Care Quality Commission

Sharma Family Ltd

Menlove Dental Surgery

Inspection Report

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Overall summary

We carried out a follow-up inspection of this practice on 21 February 2017.

We had undertaken an announced comprehensive inspection of this service on 17 March 2016 as part of our regulatory functions. During that inspection breaches of legal requirements were found. You can read the report from the comprehensive inspection, by selecting the 'all reports' link for Menlove Dental Practice on our website at www.cqc.org.uk.

After the comprehensive inspection, the registered provider sent us an action plan to say what they would do to meet the legal requirements in relation to each of the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against one of the five key questions we ask about services: is the service well led? We revisited Menlove Dental Practice as part of this review to check whether they had followed their action plan and to confirm that they now met the legal requirements.

Our findings were:

Are services well-led?

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

Background

Menlove Dental Practice is located in a residential suburb of Liverpool. The practice comprises a reception, waiting room and two treatment rooms on the ground floor, and three treatment rooms, a decontamination room and an X-ray room on the first floor. Parking is available nearby. The practice is accessible to patients with disabilities, mobility difficulties and to wheelchair users.

The practice provides general dental treatment to patients of all ages on an NHS or privately funded basis.

The practice is open Monday to Thursday 9.00am to 5.30pm and Friday 9.00am to 4.30pm and is staffed by a practice manager, six dentists, three dental hygienists, four receptionists, one of whom is a trainee, and ten dental nurses, two of whom are trainees.

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.

Our key findings were:

- The provider had put in place procedures in place to record, analyse and learn from significant events and incidents.

Summary of findings

- The premises and equipment were clean and well maintained.
- Staff were supported to deliver effective care, and monitoring to ensure staff were up to date with essential training was now in place.
- Governance arrangements had been improved, including improvements to systems and risk assessments.

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

- Review the practice's sharps handling procedures and protocols to ensure compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's recruitment policy and procedures to ensure the prescribed information is requested and available.
- Review the practice's audit protocols and ensure audits, such as radiology are undertaken at regular intervals to help improve the quality of service. The provider should also check all audits have documented learning points which are shared with staff and the resulting improvements can be demonstrated.
- Review methods to support communication to all staff about the quality and safety of the service.

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 well-led?

No action

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

The provider had improved the systems and processes in place for monitoring and improving services, for example, in relation to cleaning and investigating and learning from incidents.

The premises and equipment were secure and clean. The practice was cleaned regularly.

The practice was following current legislation and guidance in relation to X-rays, to protect patients and staff from unnecessary exposure to radiation.

The provider had some means in place to monitor quality and safety at the practice and to ensure improvement in the practice, for example, learning from complaints and incidents and infection control auditing.

Staff were supported in meeting the requirements of their professional regulator and monitoring was in place to ensure staff received essential training.

We found that further improvements were needed to the sharps risk assessment and staff recruitment procedures.

The provider had limited means in place to support communication to all staff about the quality and safety of services or to discuss action taken as a result of complaints and incidents.

The provider had some processes in place to monitor and improve the quality and safety of the service, for example, audits of infection control. We found that improvements were needed to these processes.

Menlove Dental Surgery

Detailed findings

Background to this inspection

We undertook a focused inspection of Menlove Dental Practice on 21 Febuary 2017. This inspection was carried out to check that improvements planned by the practice after our comprehensive inspection on 17 March 2016 to meet legal requirements had been made. We inspected the practice against one of the five questions we ask about services: is the service well-led.

The inspection was led by a CQC inspector assisted by a specialist advisor.

During the inspection we spoke to the registered manager, practice manager and receptionists. We reviewed policies, procedures and other documents and observed procedures.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

• Is it well-led?

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

Are services well-led?

Our findings

Governance arrangements

During our inspection on 17 March 2016 we observed that the provider had systems and processes in place but not all of these were adequate or operating effectively. At the follow-up inspection we found that the provider had improved these systems and processes for monitoring and improving the services provided for patients.

Policies and procedures were now reviewed regularly.

The provider had implemented a system to report, record and analyse and learn from significant events and incidents and we saw several examples of these which had occurred.

The provider had improved the systems and procedures associated with the cleaning of the premises and equipment. We observed that the premises and equipment were clean. The practice manager described the further training and improvements to the cleaning schedules which had been put in place. Dental nurses were given responsibility for the cleanliness of the treatment rooms and cleaning tasks were clearly identified. We observed that improvements had been made to flooring and surfaces to promote good standards of infection control.

The provider had improved the systems in place in relation to the maintenance of equipment for taking X-rays. We saw recent test certificates for the X-ray machines in accordance with the current recommended maximum interval of three years. We saw that the OPG X-ray machine was marked as 'not in use'. The provider told us it would not be used again but had not arranged for it to be decommissioned.

The provider told us the recruitment procedures had been improved but did not have evidence available of the new procedures. The provider explained that a lot of recruitment information was kept at the other practice and assured us the new procedure would be submitted to us following the inspection. However we have not received this. The provider described to us the checks which would be carried out prior to recruiting new staff. No new staff had been recruited since the inspection on 17 March 2016 so we were unable to verify whether the improved recruitment procedures were operating effectively.

During our inspection on 17 March 2016 we found the system for ensuring all staff were up to date with their continuing professional development, (CPD), was not adequate. The practice manager had improved this and now maintained a master schedule identifying dates when clinical staff registration, indemnity and core CPD were due for renewal.

During our inspection on 17 March 2016 we found the provider had established some systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others but they were not wholly adequate or operating effectively.

At the follow-up inspection we saw that the provider had reviewed the sharps risk assessment and put in place control measures to mitigate risks from used sharps, for example, in relation to staff working in a clinical environment where the effectiveness of the Hepatitis B vaccination was not known. However the sharps risk assessment did not detail the user's responsibility for dismantling and disposing of sharps and we were told this was sometimes carried out by the dental nurses. We saw evidence of a recent sharps injury to a dental nurse from dismantling a used sharp. The provider said the sharps risk assessment would be reviewed further to identify responsibilities.

When we inspected the practice on 17 March 2016 we were concerned with the way the practice managed fire safety. At the follow-up inspection we saw the provider had carried out a fire risk assessment and put in place an action plan to comply with the risk assessment. The provider had carried out an 'in house' fire drill for staff.

During the inspection on 17 March 2016 we found the provider did not have effective systems or processes in place to evaluate and improve the practice. At the follow-up inspection we found that the provider used some means to monitor quality and performance and improve the service, for example, via the carrying out of mandatory audits for infection control, and the analysis of complaints and significant events. The provider was not carrying out the mandatory radiology auditing.

Leadership, openness and transparency

At the comprehensive inspection on 17 March 2016 we found the provider had limited systems in place to support communication about the quality and safety of the service to staff.

The practice held staff meetings on an irregular basis to support staff communication in the practice.

Are services well-led?

The practice manager addressed issues with staff directly as they arose and held ad hoc informal meetings where necessary. The provider told us that communication with the dentists was generally only to discuss complaints and no formal system of communication, review or appraisal was in place.

Learning and improvement

During the comprehensive inspection on 17 March 2016 we found the provider carried out some quality assurance measures to encourage continuous improvement for example, infection control audits, however we did not see evidence to demonstrate that the auditing process was functioning well.

At the follow-up inspection we reviewed the auditing of infection control and saw that the auditing process was not functioning well, for example, audits did not have clearly identified action plans in place to improve standards.