

Hick Lane Dental Surgery Ltd

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Inspection report

17 Hick Lane
Batley
WF17 5TD
Tel: 01924474929

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Overall summary

We carried out this announced comprehensive inspection on 23 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. Fire risks were not appropriately assessed, this was addressed immediately.
- 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. Disclosure and Barring Service checks were not carried out at the point of employment.

Summary of findings

- 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.
- 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

Hick Lane Dental Surgery Ltd is in Batley and provides NHS and private dental care and treatment for adults and children.

There is ramped 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 5 dentists 1 of whom is in the foundation year at the practice and is overseen by the lead dentist who is qualified to supervise dentists in their first year in practice, 8 dental nurses including 4 trainees, 1 dental hygienist, 1 practice manager and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 3 dentists, 2 dental nurses and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday and Thursday 9am to 5:30pm

Tuesday 9am to 6:30pm

Friday 9am to 12:30pm

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Ensure the systems in place to track and monitor the use of NHS prescription pads are followed.
- Take action to appoint a competent person, to carry out any of the preventive and protective measures, taking into account The Regulatory Reform (Fire Safety) Order 2005.

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, staff completed training and knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. We highlighted that pouched sterilised instruments should be transported back to the surgeries in approved instrument transport boxes.

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.

The practice appeared clean and tidy. Building renovations were in progress and staff ensured disruption was kept to a minimum. The manager was in the process of changing cleaning contractors in response to recent observations of cleaning in the non-clinical areas of the practice, not having access to the company cleaning schedule or assurance that the products brought in had been risk assessed in line with hazardous substance guidance.

The recruitment policy and procedure should be reviewed to ensure they reflect the relevant legislation. Disclosure and Barring Service checks, or a risk assessment were not always carried out at the point of employment.

The practice did not obtain evidence of immunity to Hepatitis B for all clinical staff. We signposted the manager to resources to support them to review this.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. We noted the most recent electrical installation report was satisfactory but had 5 urgent remedial actions. We saw evidence that electrical work was underway, and evidence was provided after the inspection that these had been addressed as part of the ongoing improvements.

The most recent fire safety risk assessment carried out after the expansion of the premises had not been undertaken by a competent person. A competent person's advice had not been sought on adequate fire detection systems for the new premises layout, and previous advice to fit additional fire detection in a room that housed electrical equipment had not been acted on in line with the legal requirements. There was 1 smoke detector, we saw staff logged weekly checks to ensure this was working. Staff undertook training and participated in evacuations. Additional fire extinguishers and exit signage had recently been installed. The practice took immediate action to schedule a new risk assessment, seek appropriate advice and install additional fire detection. Evidence of this was sent after the inspection.

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. This included sharps safety, sepsis awareness and lone working.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted the aspirin was not dispersible in line with guidance, this was replaced immediately. We highlighted that monthly checks of the kit should be increased to weekly intervals.

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 are 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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits had recently been introduced. We noted there were gaps in the logs to monitor the use of NHS prescriptions. We highlighted the importance of ensuring the consistent use of these to track their use and identify any potential issues.

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 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 and showed examples of capacity assessments undertaken by staff.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Treatment specific consent forms and patient information leaflets were provided to ensure patients understood the options, risks and benefits of these.

Monitoring care and treatment

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

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 the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

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.

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.

Patient feedback was highly complimentary of staff and the services provided. Patients said 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 and patient information folder 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. They had increased capacity to meet patient demand.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a disabled toilet and grab rails 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. This included plans to improve access by reviewing the gradient of the access ramp, raising the height of external handrails and further remodelling the reception and waiting area to improve the environment for patients and staff.

Timely access to services

The practice displayed its opening hours and provided information in the premises and on their patient information leaflet.

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.

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

There was strong leadership with emphasis on people's safety and continually striving to improve. They had expanded and renovated the premises to increase capacity and improve the practice environment for patients and staff.

Systems and processes were embedded, where the inspection highlighted issues or omissions, the provider was open to feedback and took immediate actions to address the concerns raised and send evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

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

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

Culture

Staff 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 informally, during annual appraisals, 1 to 1 meetings and during clinical supervision. 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 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 processes for managing risks, issues and performance. The inspection highlighted risks around fire safety, these were addressed immediately. Additional minor risks were highlighted around recruitment checks and prescription security.

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.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.