

Huntingdon House Dental Practice Partnership

Huntingdon House Dental Practice

Inspection report

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St. Neots
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Tel:

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Overall summary

We conducted this announced comprehensive inspection on 25 July 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.

Summary of findings

Our findings were:

- The dental clinic appeared clean and well-maintained.
- 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Auditing was used effectively by staff to drive improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Background

Huntingdon House Dental Practice is part of Enamel Dental Care, a dental group provider.

The practice is in St Neots and provides both NHS and private dental care and treatment for adults and children.

The practice has made reasonable adjustments to support patients with access requirements including portable ramp access and ground floor surgeries. However, it did not have a fully accessible toilet.

The dental team includes 9 dentists, 8 dental nurses, 2 dental hygienists, a practice manager, a business manager, and reception staff. The practice has 6 treatment rooms.

During the inspection we spoke with 2 clinicians, the registered manager, 2 nurses and reception staff. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday 9am to 8pm

Summary of findings

Tuesday to Thursday 9am to 5.30pm

Friday 9am to 4.30pm

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

- 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.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

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. All staff had undertaken appropriate training and there was useful information about safeguarding procedures around the practice, making it easily accessible to both patients and staff.

The practice had infection control procedures which mostly reflected published guidance. However, there was not a separate decontamination area, and all cleaning of dirty instruments was carried out in the treatment rooms. A risk assessment had not been completed to identify potential risks with this. Staff manually cleaned dirty instruments and we advised that the use of a washer disinfectant was best practice as it was the most effective way to clean instruments and carried the least risk of sharps injury for staff. We noted clutter in the treatment rooms, making surfaces difficult to clean. Staff had an inconsistent approach to dating packages of sterilised instruments which caused confusion. For example, some staff had placed the expiry date on the package, whilst others placed the date of decontamination.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems.

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.

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. However, this had not always been followed as some staff had been employed without a recent Disclosure and Barring service check (DBS), and one staff member had not been checked against the adults barring list. The practice manager had requested new DBS checks be undertaken as a result.

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. The practice ensured the facilities were maintained in accordance with regulations.

Staff had received appropriate fire training and fire safety equipment was checked and maintained. Recommendations resulting from the fire risk assessment had been actioned such as the installation of emergency lighting and fixed electrical wire testing.

Are services safe?

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 and sepsis awareness. We advised that the practice's health and safety risk assessment could be improved to include potential hazards in relation to its decontamination procedures and the uneven carpeting in communal areas.

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 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 storage and safe handling of medicines.

Antimicrobial prescribing audits were carried out to ensure clinicians were prescribing according to national recommendations.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents, and these were discussed by staff at practice meetings.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

However, we noted minor shortfalls in the quality of some dental care records we reviewed. Patients' verbal consent and risk levels of oral cancer and periodontal disease had not always been recorded.

Helping patients to live healthier lives.

The practice provided preventive care and supported patients to ensure better oral health. Two dental hygienists worked at the practice to support patients with gum disease and oral health.

The practice sold dental sundries to support patients with their oral hygiene such as interdental brushes, mouthwash, floss and toothbrushes.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We found that staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick Competency guidelines.

Effective staffing

There had been recent staffing challenges, however a new dentist and a receptionist were about to start employment. Staff from the provider's other dental practices were available to cover shortages if needed. The hygienists worked with chairside support. Although a busy practice, staff told us they had time for their job and did not feel rushed. Dentists had sufficient appointment time to undertake patient treatments.

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

Are services effective?

(for example, treatment is effective)

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

The dentist 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 provided us with specific examples of where they had been particularly caring towards patients. One dentist told us of the additional support they had provided to an older patient whose personal circumstances were impacting adversely on their oral health. On another occasion, staff had gone the extra mile to ensure a patient was able to attend an important family event, without a large gap in their front teeth.

Many of the staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and all patient notes were held digitally. Staff password protected patients' electronic care records and backed these up to secure storage. Reception computer screens were not overlooked.

The practice did not have a separate waiting area, but staff played a radio to help distract patients from conversations at the reception desk. One receptionist told us if they needed to make confidential calls to patients, this would be done when the waiting room was empty.

We noted helpful information in the waiting area, informing patients of how their personal data was managed by the practice.

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

The dentist explained the methods they used to help patients understand their treatment options. These included the use of visual aids, dental models and X-rays.

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 portable ramps and there were ground floor surgeries, however it did not have a fully accessible toilet. A portable hearing loop was available to assist patients who wore hearing aids and glasses were available to help patients read any paperwork.

The practice offered patients an email, telephone and text appointment reminder service.

Translation services were available for patients who did not speak or understand English.

Timely access to services

At the time of our inspection the practice was able to take on new private and some NHS patients, and waiting times for a routine appointment were about 2 to 3 weeks. Daily emergency slots for patients in dental pain were available. The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open, and the dentists provided out of hours cover on a rota basis.

The practice opened until 8pm one evening a week.

Listening and learning from concerns and complaints

Leaflets explaining the practice's complaints procedure were available in the waiting area, making it easily accessible to patients.

We reviewed 2 recent complaints and saw they had been dealt with in a timely and professional way. A complaints log was kept, and monitored by the provider's senior staff to ensure they were managed effectively. Recent practice minute meetings showed that patients' complaints were discussed across the staff team.

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 business manager had overall responsibility for the practice, and another local dental practice close by. She was supported by an on-site practice manager who was responsible for the day to day running of the service, and a compliance lead. Staff also had access to support from the provider's senior staff.

We found that systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any serious issues or omissions.

The information and evidence presented during the inspection process was clear and well documented. Records required by regulation for the protection of staff and patients and for the effective running of the service were maintained, up to date and accurate.

Culture

The practice demonstrated a transparent and open culture in relation to people's safety.

Communication systems in the practice were good, with regular monthly meetings for all staff and additional meetings for dental nurses and receptionists. A social media platform was used to communicate key information to staff. Staff stated they felt respected, supported and enjoyed their work.

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 and effective processes for managing risks, issues and performance.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients via surveys which were easily available in the reception area. These asked for patients' views about how they were treated by the dental team; if their treatment had been explained well, and the cleanliness of the practice. The results were analysed and used to drive improvement.

Feedback from staff was obtained through meetings, appraisals and informal discussions.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, radiographs, and infection prevention and control, which were undertaken by an external clinical consultant. Staff kept records of the results of these audits and the resulting action plans and improvements.

We noted that action to address minor shortfalls identified at our recent inspection of a sister practice, had also been implemented at this practice, demonstrating there was a learning culture and commitment to improve.