Mrs. Alison Rae

Hall Farm Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 16 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Equipment was maintained to ensure its safe operation.
- We found staff to be particularly supportive and understanding of patients with mental health challenges.
- Staff provided preventive care and supported patients to ensure better oral health.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.

Summary of findings

- The practice was committed to providing NHS funded dental care, given the paucity of such provision in the local area.
- 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.

Background

Hall Farm Dental Surgery provides NHS dental care and treatment for adults and children. In addition to general dentistry, the practice also offers orthodontic services.

The practice has made reasonable adjustments to support patients with access requirements including ramp access, wide doors, a ground floor treatment room and a fully accessible toilet.

The dental team includes one dentist and two part-time dental nurses.

During the inspection we spoke with the dentist and a nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open on Tuesdays from 9am to 5pm, and every other Wednesday from 9am to 5pm.

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

- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

- Implement audits for prescribing of antibiotic medicines and dental care records taking into account the guidance provided by the College of General Dentistry.

- Implement processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

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. Staff had received appropriate training, and information about protection agencies and how to report concerns was on display around the practice. Information about local domestic violence support services was easily accessible to patients.

The practice had infection control procedures which reflected published guidance, although there was no separate decontamination room, so all sterilising was undertaken in the treatment room. Regular infection prevention and control audits were undertaken, but we noted there were no action plans in place to address every identified shortfall.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Staff managed dental unit waterlines in line with guidance.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, which 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.

A fire safety risk assessment had been conducted in May 2023 and its recommendations were in the process of being implemented by the provider.

The practice had arrangements to ensure the safety of the X-ray equipment and 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.

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 assessments to minimise the risk that could be caused from substances that were 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

Are services safe?

The practice had systems for appropriate and safe handling of medicines, although antimicrobial prescribing audits were not carried out to ensure the dentist was prescribing according to national guidelines.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents. We noted that, although incidents and unusual events were recorded, the information lacked detail and there was no evidence to show how learning from them was used to prevent their recurrence.

The practice had a system for receiving and acting on national 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 dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives.

The practice provided preventive care and supported patients to ensure better oral health. There was a patient folder in the waiting area giving patients helpful information on a range of oral hygiene topics including periodontal care, bad breath and what to expect from a dental examination. There was a colourful painting that had been created by one of the practice's child patients showing how 'sugar eats teeth'.

One of the dental nurses had undertaken additional training in oral health education.

The practice sold dental sundries such as interdental brushes, floss, mouthwash and toothpaste to help patients manage their oral health.

Consent to care and treatment

We found that staff had a thorough understanding of patient consent issues, and a good knowledge of the Mental Capacity Act 2005 and Gillick guidelines.

Monitoring care and treatment

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. Regular radiography audits were carried out.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Although the staff team was very small, they told us they had time for their role and did not feel rushed in their job.

Newly appointed staff had an 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.

Staff 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 spoke knowledgably and empathetically about how they supported patients with various mental health challenges. They also described to us some of the ways they enabled children on the autistic spectrum to undertake their treatment, and the practical ways they helped nervous patients.

Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

The dentist showed a strong and commendable commitment to continuing to provide NHS dental care and understood how critical the service was in the local area.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Archived patients' records were stored 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 dentist explained the methods they used to help patients understand their treatment options.

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 was accessible to wheelchair users via a ramp and the treatment room was on the ground floor. There was a fully accessible toilet, and a portable hearing loop to assist patients who wore hearing aids. Reading glasses were available behind the reception desk.

Timely access to services

At the time of our inspection, the practice was unable to take on new NHS patients. Waiting time for a routine appointment was about 3 to 6 weeks, and from referral to treatment for orthodontics, about 12 to 18 months.

Although there were no set times for emergency appointments, the dentist told us that patients in dental pain could be seen at lunch times, or out of hours if needed as she lived next door to the practice.

The practice was not able to offer a text or email appointment reminder service but did telephone some patients who requested this or had a history of forgetting to attend.

Listening and learning from concerns and complaints

Information about how patients could raise their concerns was available in the waiting area making it easily accessible. We were unable to comment on how the practice dealt with complaints as we were told none had ever been received.

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 was very small with just one dentist and two very part time staff. Given this, the dentist had overall responsibility for the running and management of the practice, in addition to the clinical care.

We noted that some of the shortfalls we identified during our pre-inspection telephone call had been addressed by the day our visit, demonstrating the dentist's commitment to improvement.

Culture

Staff stated they felt respected, supported and enjoyed their work. They described the dentist as approachable and understanding of their concerns.

Although there were no formal practice meetings, staff told us communication systems were good given the very small size of the practice.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Engagement with patients, the public, staff and external partners

Feedback from staff was obtained through informal discussions. Staff were encouraged to offer suggestions for improvements and said these were listened to and acted on where appropriate. Their suggestion to rearrange the treatment room had been implemented. However, systems for obtaining patients feedback were limited, with no Friends and Family Test or surveys available for patients to complete.

Continuous improvement and innovation

The practice had some systems and processes for quality assurance and continuous improvement. These included audits of and infection prevention and control, radiography and patient waiting times. However, there was not always a resulting action plan as a result of the audit to address shortfalls and drive improvement.

We noted staff had undertaken a wide range of training for their role.