

Experdental Ltd

# Hatfield Dental

## Inspection report

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### Overall summary

We carried out this announced inspection on 29 June 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 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 asked the following three 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 this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services well-led?**

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

# Summary of findings

## Background

Hatfield Dental Care provides mostly NHS treatment for adults and children. The practice is one of three owned by Experdental Limited.

As the practice is sited above a row of shops, it is not particularly accessible, however wheelchair users are directed to one the provider's other practices which is. Car parking spaces, including parking for people with disabilities, are available near the practice in a public car park.

The dental team includes five dentists, six dental nurses, a part-time practice manager and reception staff. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Hatfield Dental Care is the practice manager.

The practice is open Monday to Friday from 8.45am to 5.45pm

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

## Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider's recruitment procedures were thorough and ensured only suitable staff were employed.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

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

- Review the practice's sharps procedures to ensure they are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- 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.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, in particular regarding the use of a vacuum steriliser and washer disinfectant.

# 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

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)**

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice manager was the lead for safeguarding concerns and had undertaken level three training for this role; other staff had received appropriate safeguarding training. Information about reporting procedures and contact details of local protection agencies was on display in each treatment room, making it easily accessible.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

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

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed, despite some of the senior staff being related to one another.

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 measures had been implemented to the patient journey to reduce the spread of Covid 19. As treatment rooms did not have any windows the provider had installed a mechanical air venting system to ensure that the number of air changes per hour in each room met recommended standards.

The provider had arrangements for transporting, 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. However, we noted the practice did not have a vacuum autoclave to effectively clean the internal components of hand pieces. The practice did not have a washer disinfectant, so staff manually scrubbed dirty instruments. We explained to the provider that this was the least effective cleaning method and risked injury to staff.

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

The assistant practice manager carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment's recommendation to monitor monthly hot and cold-water temperatures had been implemented by staff.

We saw effective cleaning schedules to ensure the practice was kept clean. The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately. Clinical waste bins were stored securely in a locked cupboard in the practice.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

# Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. We reviewed recruitment records for two staff which showed the provider followed their recruitment procedure. All staff received an induction to their role, although one new member of staff told us this was very limited in scope.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Staff reported that they had enough equipment, such as handpieces, for their job and repairs were undertaken quickly.

Records showed that fire detection and firefighting equipment was regularly tested, and staff completed fire evacuation drills. There were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Recommendations from the practice's fire risk assessment to purchase fire retardant bins and to replace batteries in smoke alarms had been actioned.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. Rectangular collimation was used to reduce patient exposure.

CCTV had been installed in communal areas of the practice to enhance safety for both staff and patients and there was appropriate signage in place advertising its use.

## **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.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus. However, staff did not use the safest types of needle as recommended in national guidance and this had not been risk assessed. We noted there had been two needle stick injuries recorded in the practice's accident book in the last two years. Sharps bins were sited safely and labelled correctly, in all but one clinical room we viewed.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

The provider 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**

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. 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**

# Are services safe?

We saw staff stored and kept records of NHS prescriptions as described in current guidance, although did not use a system that allowed them to easily identify if individual prescriptions went missing or were stolen. Staff confirmed they would implement a system immediately.

The dentists were aware of current guidance with regards to prescribing medicines and regular audits were carried out to monitor that the dentists were prescribing antibiotics in line with it.

Glucagon was kept out of the fridge and the practice should consider writing its expiry date on the packaging itself, so it is very clear when it becomes unsafe for use.

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

The practice had an incident reporting policy in place and specific forms were available to complete in relation to these. However, we found incident forms had not been completed for several issues including staff needle stick injuries and aggressive behaviour from a patient.

National patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received by the practice and were triaged by the practice manager who downloaded them and disseminated the information if needed. The practice manager was aware of recent alerts affecting dentistry.

# 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.

### **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.

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

Prior to the Covid-19 pandemic staff had visited a local primary school to provide oral health sessions to pupils there.

### **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The principal dentist had developed their own comprehensive patient consent forms for clinicians to use. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who were looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005 and Gillick guidelines. Staff understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

### **Monitoring care and treatment**

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

### **Effective staffing**

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

The practice was one of only two in the area that provided NHS treatment and was very busy as a result. At the time of our inspection patient footfall was high, and the practice had opened at weekends in order to accommodate patient demand. Despite this, staff told us they had time to do their job properly and did not feel pressurised in their work. Clinical staff told us their targets for patient treatment were manageable, and they scheduled the time they needed for each appointment themselves.

### **Co-ordinating care and treatment**

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

# Are services effective?

(for example, treatment is effective)

Staff confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. This was done on-line, and dental staff logged on to the system daily to check how their referrals were progressing.



# 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**

In addition to the principal dentist, the practice manager took responsibility for the day to day running and leadership of the practice. They were supported by an assistant who was in the process of being trained up to become the full-time practice manager.

The practice planned the services to meet the needs of the practice population and had extended its opening hours in order to accommodate high patient demand for NHS treatment. It was also in the process of recruiting a hygienist so it could offer additional services to patients.

### **Culture**

Staff felt respected and valued and reported that senior managers supportive. One staff member told us that their requests for a larger range of burrs and for the suction unit to be repaired had been actioned quickly. Another staff member reported that senior managers had been very understanding of their family commitments.

The practice had a duty of candour policy in place, and staff were aware of its requirements for openness and honesty with patients if things went wrong.

### **Governance and management**

There were 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.

Communication systems were good with regular practice meetings and social media groups that were used to share key information effectively. Minutes of meetings we reviewed showed that staff were kept up to date with latest guidance and issue concerning the practice. The principal dentist told us that all staff met at the last 15 minutes of the day for discussion and reflection.

The practice had a policy which detailed its complaints' procedure, and details of how to complain were available in the waiting area and on the provider's website. We viewed recent complaints received and noted they had been investigated and responded to in a timely and professional way. A specific patient complaints' log was kept with details of the complaint, the action taken and any follow up.

### **Engagement with patients, the public, staff and external partners**

The practice had its own survey to gather feedback from patients in relation to the quality of information available, ease of access, value for money and treatment explanations. This was last undertaken in 2019 (it had not been completed in 2020 due to Covid-19) and the results had been analysed and used to improve the service. Patients were also encouraged to complete the NHS Friends and Family Test, and this was due to be re-started in July 2021.

The provider gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us their concerns were listened to and their request for a bigger staff area and to remove some carpeting had been implemented.

### **Continuous improvement and innovation**

Staff discussed their training needs, general well-being and aims for the future at an annual appraisal, although not all staff had an individual personal development plan in place. Staff completed 'highly recommended' training as per General Dental Council professional standards.

# Are services well-led?

The provider had quality assurance processes to encourage continuous improvement. These included audits of dental care records, radiographs, infection prevention and anti-microbial prescribing. Staff kept records of the results of these audits and the resulting action plans and improvements.