

## Berkhamsted Dental Practice

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### Inspection report

20A Lower Kings Road  
Berkhamsted  
HP4 2AB  
Tel: 01442865646  
www.berkhamsteddental.com

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## Overall summary

We carried out this announced focused inspection on 23 February 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- 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:

- The dental clinic appeared to be well-maintained.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

# Summary of findings

- The dental clinic had information governance arrangements.
- Clinical staff provided patients' care and treatment in line with current guidelines. However, improvements were needed to ensure that this was reflected suitably in the dental care records.
- The practice's infection control procedures, particularly the storage of sterilised dental instruments did not always reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate emergency medicines and most life-saving equipment were available. Missing or very old equipment including, paediatric masks and airways were ordered immediately after the inspection.

## Background

The provider has one practice and this report is about Berkhamsted Dental Practice.

Berkhamsted Dental Practice is in Berkhamsted, Hertfordshire, and provides private and NHS dental care and treatment for adults and children.

The dental practice is on the first floor and accessed by a set of stairs, so it is not accessible to wheelchair users. The provider signposts patients with such needs to practices nearby. There is car parking available nearby in a multi-story car park.

The dental team includes three specialist dentists, three dental nurses, including one trainee dental nurse, three dental hygienists, and two receptionists. Another dentist who is currently completing foundation training, attends the practice on Saturdays to provide hygienist treatment, and there are two additional visiting specialists. The practice has three treatment rooms.

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:

Mondays, Tuesdays and Thursdays from 8am to 6pm

Wednesdays from 8.30am to 6pm

Fridays from 8am to 3pm

And occasional Saturdays from 9am to 1pm.

We identified regulation 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.

**Full details of the regulation the provider was not meeting are at the end of this report.**

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

# Summary of findings

Implement audits for prescribing of antibiotic medicines and record keeping taking into account the guidance provided by the College of General Dentistry (CG Dent).

Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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 did not have infection control procedures which reflected published guidance, in particular, the storage of sterilised dental instruments, and the use of bur brushes.

The practice had introduced additional procedures in relation to COVID-19 in accordance with 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.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had procedures to help them employ suitable staff which reflected relevant legislation though a written recruitment policy was not available at the time of inspection. A recruitment policy was provided immediately following the inspection.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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. However, there was no lone worker risk assessment for the hygienist who worked without chairside assistance from a dental nurse.

The provider had emergency medicines as per national guidance but not all emergency equipment was available or checked in accordance with national guidance. In particular, the provider did not have a paediatric self-inflating bag, a spacer device or all sizes of airways and masks in line with UK Resuscitation Council guidance. Some equipment was old and unbagged. All missing and old equipment was ordered immediately after the inspection.

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**

Not all dental care records we saw were complete or legible.

# Are services safe?

Records were not always kept securely and did not comply with General Data Protection Regulation requirements. In particular, some records were kept in unlocked filing cabinets.

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 did not have systems for appropriate and safe handling of medicines.

There was no system to ensure the medication used to treat low blood sugar (glucagon) was effective as the fridge temperature where the glucagon was stored was not monitored.

Antimicrobial prescribing audits were not carried out.

We noted ineffective processes for the security of NHS prescription pads in the practice and prescriptions were not monitored as described in current guidance.

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

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

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

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 did not keep detailed dental care records in line with recognised guidance. In particular, records did not include risk assessments for caries, periodontal disease or cancer risk, details of verbal consent, and the amount of local anaesthetic administered.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

### **Effective staffing**

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

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.

# Are services well-led?

## Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (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 practice demonstrated a transparent and open culture in relation to people's safety.

However, we noted a lack of oversight at the practice to suitably identify and mitigate all the risks associated with undertaking of regulated activities. Some policies recently reviewed by the provider were not in line with current guidance, in particular, the policy for infection prevention and control.

Systems and processes such as for example, the monitoring of prescription pads and prescriptions issued needed to be embedded at the practice.

The inspection highlighted some issues or omissions. For example, several items of emergency medical equipment were missing and there was no effective system to identify missing or out of date emergency medicines or equipment.

The provider was receptive to the feedback provided during the inspection, acknowledged the shortfalls identified and demonstrated a willingness to implement change. Immediately after the inspection the registered manager sent evidence of some actions already taken to address the shortfalls we had identified. This indicated to us a commitment to improve the service.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

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

The practice had arrangements 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 governance and management although these were not always effective.

The governance system included policies, protocols and procedures however these were not always in line with recent guidance. In particular, the storage of sterilised dental instruments in the surgery.

Improvements were required to ensure risks associated with lone working for the hygienist were identified and mitigated.

### **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 these in protecting patients' personal information. However not all patients' records were stored securely.

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

# Are services well-led?

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation.

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

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

However, the practice had not undertaken audits in antimicrobial prescribing or record keeping.

This section is primarily information for the provider

# 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
Treatment of disease, disorder or injury Surgical procedures Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></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>How the Regulation was not being met</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</p> <ul style="list-style-type: none"><li>• Dental care records were not stored securely.</li><li>• There were no systems to ensure that the legibility or completion of dental care records followed guidance provided by the College of General Dentistry.</li></ul> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• There was ineffective oversight of medical emergency drugs and equipment to ensure that all equipment was available and in date.</li><li>• There were ineffective processes for the security of NHS prescription pads in the practice and ensure there were systems in place to track and monitor their use.</li></ul>

This section is primarily information for the provider

# Requirement notices

- There was an ineffective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products were stored in line with the manufacturer's guidance.
- The provider was not following the HTM 01-05 guidance, in particular, regarding the storage of sterilised dental instruments.

## **Regulation 17(1)**