

Huntly Grove Partnership

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Inspection report

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Overall summary

We carried out this announced inspection on 20 October 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 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 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 that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

Huntly Grove Partnership is a well-established practice which provides both NHS and private treatment to adults and children. The dental team includes seven dentists, one dental hygienist, 13 dental nurses, five receptionists and a practice manager. The practice has eight treatment rooms.

The practice opens on Mondays, Tuesdays, Wednesdays and Fridays from 8am to 5pm; and on Thursdays from 8am to 7pm.

The practice has its own parking facilities, and there is on street parking nearby. Wheelchair access is available via a ramp, and there is a fully accessible toilet and ground floor treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the practice manager.

During our inspection we spoke with two dentists, the dental hygienist, the practice manager, three nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice appeared clean and well maintained.
- Infection control procedures reflected published guidance.
- Staff knew how to deal with emergencies, and appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had thorough staff recruitment procedures.
- Patients' care and treatment was provided in line with current guidelines.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Take action to implement the recommendations in the practice's legionella risk assessment and ensure ongoing legionella management is effective.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records. In particular, in relation to the recording of patients' caries and periodontal disease risk levels.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office. In particular, ensuring patients are made aware that they are being filmed in communal areas of the practice.

Summary of findings

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular, ensuring the radiation protection supervisor has appropriate training for their role.

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

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We noted information about reporting procedures in every surgery, making them easily available to both staff and patients. All staff had received appropriate training in safeguarding people and the practice manager was the named lead for concerns. We were shown paperwork in relation to two safeguarding incidents that staff had reported to the relevant agencies, demonstrating that they took the protection of patients seriously. We noted that the practice had implemented a 'was not brought' policy to help identify possible safeguarding concerns in relation to children. This policy had been discussed at a recent staff meeting, evidence of which we viewed.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed. The provider had also implemented its own 'Speak Up' telephone line to enable staff to raise any concerns they had with senior staff at the provider's head office.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. The practice manager told us their use was checked as part of the regular dental care records audits that were undertaken. A specific protocol had been introduced to prevent wrong site tooth extraction and its use was documented in patients' notes.

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. Additional operating protocols had been implemented to the patient journey to reduce the spread of Covid-19 and the provider had purchased air filtration units for each treatment room.

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

Infection prevention and control audits were completed every three months and the latest audit showed the practice was meeting the required standards.

Staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. However, we noted that some of the recommendations from the risk assessment completed over a year ago had not yet been implemented.

Records we viewed showed that water temperatures throughout the practice were monitored regularly.

We saw the practice was visibly clean and treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt, although we noted some dust on the top of the cabinetry in the decontamination room. We also noted a faulty door and flaking paint on the walls; however, these had already been identified by staff and were on a schedule for repair.

Are services safe?

The practice had procedures in place to ensure clinical waste was segregated and was stored securely behind a locked gate to the side of the building.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover. The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We looked at recent staff recruitment records which showed the practice followed their recruitment procedure. All staff underwent a formal induction and had a six-month probationary period to ensure they were suitable for their role.

The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions including electrical and gas appliances. A fire risk assessment had been completed for the premises and the practice manager assured us that plans were already in place to action the recommendation for the alarm system to be extended to the property's basement. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records showed that emergency lighting, fire detection and firefighting equipment such as fire extinguishers were regularly tested. All staff rehearsed full evacuations, (sometimes with patients), and three staff had received fire marshal training.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and all required information was in the radiation protection file, although we noted the practice's radiation protection supervisor had not undergone appropriate training for their role.

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

Clinical staff completed continuing professional development in respect of dental radiography. X-ray units had rectangular collimation to reduce patient dosage.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for risks associated with the Covid-19 pandemic.

Every three months the practice manager completed a comprehensive health and safety audit to ensure the premises, staff and patients were kept safe.

Staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been completed and staff were using the safest types of needles and matrix bands. Sharps boxes were sited safely and labelled correctly. The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. They also undertook regular emergency medical simulations to keep their knowledge and skills up to date. This included accessing the medical emergency kit from different floors of the building.

Emergency equipment and medicines were available as described in recognised guidance, Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. As the practice was over three floors, an additional oxygen cylinder was available for staff to access quickly.

Information to deliver safe care and treatment

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

Are services safe?

We discussed with clinicians how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible. They were kept securely and complied with data protection requirements.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out annually and the most recent audit indicated the dentists were following current guidelines.

There was a suitable 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. Prescription pads were held securely, and a system was in place to easily identify any lost or stolen scripts.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process and incident and significant events were a regular agenda item at practice meetings. The provider had its own central reporting system that was used across all its practices so that any common themes could be identified and learning shared. For example, when a patient had accidentally swallowed a foreign object a companywide policy had been introduced in relation to the management of ingested materials.

The practice manager told us that unusual incidents were investigated and addressed. For example, as a result of safety concerns in the practice's car park, new metal gates had been installed. Following the break down of the washer disinfecter, one member of staff had researched the error message that had been displayed and had then trained the staff in what it meant and how to fix the machine.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and triaged by the practice manager who actioned them if needed. Alerts were also a standing agenda item on staff meetings to ensure all staff were aware of them, evidence of which we viewed.

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.

Patients' dental care records were audited regularly to check that the dentists recorded the necessary information. We noted however, that not all dentists were recording patients' level of caries and periodontal disease risk.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The practice manager told us that, prior to Covid-19 restrictions, staff had visited local primary schools to offer oral health advice to pupils there. One member of staff had undertaken an oral health educators' course and was hoping to utilise their skills in providing oral hygiene sessions for patients.

Dental care records we reviewed demonstrated the dentist had given oral health advice to patients.

The practice sold a wide range of dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash, and toothpaste.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). Staff 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 can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. We noted that the MCA and Gillick competence guidelines had been discussed at the practice meeting of July 2021 to ensure staff understood them.

We spoke with three patients, all of whom told us that they were provided with good information about their treatment options helping them give informed consent about it.

Effective staffing

The practice was large and very busy, but despite this, staff told us they had enough time to do their job and only rarely felt rushed. The practice co-ordinator was a dental nurse and could help if required. Staffing levels had not been unduly affected by the Covid-19 pandemic, although the practice manager told us she was in the process of recruiting another dentist to help increase the number of appointments available and reduce waiting times.

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

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the GDC. Each year the practice manager checked the GDC's website to ensure all staff were fit to work at the practice.

Co-ordinating care and treatment

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

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. A central system was in place to follow up all referrals made to ensure they were managed in a timely way.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager took responsibility for the overall leadership in the practice supported by a practice co-ordinator and an area manager. The practice manager told us she met monthly with her area manager and with other managers regionally.

There was an established leadership structure within the practice with clear allocation of responsibilities amongst the staff. For example, there were specific leads for infection control, safeguarding and reception.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt supported and valued and enjoyed their work.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice had a Duty of Candour policy in place and staff were aware of their personal obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We looked at several policies and procedures and found that they were up to date and had been reviewed regularly.

The practice was part of a corporate group which had a head office where teams including human resources, finance, clinical support and patient support services were based. These teams supported and offered advice and updates to the practice when required.

Communication across the practice was structured around regular meetings. Staff told us these provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Minutes we viewed were comprehensive and we noted standing agenda items for areas such as performance, safeguarding, governance, health and safety, and patient feedback.

The practice had a policy which detailed its complaints' procedure, copies of which were held at reception so that it could be given to patients if needed. We noted that it had been translated into several languages including Urdu and Polish to reflect the local patient demographic. Reception staff we spoke with had a clear understanding of the practice's complaints system and spoke knowledgeably about how they would respond if a patient raised a concern.

The practice manager was the lead for complaints and logged all complaints received onto the provider's on-line reporting system, where their management was monitored. Patients' complaints were a standing agenda item at each practice meeting, ensuring learning from them was shared across the staff team.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Patients were sent a text after each appointment and sent a link to a website where they could leave feedback about their experience. They could also leave feedback directly on the practice's website. The provider's head office monitored this feedback responded to both positive and negative comments. At the time of our inspection, the practice had received 4.3 stars of five, based on 78 patient reviews.

Are services well-led?

The provider 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. One member of staff told us their suggestion to purchase containers to keep loose dental items together and covered in drawers had been implemented.

Continuous improvement and innovation

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

Staff told us they received good support to meet the requirement of their continuous professional development and free on-line training was provided for dental staff to support this.

All staff received an annual appraisal of their performance. The practice manager met with each dentist once a month to discuss any performance issues. The dentists also received additional support from the clinical lead within the company.