

AVCH Limited

Hythe Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 30 May 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 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.
- 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.
- 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

Hythe Dental Care is in Hythe, Kent and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. 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 2 dentists, 2 dental nurses, a dental hygienist, and a receptionist. The practice has 2 treatment rooms.

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

The practice is open:

- Monday to Thursday 8.30 am to 5.30pm
- Friday 8.30am to 1pm
- The practice is closed Monday to Thursday between 1pm and 2pm for lunch.

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Take action to ensure audits of radiography, infection prevention and control, record keeping, 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.

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. We were not able to view safeguarding training certificates for staff on the day of our inspection. These were sent to us shortly afterwards.

The practice had infection control procedures which did not wholly reflect published guidance.

- We saw instruments were being transported on open trays to and from the decontamination room.
- We noted there was no enzymatic detergent used for the manual scrubbing of instruments.

We were sent evidence following our inspection for the use of rigid lockable boxes for transportation of instruments, bagged beam aiming devices, enzymatic detergent, and thermometer to ensure the correct temperature for use and evidence. These changes brought the infection control practice in line with the Health Technical Memorandum 01-05 Decontamination in primary care dental practices (HTM 01-05).

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We saw the temperatures were not recorded on the water temperature log, just a tick to show it had been completed. Staff assured us they would record the temperatures reached going forward.

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. We noted the cleaning schedules were not clinical area specific. We were assured separate schedules would be created and implemented. We were informed following our inspection these were now in place.

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.

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. However, this could be improved.

- The ultrasonic bath was not being maintained to the manufactures instructions as no weekly protein residue checks were conducted.
- Time, steam, and temperature tests (TST) were being conducted along with instruments.

We were sent evidence protein residue test kits had been obtained. We were sent a declaration that TST tests would be conducted on an empty cycle in the autoclave each day the practice was open.

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. The management of fire safety was effective. We noted no staff had completed fire safety or fire marshal training. Following our inspection, we were sent one certificate and evidence of training booked for the whole team.

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

Are services safe?

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. We noted not all sharps were indicated on the current sharps risk assessment. Following our inspection, we were sent an updated version.

Staff were booked to complete sepsis training.

Not all the minimum emergency equipment and medicines were available and were being checked monthly instead of weekly in accordance with national guidance.

- We were sent evidence the missing equipment and expired medicines had been replaced. These were aspirin, Glucagon injection for a diabetes episode, child size self-inflating bag with reservoir, clear face masks sizes 0,1,2,3,4, a child oxygen mask and tubing.
- We saw weekly checks had been implemented.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. One There was no evidence to show that one member of staff had not completed training. We were sent the certificate following our inspection.

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 not always complete, they were legible, kept securely and complied with General Data Protection Regulation requirements. We were sent information following our inspection documenting the changes such as ensuring intra oral and extra oral soft tissue checks, temporomandibular status and checks, risk assessments for tooth wear, caries and cancer and grades, justification and reports of X-rays taken were now recorded.

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. We saw local anaesthetic cartridges were prematurely removed from their blister packs and stored loose in drawers. This poses a risk of contamination of the diaphragm and poses a risk infection. We were sent a declaration all the loose cartridges had been disposed of and staff were aware to only remove them at the point of use. Antimicrobial prescribing audits were in preparation at the data collection stage.

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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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 some detailed patient care records in line with recognised guidance. However, improvements were needed in some areas. This was addressed by staff.

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 some of the radiographs they took. However, we did see not all the some radiographs taken had did not have this information recorded. Staff assured us this had been addressed. The practice carried out radiography audits six-monthly following current guidance. However, the latest audit had not identified the shortfalls we found.

Effective staffing

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

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.

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.

Patients indicated through practice feedback, 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.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example, study models 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 reasonable adjustments 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 patient information leaflet, outside of the practice and via the internet.

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 information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The contact number for the local out of hours dental service was displayed in the waiting area and on the answerphone so patients were directed to the appropriate out of hours service.

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 the local out of hours dental service 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.

Systems and processes were improved immediately, and staff worked together in such a way that issues and omissions found at the inspection were addressed.

The information and evidence presented during the inspection process was clear and well documented. Although some documents were not available on the day, we received all of them following our inspection.

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

Culture

Staff could show how they ensured 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 appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice has improved their 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 clear 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.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These needed some improvements. These included audits of disability access, radiographs, antimicrobial prescribing, and infection prevention and control. We noted there was no patient record card audit conducted.