

Dentalwork Ltd

Dentalwork

Inspection Report

264 Lee High Road
Lewisham
London
SE13 5PL
Tel: 02035837374

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Overall summary

We carried out an announced comprehensive inspection of this service on 14 August 2015 as part of our regulatory functions where breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We carried out a follow- up inspection on 13 May 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. We revisited the Dentalwork as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dentalwork on our website at www.cqc.org.uk.

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?

At our previous inspection we had found that the provider did not ensure that equipment used by the service was properly maintained because they did not have a radiation protection file in place and had not appointed a radiation protection supervisor or an external radiation protection adviser. No systems were in place for the maintenance of X-ray equipment. We did not see evidence that all staff using X-ray machine had received appropriate training.

Not all staff had completed safeguarding training and did not display the required competencies or experience of safeguarding, including being able to identify abuse, knowing what action to take for an actual or suspected case, knowing the local authority procedures of how to report to them

Not all staff handling clinical waste had been vaccinated against Hepatitis B

The provider did not have appropriate recruitment processes in place. This included no recruitment and selection policy and carrying out appropriate pre-employment checks.

We carried out a follow up inspection on the 13 May 2016. Action had been taken to ensure that the practice was safe because there were now effective systems in place to ensure that equipment used by the service was properly maintained. There was a radiation protection file in place and a radiation protection supervisor and external radiation protection adviser had been appointed. Systems were now in place for the maintenance of X-ray equipment. Staff using the X-ray machine had received appropriate training.

All staff had completed safeguarding training and a safeguarding lead had been appointed, policies and procedures were in place and contact details available for the local safeguarding authority.

All staff had been vaccinated against Hepatitis B

The provider had appropriate recruitment processes in place. This included recruitment and selection policy and carrying out appropriate pre-employment checks.

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

Are services well-led?

At our previous inspection we had found that the practice did not have systems in place to monitor or assess the quality of the service. The practice did not have processes in place to gain staff feedback and they were not holding practice meetings. There were no defined governance structures in place in the practice. Leads were not clearly defined.

The registered manager had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by

service users and other persons in relation to the carrying on of the regulated activity

Staff demonstrated limited knowledge of the Mental Capacity Act and was unaware of when it should be used. There were no staff meeting or one to one meetings for staff and as such there was no assurance that staff had the skills, knowledge and experience to deliver effective care.

Summary of findings

We carried out an inspection on the 4 May 2016. Action had been taken to ensure that the practice was well-led because there were now effective systems in place to monitor or assess the quality of the service. The practice had processes in place to gain staff feedback and they were holding practice meetings. There were defined governance structures in place in the practice. Leads were clearly defined.

The registered manager had established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

Staff demonstrated knowledge of the Mental Capacity Act and was unaware of when it should be used. There were meetings for staff and as such there was assurance that staff had the skills, knowledge and experience to deliver effective care.

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

Dentalwork

Detailed findings

Background to this inspection

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 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 13 May 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the

practice after our comprehensive inspection on 14 August 2015 had been made. We reviewed the practice against two of the five questions we ask about services: is the service safe and is this service well-led?

The follow up inspection was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

During our inspection visit, we checked that points described in the action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff files and maintenance records. We also carried out a tour of the premises.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The registered manager had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. All staff had undertaken safeguarding training to an appropriate level and the registered manager were aware of the different types of abuse and how to report concerns to the external agencies such as the local safeguarding team or the police as appropriate. Staff had access to a flow chart describing how to report concerns to external agencies where this was appropriate. A safeguarding lead had been appointed.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at recruitment files of all staff employed and found that this process was now being consistently followed. We saw that

checks including, criminal record checks through the Disclosure and Barring Service, detailed job descriptions, which described their roles and responsibilities proof of ID and employment references had been obtained.

Monitoring health & safety and responding to risks

A health and safety policy was available and a practice wide risk assessment had been conducted to ensure the environment was safe for both patients and staff. We could be assured that systems and processes were implemented to monitor and manage the risks to patients, staff or visitors.

Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. The registered manager was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in 30 October 2016.

The critical examination test, risk assessment and quality assurance documentation were present. X-ray audits were being conducted on an annual basis. However an X-ray audit had not been carried out. The registered manager confirmed this would be done immediately.

Are services well-led?

Our findings

Governance arrangements

We spoke with the practice manager about the governance arrangements at the practice. We found that they had initiated a number of changes to their governance systems since the previous inspection.

The practice manager had implemented a system of log books to check that equipment, medicines and cleaning standards were being maintained appropriately. Staff were carrying out weekly/monthly checks and recording when these were complete.

The practice was carrying out monthly checks of the hot and cold water temperatures in line with advice they had received about monitoring Legionella risk. A record of the outcomes of these checks was being kept.

Leadership, openness and transparency

Leadership in the practice had improved. Structures were in place for staff to learn from incidents or to know who to report to.

Learning and improvement

The practice had processes in place to ensure staff were supported to develop and continuously improve. Appraisals had been undertaken and were now planned to be carried out yearly for all staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Training such as safeguarding, infection control and life support was arranged centrally for all staff. Other training opportunities were available on-line for staff and this was now being identified through the appraisal process.

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

The practice carried out patient satisfaction surveys on an on-going basis. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive.