

Experidental Ltd

Hatfield Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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 was providing well-led care in accordance with the relevant regulations.

Background

Hatfield Dental is a dental practice situated in the centre of Hatfield, Hertfordshire. They offer general dental treatment to adults and children either on the NHS or funded privately.

The premises is situated in a pedestrianised area of Hatfield in a first floor unit of a commercial area, accessed by an external staircase. For this reason it is not suitable for patients that cannot manage a flight of stairs; however Hatfield Dental has a sister practice a small distance away with ground floor access.

The practice has three treatment rooms, a reception and waiting area, kitchen and office as well as a dedicated decontamination facility. Decontamination is the process by which contaminated dental instruments are cleaned, inspected, sterilised and packaged ready for use again.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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

We received feedback from patients who use the practice in the form of comment cards that were made available at the practice before our inspection. 18 patients provided feedback in this way and reported a wholly positive experience at the practice.

Our key findings were

- The practice was visibly clean and clutter free.
- Patients reported that staff were caring and considerate, and were able to put nervous patients at ease.
- Infection control standards met national guidance.
- A new patient appointment could usually be secured within a week, and in an emergency the practice would endeavour to see patients on the day they contacted.

- The practice offered Saturday appointments to allow flexibility to those who had commitments during normal working hours.
- The practice had emergency medicines and equipment in line with national guidelines.
- The clinicians used nationally recognised guidelines in the care and treatment of patients.

There were areas where the provider could make improvements and should:

- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

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.

The practice had emergency medicines and equipment in line with national guidance. Where only a single dose of a particular medicine was available the practice immediately purchased more.

Infection control standards met those outlined in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.

The practice completed appropriate pre-employment checks on all new staff, ensuring that they were employing fit and proper persons

No
action


Are services effective?

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

Staff were appropriately registered in their roles, and had access to ongoing training and support.

Dentists used nationally recognised guidance in the care and treatment of patients.

The practice carried out a comprehensive screening of the oral condition as well as soft tissues of the face and neck.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and it's relevance in obtaining consent for patients who may lack capacity to consent for themselves.

No
action


Are services caring?

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

Patients commented that staff were friendly and considerate, they felt listened to, and were give a written treatment plan to take away and consider.

The practice demonstrated a good knowledge of procedures to keep patients' confidential information private.

Concerns regarding patients being overheard in one of the treatment rooms were being addressed by the practice.

No
action


Are services responsive to people's needs?

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

Patients that contacted the practice and were unable to manage the stairs were directed to the sister practice a short distance away.

The practice demonstrated a robust system for dealing with complaints.

An access audit had been completed to investigate ways in which the service could better meet the individual needs of patients.

No
action


Summary of findings

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Regular practice meetings offered an opportunity for staff training, to feedback any complaints or significant incidents, and for staff to voice issues with the management team.

The practice had a series of up to date policies and procedures in place to assist in the smooth running of the service.

The practice sought feedback from patients by way of patient satisfaction surveys, a suggestion box, and the NHS friends and family test.

**No
action**


Hatfield Dental

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 26 July 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent this included the complaints the

practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies. We spoke with seven members of staff during the inspection.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system in place to report and investigate incidents. The practice kept a file with an incident log so that any trends could be easily identified. A template was available to record incidents which prompted staff regarding the actions taken, recommendations to reduce the chance of re-occurrence and whether the incident should be reported.

A policy dated 25 May 2016 detailed how incidents should be managed and indicated the practice's expectation of candour in investigating and resolving incidents. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice received communication from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the practice and the practice manager shared relevant alerts with the staff.

The practice manager was aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive, although since 2015 any RIDDORs related to healthcare have been passed to the Care Quality Commission (CQC).

Reliable safety systems and processes (including safeguarding)

The practice had systems and policies in place regarding safeguarding vulnerable adults and child protection. Policies dated 25 May 2016 were readily available in hard copy form, and had been signed by all staff to indicate that they had read and understood the contents. Relevant contact numbers were displayed in all treatment rooms, and were reviewed six monthly to ensure they remained correct.

Staff we spoke with had a good understanding of how and when to raise a safeguarding concern, and where they would find the relevant telephone numbers. Staff had all completed training in safeguarding vulnerable adults and child protection appropriate to their role.

The practice had an up to date Employers' liability insurance certificate which was due for renewal in April 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed the use of rubber dam with dentists in the practice. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment and prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment. We found that wherever possible rubber dam was used by the dentists at the practice, and where it was not possible steps were taken to mitigate the risks.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were in date, stored appropriately, and in line with those recommended by the British National Formulary.

The practice carried a dose adrenaline in a pre-filled syringe for use in the event of a serious allergic reaction. The BNF advises that the dose may need to be repeated every few minutes until the emergency services arrived. We raised this with the practice manager and the practice purchased further adrenaline shortly following the inspection in case of this scenario.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

The AED and Oxygen were checked by staff daily, and all other equipment and medicines for use in an emergency were checked weekly. This ensured that they would be available, in date, and in good working order should they be required.

Staff we spoke with were able to describe where the emergency equipment was kept, and which medicines would be required in specific emergency. All staff had all undertaken medical emergencies training.

Are services safe?

Staff recruitment

The practice had a recruitment policy in place dated 25 May 2016 which detailed the pre-employment checks that would be carried out prior to a staff member joining the service.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We reviewed the staff recruitment files for five members of staff and found that DBS checks had been sought for all staff, and appropriate pre-employment checks had been carried out.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice. A health and safety policy (which had been reviewed in May 2016) was available for staff to reference. This included details on electrical safety, fire safety and equipment.

A general practice risk assessment had been completed on June 2016 and covered risks arising from the autoclave, and possibility of eye injury.

Risk assessments had also been completed regarding the risks to trainee dental nurses and pregnant and nursing mothers.

A fire risk assessment had been carried out by an external company in October 2014, in addition to this a fire evacuation policy was in place, and all fire equipment had been serviced in May 2016. Staff we spoke to were clear regarding the evacuation policy and could identify the external muster point following evacuation.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous

substances used in the practice and actions described to minimise their risk to patients, staff and visitors. This was reviewed annually by the practice manager. Staff we spoke with were all aware of the file and where it was kept.

The practice had a policy in place regarding the actions to be taken following an injury with a contaminated sharp. However the practice did not have a policy or risk assessment to address the recommendations of the Health and Safety (Sharps Instruments in Healthcare) Regulation 2013. We raised this with the practice manager and principal dentist who indicated their intent to move to a system of safer sharps to reduce the risk of injury.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy which had been reviewed in May 2016. This included hand hygiene, environmental cleaning and personal protective equipment.

The practice had a dedicated decontamination facility consisting of a dirty room and a clean room linked by a hatch. The decontamination process involved manually cleaning the instruments, then rinsing them and inspecting them under an illuminated magnifier. The instruments were then placed into an autoclave for sterilising, and were pouched and dated with a use by date as per national guidance.

We observed the process being carried out and noted that the depth of water used to clean the instruments was not deep enough to completely immerse the instruments for the cleaning process, and as such a risk of creating airborne contaminants existed. We raised this with the practice manager who assured us immediate steps would be taken to address this.

Testing was carried out on the autoclaves to ensure it continued to function effectively. These tests were in line with the recommendations of HTM 01-05.

Are services safe?

All clinical staff had documented immunity against Hepatitis B. Staff who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

Environmental cleaning was carried out by practice staff. Cleaning equipment and materials conformed to the national guidelines for colour coding cleaning equipment in a healthcare setting, and a comprehensive cleaning log was kept for each area of the practice.

The practice had a waste contractor in place to dispose of hazardous waste. Prior to collection all clinical waste was stored securely on the premises.

The practice had a risk assessment regarding Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had been carried out by an external company in July 2015. The practice had taken action to address concerns raised in the report regarding the temperature of hot water, however they were not regularly checking water temperature to confirm the hot and cold water temperature were within the recommended range.

Following the inspection the practice immediately started checking water temperatures, and arranged an interim assessment with an external contractor to ensure that the measures taken to mitigate the risks were adequate.

Equipment and medicines

The practice had a full range of equipment to carry out the services they offered. Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions.

Portable appliance testing had been carried out in June 2016, the compressor and autoclave had also been serviced within the previous 12 months.

Glucagon is an emergency medicine used to treat diabetics. This was being kept in the fridge, but the temperature of the fridge was not being monitored. The practice took immediate steps to store the medicine appropriately and account for the fact that the fridge temperature could not be assured.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice had one intra-oral X-ray machine that was able to take an X-ray of one or a few teeth at a time. This was situated in a dedicated X-ray room. This was brand new and had been installed the week preceding the inspection, and as such did not have a servicing or testing history, but had been deemed safe to use by the installers. Critical examination testing had been arranged for a few days following the inspection. The practice had completed an audit on the safe use of X-rays in June 2016.

The practice kept a computerised radiation protection file, however this could not be viewed on the day of the inspection due to lack of access; however it was sent immediately following the inspection, and contained all the details required for safe use of radiation, including the details of the radiation protection advisor and supervisor.

The practice used exclusively digital X-rays, which were available to be viewed almost instantaneously, as well as delivering a lower effective dose of radiation to the patient.

Justification for taking an X-ray was documented in the patient's dental care record, as well as a report of the findings of the radiograph.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

The practice had a robust system in place to ensure clinicians were kept informed of any changes to the patients' medical history. Patients were required to fill out and sign a medical history form at every check-up appointment. At all other visits the medical history was checked verbally with the clinicians who recorded this in the dental care records.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment, or possible referral to a specialist.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology. Comprehensive and detailed notes were kept in the dental care records.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

Health promotion & prevention

The practice demonstrated a commitment to health promotion. Medical history forms completed by patients detailed whether they smoked or drank alcohol, this information could be used to introduce a discussion on oral health.

We found a good understanding of the guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' were being applied when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staffing

The practice was staffed by three dentists, a dental hygienist and three dental nurses, supported by a practice manager and a receptionist.

Prior to our visit we checked the registration of the clinical staff with the General Dental Council (GDC) and found that they were all appropriately registered with no conditions on their practice. The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians orthodontic therapists and dental technicians.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Clinical staff was up to date with their recommended CPD as detailed by the GDC including medical emergencies and radiography.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

Referrals for oral surgery or sedation were made using templates and e-mailed to the services in question. If clinicians suspected a serious pathology the referral would be followed up by a telephone call to the service to ensure that they had received it.

The practice kept a tracking log of all referrals made, so they could be assured that patients were seen in a timely manner. At the time of the inspection a copy of the referral letter was not offered to the patients, however the practice said they would look into implementing this.

Consent to care and treatment

Clinicians described the process of gaining full, educated and valid consent to treat. This involved detailed discussions with the patients of the options available and the positives and negatives of each option. They used visual aids to further assist in the explanation. Patients who were considering complex treatment plans were offered more than one appointment to discuss the treatment plan before choosing to go ahead or not.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff

Are services effective?

(for example, treatment is effective)

demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent, a family member having a legal power or attorney, and the principles involved in a 'best interests' decision.

Staff we spoke with had a good understanding of the situation which a child under the age of 16 could legally consent for themselves. This is termed Gillick competence and relies on the assessment of a child's understanding of the procedure and the consequences of having/not having the treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Comments from patients received through comment cards indicated that patients were wholly satisfied with the treatment they received at the practice. They felt the treatment was thorough and the staff were friendly and professional.

We saw how patients' private information was kept confidential. Written records were kept in locked cabinets; at the reception desk the computer screen was below the level of the counter meaning that it could not be overseen by any one standing at the desk. Computers were all password protected. This was underpinned by the practice's confidentiality policy dated 25 May 2016.

In the clinical area one treatment room had walls which did not extend to the ceiling and as a result could be overheard. We discussed this with the practice manager and principal dentist who assured us that plans were underway to address this concern involving some internal re-modelling of the premises.

Involvement in decisions about care and treatment

Patients were given a written plan for their treatment so that they were able to consider their options. This included the costs of treatment. Patients commented that they felt listened to, and their concerns addressed.

Price lists for private and NHS charges were displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

We examined appointments scheduling, and found that adequate time was given for each appointment to allow for assessment and discussion of patients' needs.

We asked reception staff how soon a new patient could be given a routine appointment and were told that at the time of our inspection this could be arranged within a day or two, and usually within a week.

Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs.

We asked staff how they accommodated the individual needs of patients, staff described how they would take patients who were hard of hearing away from the reception area so that their conversation would not be overhead. They described how they assisted those with limited mobility, and would arrange for patients who could not manage the stairs anymore to be seen at the sister practice.

The practice did not have an interpreting service available to assist those patients for whom English was not a first language, although clinicians described using an online translator for specific questions.

An access audit had been carried out in June 2016. This highlighted the lack of wheelchair access, and the lack of hearing loop to assist those with hearing aids, although it clarified that there was no necessity for one at the time of the audit.

Access to the service

The practice was open from 9 am to 5.45 pm Monday to Friday, and 10 am to 2 pm on Saturday. Outside normal working hours patients were directed to contact the NHS 111 service for advice of treatment.

Emergency appointments were not put aside on a daily basis, but rather patients calling in pain would be fitted in around existing appointments. The practice endeavoured to see all patients in pain on the day they contacted the service.

Concerns & complaints

The practice had a complaints policy in place. This was displayed in the waiting room and contained the contact details for external companies that patients could contact should they remain dissatisfied after raising a complaint with the service.

The practice manager was the named lead for dealing with complaints. We saw evidence of robust investigation after a complaint was received. The practice responded in a timely manner and apologised if appropriate. A log of complaints was kept so that trends could be easily identified.

Are services well-led?

Our findings

Governance arrangements

The principal dentist (who was the registered manager) worked part time at the practice, and also at the sister practice, for this reason the practice manager took responsibility for the day to day running of the practice. We noted in this small team that there were clear lines of responsibility and accountability established.

The practice had policies and procedures in place to support the management of the service, and these were all recently reviewed and readily available in hard copy form. They had been arranged into individual bound folders that made accessing the appropriate information simple.

Practice meetings were held every other month; recent topics for discussion included the decontamination procedures, CPD requirements for newly qualified dental nurses, and the complaints procedure.

A business continuity plan was in place to consider the emergency arrangements should unforeseen circumstances render the practice unusable for a period of time. This included an arrangement that the sister practice would see any emergency patients.

Leadership, openness and transparency

Staff we spoke with reported an open and honest culture across the practice and they felt fully supported to raise concerns with the principal dentist or practice manager.

A whistleblowing policy was available. This was dated 25 May 2016 and detailed the practice's expectation of candour and staff members' 'duty of care' to raise any concern regarding a colleagues actions or behaviours.

The policy detailed external agencies where a concern could be raised. The policy was available in the policy folders, and also on display behind the reception desk.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits had been carried out at six monthly intervals most recently on 15 July 2016, this did not highlight any areas for improvement.

A record keeping audit was carried out in June 2016. This detailed individual scores for each clinician, but did not generate an action plan to feedback any improvements.

An audit of X-ray quality was carried out in September 2014. This was comprehensive, but was now overdue to be repeated. Following the inspection audits were carried out for each clinician, which gave individual feedback to improve standards.

The practice had a training policy which gave details in identifying training needs as well as CPD requirements. Training needs were assessed through annual appraisals.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that clinical staff were up to date with the recommended CPD requirements of the GDC.

Practice seeks and acts on feedback from its patients, the public and staff

The practice obtained feedback from patients from several pathways. Patient satisfaction surveys were carried out, most recently in May 2016 and a suggestion box was available for patients.

In addition the practice took part in the NHS friends and family test, the most recent results available were March 2016.

The practice welcomed feedback from staff either formally or informally, and staff reported that the management team were very approachable, and their opinions were valued.