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# Hazlemere Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 23 August 2019 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 CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five 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:**

##### **Are services safe?**

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

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

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

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

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

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

We found that this practice not providing well-led care in accordance with the relevant regulations.

##### **Background**

Hazlemere Dental Practice is in Holmer Green, High Wycombe and provides NHS treatment to children and private treatment to adults and children.

The practice has level access (via a portable ramp) for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for disabled blue badge holders, are available at the front and rear of the practice.

The dental team includes four dentists, three dental nurses, one dental hygienist and two receptionists. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

# Summary of findings

On the day of inspection, we collected nine CQC comment cards filled in by patients and obtained the views of 15 other patients.

During the inspection we spoke with two dentists, one dental nurse, one dental hygienist and one receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

## **The practice is open:**

- Monday 08:30 - 19:30
- Tuesday 08:30 - 19:30
- Wednesday 08:30 - 18:00
- Thursday 08:30 - 19:30
- Friday 08:30 - 13:00

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The provider's infection control procedures did not reflect published guidance.
- Staff knew how to deal with emergencies.
- Appropriate medicines and life-saving equipment availability required improvement.
- The provider had systems to help them manage risk to patients and staff but did not operate these effectively.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.

- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.
- The practice did not have effective clinical and management leadership.

## **We identified regulations the provider was not complying with. They must:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Specificity management of COSHH, infection control, sharps, fire safety, medicines, legionella, emergency medicines and equipment, and staff appraisals.

Full details of the regulation the provider is not meeting is at the end of this report.

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Take action to ensure the service takes into account the needs of disabled patients and to comply with the requirements of the Equality Act 2010. Specifically, arrangements to support patients who experienced sight or hearing loss.

# 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?**

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

**No action**



### **Are services effective?**

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

**No action**



### **Are services caring?**

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

**No action**



### **Are services responsive to people's needs?**

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

**No action**



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

We found that this practice was not providing well-led care in accordance with the relevant regulations.

**Requirements notice**



# Are services safe?

## Our findings

We found that 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 had clear systems to keep patients safe.

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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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.

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at two staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that firefighting equipment was regularly tested and serviced.

The practice did not have any emergency lighting. The provision of emergency fire escape route signage was not adequate. Warning signage for the oxygen cylinder was not in place neither inside and outside the practice.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety but improvements were needed.

The practice's health and safety policies and procedures were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment was not available for the current or previous year. Needle stick injury information was available in the appropriate areas of the practice but contact information for support was incorrect.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

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

# Are services safe?

We found staff kept records of their checks of emergency medicines and the oxygen to make sure these were available, within their expiry date, and in working order. We were told visual checks were made of the AED, but records were not kept.

Several pieces of emergency equipment, as described in recognised, guidance were not available. These were, every size of oropharyngeal airways. The child size self-inflating bag with reservoir had passed its May 2017 'use by' date.

Protocols were not in place to monitor and record the fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

A risk assessment was in place for when the dental hygienist worked without chairside support.

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

Risk assessments to minimise the risk that can be caused from substances that are hazardous to health were available for some of the chemicals stored at the practice. Safety data sheets were not kept for any of the chemicals. A safety data sheet describes the hazards the chemical presents, and give information on handling, storage and emergency measures in case of accident.

The provider had an infection prevention and control policy and procedures. They generally 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.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05 but improvements were needed to the cleaning process.

Staff manually cleaned instruments in the surgeries before transporting them to a steriliser on the first floor. The cleaning process involved manual scrubbing in a bowl placed in the dirty sink. Following this staff rinsed instruments under running water. This action did not follow HTM01-05 guidance which states that instruments should be rinsed thoroughly in a dedicated bowl or sink which was separate from the one used for the original wash.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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 but improvements were needed. Not all the recommendations had been actioned.

Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

We found the foot operated bin in one surgery was not working effectively, the seal between the skirting boards and floor was broken in several places.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

## 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 a sample of dental care records to confirm our findings and noted that individual records were written 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 (GDPR) requirements.

# Are services safe?

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

## **Safe and appropriate use of medicines**

The dentists were aware of current guidance with regards to prescribing medicines.

The provider did not have an effective system for appropriate and safe handling of medicines or prescriptions.

Medicines that were dispensed by the practice were not stock controlled effectively.

Prescription stock control and security arrangements required improvement.

Antimicrobial prescribing audits were not available.

## **Track record on safety and Lessons learned and improvements**

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

We were told that in the previous 12 months there had been no safety incidents.

There were adequate systems for reviewing and investigating when things went wrong.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. Staff did not keep records of relevant safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### 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 prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

### Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists

gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included reference to a Mental Capacity Act 2005 policy. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 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.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, one nurse was the decontamination lead and the receptionist supported the provider with practice management tasks.

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Nursing and administrative Staff discussed their training needs at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Self-employed staff, which included associate dentists and the hygienist, did not receive appraisals. The provider agreed this was an oversight and assured us they would address this as soon as practicably possible.

# Are services effective?

(for example, treatment is effective)

## **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 if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff did not monitor referrals to ensure they were dealt with promptly.



# Are services caring?

## Our findings

We found that this practice was providing caring services in accordance with the relevant regulations.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were first class, professional and facilitating. We saw that staff treated patients politely and in a caring manner and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information posters, treatment leaflets, and a feedback book were available for patients to read.

### Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. Paper records were stored in filing cabinets around the practice. Three cabinets were located in areas the public could access unnoticed. None of these were locked on the day of our visit. The provider addressed this issue during our visit.

### Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

Accessible Information Standards and the requirements under the Equality Act

or requirements under the Equality Act the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). We saw:

Interpretation services were not available for patients who did speak or understand English. This was addressed during our visit.

Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflets provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models and X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that 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. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for disabled patients. These included step free access (via a ramp) and disabled person's parking at the front of the practice.

The age of the practice building did not permit space for a wheelchair accessible toilet.

The practice did not have arrangements in place to support patients who experienced sight and hearing loss.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent

appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with some other local practices.

The practice's website, 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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The provider was responsible for dealing with these. Staff would tell the provider about any formal or informal comments or concerns straight away so patients received a quick response.

The provider aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the provider had dealt with their concerns.

We looked at comments, compliments and complaints the practice received. Information for patients advised that a complaint would be acknowledged within three days and a full investigation would be carried out as soon as possible.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to act (see full details of this action in the Requirement Notices section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

### Leadership capacity and capability

The provider was visible and approachable. They worked closely with staff and others.

Improvements were needed to ensure the practice delivered high-quality, sustainable dental care and treatment. The provider accepted the clinical and managerial issues that were raised during our visit.

### Culture

The practice had a culture of high-quality sustainable care.

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

We saw the provider took effective action to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice. The receptionist was responsible for the day to day running of the service when the provider was absent. Staff knew the management arrangements and their roles and responsibilities.

We found the practice fell short of effective clinical and managerial leadership.

This became apparent when we noted shortfalls in the effective management of infection control, fire safety, clinical audits and risk management.

Clinical audits and risk assessments had either not been completed or had not been undertaken effectively which meant, resultant actions for improvements could not be demonstrated.

### Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

We saw examples of suggestions from patients the practice had acted on. For example, patient feedback prompted better placement of equipment in the waiting area.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results seen for the previous three months showed 100% patients would recommend the practice to a family member or friend.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, staff feedback prompted the upgrading to patient information in the waiting area.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included

## Are services well-led?

audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dental nurses and receptionist had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We spoke to the provider about appraising the associate dentists and hygienist. They agreed this was required and assured us they would implement this as soon as practicably possible.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Medicines were not stored and dispensed effectively.</li><li>• Sharps procedures did not ensure the practice was in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.</li><li>• Risk assessments were not undertaken for every COSHH identified substance stored at the practice. Data control sheets were not maintained for any COSHH identified substance.</li><li>• Cleaning of dental instruments did not follow national HTM01-05 infection control guidance.</li><li>• Action was not taken to implement recommendations from the legionella risk assessment.</li><li>• Several pieces of emergency equipment were missing.</li><li>• The Fire Risk Assessment was carried out by a person who was not competent in fire safety management. Fire escape signage was insufficient and emergency lighting was not available.</li><li>• Performance review systems did not include self-employed staff.</li></ul>