

Hatch End Dental Practice Limited

Hatch End Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 28 March 2024 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 most life-saving equipment were available.
- The practice had systems that required some improvements 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.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation but improvements could be made to ensure procedures were followed at all times.
- 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

Hatch End Dental Practice is in the London Borough of Harrow and provides private dental care and treatment for adults and children.

There is one small step to access the practice. A portable ramp is available to assist 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 2 dentists, 2 qualified dental nurses, 1 trainee dental nurse, 1 dental hygienist and 2 receptionists. A visiting oral surgeon attends on an ad hoc basis. The practice has 3 treatment rooms.

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

The practice is open:

Monday and Wednesday from 9am to 5pm

Tuesday, Thursday and Saturday from 9am to 2pm

Friday and Sunday closed.

There were areas where the provider could make improvements.

- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.
- 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, ensuring that electro-mechanical servicing was completed and rectangular collimators were retro-fitted.

Summary of findings

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

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.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Dental Unit Waterlines (DUWLs) were disinfected with an appropriate chemical agent, but staff had not been fully following manufacturer's instructions correctly. Following our feedback, staff assured us they would implement the correct protocol and ensure the product was kept in continuous use by keeping the DUWL supply bottle connected overnight.

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; improvements could be made to ensure the policy was always adhered to. We saw that recruitment checks for the visiting oral surgeon had not been carried out in accordance with relevant legislation. Following our feedback, the provider made arrangements to obtain the appropriate documentation.

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.

The practice had some arrangements to ensure the safety of the X-ray equipment, and the required radiation protection information was available. Electro-mechanical servicing had however, not been carried out on all the X-ray units at intervals recommended by the manufacturer. Rectangular collimators to reduce the amount of radiation the patient is exposed to during dental intra-oral radiographic procedures had not been fitted as recommended by the Radiation Protection Advisor.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. Improvements were required to reduce the risks from contaminated sharps. We observed that used sharps were disposed of by the dental nurse in the decontamination room contrary to practice policy and guidelines published by the National Institute for Health and Care Excellence (NICE) which state that used sharps must be discarded immediately by the person generating the sharps waste into a sharps container. Following the inspection, the provider obtained additional sharps waste containers to ensure the policy was followed and reduce the risks to staff.

Are services safe?

Emergency medicines were available and checked in accordance with national guidance. Emergency equipment, with the exception of self-inflating bags, was available. We also noted that the adhesive pads of the Automated External Defibrillator (AED) had expired in 2020. The provider ordered these immediately and we have received evidence that these items are now available.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice did not have adequate systems to minimise the risk that could be caused from substances that are hazardous to health. In particular, there were minimal risk assessments in relation to the safe storage and handling of substances hazardous to health and staff were not confident how to access information in the event of an emergency. In mitigation, hazardous substances were stored safely.

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. Improvements could be made to monitor referrals to ensure patients were seen in a timely manner.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. 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. Improvements could be made to ensure radiography audits were carried out at 6-monthly intervals following current guidance.

Effective staffing

Although staff had the skills, knowledge and experience to carry out their roles, we found that the practice did not have systems in place to ensure clinical staff had completed Continuing Professional Development (CPD) as required for their registration with the General Dental Council. Following the inspection, the provider sent evidence that staff had completed outstanding CPD. Improvements were required to ensure a system is implemented for monitoring future staff training needs.

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. Improvements were required to ensure the referrals were monitored to ensure patients received care in a timely manner.

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.

We looked at patient feedback that said they felt at ease and there was a warm welcome from reception staff and the dentist is very friendly and thorough. 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.

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 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 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.

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

The practice had made reasonable adjustments, including a portable ramp 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 folder.

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 website 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.

We noted that all staff members worked well together. Improvements were needed to improve some systems and processes. The inspection highlighted some issues and omissions relating to medical emergency equipment, X-ray equipment and the Control of Substances Hazardous to Health (COSHH). The provider was fully engaged with the process and committed to making improvements. Following our inspection feedback, the provider immediately initiated action towards addressing the shortcomings.

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. It was apparent that staff were proud to work in the practice and the majority of staff had been in their roles for about 20 years.

Staff discussed their training needs during annual appraisals and meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

Improvements were required 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's management and governance structure required minor improvements. The practice policies and procedures could be reviewed more effectively to ensure that they reflected current guidance.

We saw there were clear and effective processes for managing 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 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.

Continuous improvement and innovation

Are services well-led?

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.