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Orchard Dental Care - Elm Avenue

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 31 October 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 had remote access to 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.
- 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.

Summary of findings

- 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.
- 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.
- 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.
- Improvements were required to the practice's infection control procedures, especially as regards storage of sterilised dental instruments to ensure they were in line with current national guidance.

Background

Orchard Dental Care - Elm Avenue is in Ruislip, in the London Borough of Hillingdon, and provides NHS and private dental care and treatment for adults and children.

The practice is not accessible to people who use wheelchairs and those with pushchairs. The practice had systems in place to communicate this to new patients before booking and they signposted people with mobility issues to nearby practices. Car parking spaces are available near the practice.

The dental team includes the principal dentist, 2 associate dentists, 1 visiting prosthodontist, 1 visiting endodontist, 1 qualified dental nurse, 1 trainee dental nurse, 2 dental hygienists and 2 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, the qualified dental nurse, 1 dental hygienist and 2 receptionists. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm

Friday from 8.30am to 1.30pm

Saturday by appointment only.

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, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, ensure there are systems in place to monitor the storage time of sterilised dental instruments.

Summary of findings

- Improve the practice`s recruitment policy and procedures to ensure that the necessary recruitment checks are carried out.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. In particular ensure that elector-mechanical servicing of the radiation equipment is carried out in line with the manufacturer`s guidance or annually and rectangular collimators are used with the intraoral X-ray units.
- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.
- Take action to ensure audits of infection prevention and control, record keeping and 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.

We identified some concerns around practice's infection prevention and control procedures, and use of X-ray equipment and shared these with the principal dentist, The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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. Improvements could be made to ensure all members of staff, including the receptionist, were up to date with their safeguarding training.

The practice infection control procedures did not reflect published guidance. We observed the decontamination process demonstrated by a member of staff and identified various shortcomings.

Staff did not wash their hands before or after the removal of PPE and following the washing of dental instruments. We noted that the decontamination room did not have a dedicated hand wash basin, soap, alcoholic rub and disposable paper towels. Following the inspection the provider told us that moving forward one sink in the decontamination room would be used as dedicated hand-wash sink, and the second sink to rinse instruments cleaned in the ultrasonic cleaner. In addition, a separate bowl would be available if required, to remove residual soil by scrubbing.

We observed that sterilised instruments were kept in unsealed and undated pouches in the drawers of Surgery 2 and 3. Staff were unable to tell us when these instruments had been sterilised. The guidance set out 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 states that the maximum storage time of unwrapped instruments stored in the clinical area is 1 day and the maximum storage time of instruments stored in the non-clinical area is 1 week. We were not assured that the practice had effective systems in place to ensure sterilised instruments were not used beyond their expiry date. Furthermore, we noted that multiple instruments were kept in each pouch, potentially preventing the effective retrieval of dental instruments for use without contaminating other instruments.

The provider could not demonstrate that the ultrasonic cleaner had been validated at installation and annually thereafter. In addition, weekly protein residue tests on the ultrasonic cleaner had not been carried out. The lack of validation had been highlighted in the NHSE infection prevention and control audit undertaken on 11 July 2023. The provider told us that in response to those findings, they had purchased a new ultrasonic cleaner, which would be validated in November 2023 and the relevant periodic tests 'completed in a timely manner'.

The practice infection prevention and control policy dated 9 April 2021 did not contain a service specific infection control procedure staff could follow to ensure the risks arising from infections were sufficiently prevented and controlled. Following the inspection the provider told us they would update their inspection prevention and control policy to reflect processes in relation to the maintenance and testing of the new ultrasonic cleaner and the storage of instruments after sterilisation.

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 there was an effective schedule in place to ensure it was kept clean.

Are services safe?

The practice had a recruitment policy and procedure to help them employ suitable staff. This broadly reflected the relevant legislation. However, improvements were needed to ensure that all recruitment checks had been carried out, including obtaining evidence of satisfactory conduct in previous employment.

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.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Improvements could be made to ensure emergency lighting was serviced annually or in line with the manufacturer`s instructions.

The practice had some arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The critical examination and acceptance tests for the 2 intraoral units, dated 14 April 2021 and 18 December 2020 were available for review. Improvements could be made to ensure that rectangular collimators were used with the intraoral units in line with the recommendations of the critical examination and acceptance test reports. In addition, the provider could not demonstrate that the electro-mechanical servicing on the two intraoral units were being carried out annually or in line with manufacturer`s guidance. Following the inspection, the provider told us that the electro-mechanical servicing would be arranged for December 2023 when the next 3-yearly performance testing was due.

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.

Emergency equipment and medicines were available in accordance with national guidance. Improvements could be made to ensure medical emergency equipment were checked at least weekly as set out in the relevant guidance published by the Resuscitation Council (UK).

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 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Improvements could be made to ensure antimicrobial prescribing audits were carried out.

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.

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 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 6-monthly following current guidance.

Effective staffing

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

The most recently appointed members of 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.

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.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 website and information leaflet 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 for example study models, X-ray images and an intra-oral camera.

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, including a hearing loop 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 on their website and 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. 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

Some systems and processes were embedded, and staff worked together in such a way that when the inspection highlighted any omissions, the majority were noted and acted upon immediately.

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

We found that the provider had the capacity, values and commitment to deliver high quality services.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during informal 1 to 1 meetings. Improvements could be made to ensure structured annual appraisals were undertaken to discuss learning needs and future professional development.

The practice had staff arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Improvements could be made to ensure staff received training in

interacting with people with a learning disability and autistic people.

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.

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 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 some systems and processes for learning, quality assurance, continuous improvement. These included audits of disability access and radiographs. Improvements were needed to ensure infection prevention and control audits were undertaken bi-annually, in accordance with the current guidance. In addition, improvements could be made to ensure audits of record keeping and antimicrobial prescribing were undertaken at regular intervals and these had documented learning points.