Mr Amol Jain

Robinson & Dicker Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Robinson & Dicker Dental Practice on 14 August 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was dentally qualified. A member of the CQC's administrative team also attended the inspection.

We undertook a comprehensive inspection of Robinson & Dicker Dental Practice on 30 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well-led care in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Robinson & Dicker dental practice on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

Is it well-led?

Our findings were:

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 30 January 2018.

Background

Robinson & Dicker Dental Practice is in Birmingham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available immediately outside the practice.

The dental team includes four dentists, five dental nurses, one dental hygiene therapist, three receptionists and a practice manager. The practice has five treatment rooms.

Summary of findings

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.

During the inspection we spoke with one dentist, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Friday between 8.30am and 5.30pm and opens until 7pm on Thursdays.

Our key findings were:

- The practice had implemented effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the practice's protocols 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's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.
- Review the practice's audits to ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated. They should also ensure that the radiography audits cover the different types of radiographs taken by staff.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action

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

The provider had recruited a new practice manager in February 2018 who had made significant improvements to the management of the service. This included thorough recruitment procedures and regular audits.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

Are services well-led?

Our findings

At our previous inspection on 30 January 2018 we judged it was not providing well-led care and told the provider to take action as described in our requirement notice. At the inspection on 14 August 2018 we found the practice had made the following improvements to comply with the regulation:

- The provider had implemented a system for monitoring and improving the quality of the services being provided. For example, audits had been completed in relation to infection and prevention control, radiography, patient waiting times and record keeping. We reviewed the action plans and these showed the staff were making considerable efforts to continuously improve the practice. Most of the audits had comprehensive action plans but others were brief and unclear. The practice manager explained some of these audits were carried out before she joined the practice and would ensure that future audits all had thorough action plans. Staff took three different types of radiograph but the radiography audit only included one type of x-ray. The practice manager and provider assured us that all would be included in the next audit planned for October 2018.
- There was a system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their reoccurrence. We reviewed the records and found that recent incidents had been appropriately documented. However, one incident had not been logged. Within two days, the practice manager sent us evidence of a completed form for the incident that had taken place. This included all the relevant information.
- Recruitment and induction procedures were documented and were consistent and thorough. We reviewed the recruitment policy and found it to be comprehensive.
- Staff training, learning and development needs were reviewed regularly. The practice manager had compiled a spreadsheet for all staff and monitored this to ensure staff completed core training at appropriate intervals. At our previous visit, we noted that many staff members had not completed training in safeguarding children and vulnerable adults. We were shown evidence that all staff were now up to date with this training and had completed it to an appropriate level. The practice manager had requested records from two dentists regarding infection control training but they had still not provided these documents and it was likely their training was overdue in some areas. The provider understood the importance of this and assured us they would ensure all staff complied with the practice manager's requests to provide evidence of training. Within two days, the practice manager informed us they had emailed all staff regarding monitoring their training and timeframes for completion had been given.
- We saw evidence that the practice manager had implemented a robust process for receiving, reviewing and sharing alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts had been printed off and shared with relevant staff. The practice manager checked for any incoming alerts on a daily basis.
- We reviewed the practice's sharps procedures and found they were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A risk assessment had been completed and it contained all the relevant information.
- Staff had all received training to manage medical emergencies. This was overdue at the last visit. We saw evidence that this had been carried out in accordance with guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team. A refresher course had been booked in addition to the core course.
- Staff undertook domiciliary visits to patients in nursing homes. They were previously not taking medical emergency equipment or medicines. The provider had only carried out two domiciliary visits since our previous visit and this had taken place when no patients were on the practice premises. The provider had not planned on carrying out any more domiciliary visits until December 2018 and was in the process of ordering a second kit to manage medical emergencies whilst carrying out domiciliary visits.
- We reviewed the practice's fire risk assessment and found that all outstanding actions had been completed and logged with a date and signature. Fire drills were carried out every six months and logged.

Are services well-led?

- Information was available for all products that were subject to the Control of Substances Hazardous to Health regulation.
- We spoke with staff and it was evident that clear roles of accountability had been given to staff members. These included an infection control lead and safeguarding lead.
- We saw evidence of written cleaning schedules for the practice premises. These were completed daily.
- We reviewed the records and found that the practice's consent policy included information about the Mental Capacity Act 2005. This was missing at our previous visit.
- Information about making a complaint to the practice was readily available for patients. This did not include details about complaining to external organisations. The provider told us they had displayed this information but was advised to remove this by an external stakeholder. We discussed this and they assured us they would display the full details on the noticeboard in the patients' waiting area. Within two days, the practice manager sent us evidence of the amended practice information leaflet and this included all relevant information about making a complaint. They also told us that this information was also on display now for patients' perusal.
- Staff we spoke with displayed an awareness of the duty of candour regulation which requires staff to behave in an open, honest and transparent manner.

These improvements showed the provider had taken action to improve the quality of services for patients and complied with the regulation when we inspected on 14 August 2018.

We noted that the practice staff monitored the fridge temperature on a daily basis. One emergency medicine requires refrigeration between 2°C and 8°C. We reviewed the records and found that the temperature exceeded the upper parameter on several occasions. We discussed this with the practice manager and provider and explained that staff need to be trained on the significance of the fridge temperatures. The expiry date on the medicine was amended immediately to reflect the storage conditions. The provider informed us they would make it clear on the sheet that staff must immediately alert the practice manager or provider if the fridge temperature falls outside this range. They also told us they would adjust the fridge's thermostat so that the temperature remains between the recommended parameters.