients.

### **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. Three dental hygienists were employed by the practice to assist patients with their oral health.

The practice sold products such as mouthwash, dental floss and specialist toothpaste to support people's oral hygiene.

We noted information in the patient area in relation to healthy lifestyles, diet and teeth. The TV screen in this area also provided information about smoking cessation.

### **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 and the requirements of Gillick competency in relation to younger patients.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance.

We saw evidence that clinicians justified, graded and reported on the radiographs they took. The practice carried out radiography audits every 6 months following current guidance and legislation.

### **Effective staffing**

We found staff had the skills, knowledge and experience to carry out their roles. They told us dentists had ample appointment time to treat patients. The dental hygienists worked with chairside support.

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. Patient referrals were monitored to ensure their timely management.

# 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 clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients. During the Covid-19 pandemic staff delivered antibiotics to older patients, and patients with anxiety were offered appointments at the beginning of treatment sessions.

Many of the staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions. The practice's fire marshal had learnt relevant fire related Makaton sign language so that they could communicate with any patient using it, in the event of a fire.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage. Training files showed that staff had received training in information governance and data protection, so they were aware of how to manage patients' information in line with legal requirements.

Treatment rooms had window blinds to prevent passers-by looking in and there was a separate consultation room available if patients wanted to speak privately.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment. There was helpful information on the practice's website about the different types of treatment offered.

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, study 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 had made good adjustments for patients with disabilities which included level access to the premises, a fully accessible toilet, ground floor treatment rooms and specialist dental chairs for those with limited mobility. Patients also had access to a portable hearing induction loop if needed. Parking for people with limited mobility was available in a nearby public car park.

Translation services were available for patients who did not speak or understand English.

The practice offered a number of specialist dental treatments including orthodontics, endodontics and dental implants, meaning patients did not need to travel to other practices to receive these.

### **Timely access to services**

At the time of our inspection, the practice was able to take on new patients, and waiting times for a routine appointment were about a week. The practice opened alternate Saturdays from 9am to 1.45pm, to allow better access for patients who worked during the week. Daily slots for emergency appointments were available for those in dental pain.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

There was a text and email appointment reminder service available to patients.

### **Listening and learning from concerns and complaints**

Information about how to complain was available in the waiting area and on the practice's website. We reviewed the management of 2 recent complaints and noted they had been dealt with in a timely, empathetic and professional way.



# 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**

We found senior staff to be knowledgeable, experienced and clearly committed to providing a good service to patients. There was strong leadership and an emphasis on continually striving to improve. Minor improvements we had identified at a sister practice previously, had been fully implemented for the inspection to this practice, demonstrating staff commitment to improving the service.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

Staff had clear roles and responsibilities within the practice, with specific leads for areas such as information governance, infection control, safeguarding and patient feedback.

The information and evidence presented during the inspection process was clear and well documented.

### **Culture**

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

Staff stated they felt respected, valued and enjoyed their work. They told us they valued the opportunities and training that were available to them, and that the provider was understanding and supportive of their caring and family commitments.

Staff discussed their training needs during annual appraisal and development reviews, which they told us they found useful.

### **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 clear and effective processes for managing risks, issues and performance.

Communication systems in the practice were good with regular staff meetings. Minutes we viewed were detailed and there were standing agenda items for areas such as patient feedback, complaints and audit results.

### **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. Online patient reviews were actively responded to, whether positive or negative. At the time of our inspection that practice had scored 4.9 stars out of 5 based on 159 responses. In addition to online reviews there was a paper-based patient survey where feedback was requested about the friendliness of the staff, appointment times and treatment plans. In response to patient feedback the practice had displayed better information about where patients could speak privately and had added higher chairs in the waiting area.

The practice gathered feedback from staff through meetings, surveys, 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?

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff could access online training paid for by the provider and its completion was monitored closely. Training records we viewed demonstrated they had undertaken a wide range of training relevant for their role. It was clear the provider understood the importance of training and actively encouraged staff to develop their potential.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene, disability access, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.