

Mr. Conor Farrell

Pomfret & Farrell Dental

Inspection Report

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Overall summary

We undertook a focused inspection of Pomfret & Farrell Dental on 9 July 2019. 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 supported by a specialist dental adviser.

We undertook a comprehensive inspection of Pomfret & Farrell Dental on 29 January 2019 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 and was in breach of regulation 12 Safe Care and Treatment and regulation 17 Good Governance 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 Pomfret & Farrell Dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

If applicable

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

Our findings were:

Are services well-led?

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 breaches we found at our inspection on 29 January 2019.

Background

Pomfret & Farrell Dental is in Chelmsford, Essex and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice car park behind the practice. Short and long stay car parks are available near the practice.

The dental team includes four dentists, eight dental nurses, two dental hygienists, five receptionists and the practice manager. The practice has five treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Pomfret & Farrell Dental is one of the partners.

During the inspection we spoke with two dentists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5.30pm.

Our key findings were:

- Rubber dams were used by all clinicians.
- There were processes in place to prevent wrong site surgery.
- Systems were in place to receive patient and medicine safety alerts, ensure there were shared with the team and acted on.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available and regular medical scenarios were undertaken.
- The dentists worked with chair side support. There were risk assessments in place for when the hygienists worked without a nurse.
- A wider range of significant events with detailed records of events and the learning outcomes were in place.
- Systems were in place to ensure all clinicians were up to date with current evidence-based practice.
- Staff recruitment procedures were in place. Staff appraisals had been completed.
- Infection prevention and control audits were undertaken in line with guidance.
- Systems were in place to ensure all staff were fully conversant with consent processes.
- Processes were in place to ensure prescriptions were stored securely and to identify any loss or theft of individual prescriptions.
- There were systems in place to ensure appropriate doses of medicine were now dispensed with the correct labelling and information leaflets provided for patients.
- Action had been taken to address inconsistencies in the standards in dental care records.
- The practice had introduced systems to ensure effective leadership and a culture of continuous audit and improvement.
- Risk assessments were in place to mitigate any risks associated with domiciliary visits.
- Processes were in place to ensure clinicians took into account relevant nationally recognised evidence-based guidance.
- Patient dental records were stored securely.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

We found that this practice was providing well led care and was complying with the relevant regulations.

No action



Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 29 January 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 9 July 2019 we found the practice had made the following improvements to comply with the regulations:

- Rubber dams were used by all clinicians at the practice, a template had been created and was used to record its use. We looked at patient dental records where this was clearly documented.
- A formal process to prevent wrong site surgery had been implemented with the protocol accessible to all clinicians.
- The practice confirmed they had signed up to receive patient and medicine safety alerts and had implemented a system for receiving, sharing with the team and acting on safety alerts.
- The resuscitation equipment had been replaced. All staff had undertaken cardiopulmonary resuscitation (CPR) training. The practice had purchased a resuscitation manikin. Staff undertook regular timed medical emergency scenarios with the manikin as part of their practice meetings. We were told how these had improved staff awareness and understanding of medical emergencies. The practice manager told us they felt they had improved their performance of CPR because of the scenario practice and had identified improvements required such as re-siting the equipment for ease of access in an emergency. Checks of the equipment took place and were recorded in practice logs.
- The dentists always worked with chair side support. There were risk assessments in place for when the hygienists worked without a nurse and a risk assessment for when dentists undertook domiciliary visits alone. There was scope to ensure the risk assessment was extended to include the specific risks associated with a hygienist working without chair side support. We were told the practice manager and the decontamination nurse provided additional support to the hygienists if required.
- A system to include a wider range of significant events with detailed records of events and the learning outcomes was in place. The practice gave examples of safeguarding incidents, detailing how the team had reacted, the process put in place and the learning and discussion taken from this. Staff shared positive outcomes with us.
- Systems were now in place to ensure all clinicians were up to date with current evidence-based practice.
- We looked at the employment records for two newly recruited members of staff and found the practice was following its recruitment policy. We saw that information about disclosure and barring checks for staff were recorded in staff records. We also noted a record of Hepatitis B immunity had been obtained for clinical staff where required.
- The practice now undertook infection prevention and control audits twice a year. The latest audits undertaken in January 2019 and June 2019 showed the practice was meeting the required standards.
- Staff appraisals had been completed for all staff.
- Staff training had been revisited, and systems were in place to ensure all staff were now fully conversant with consent processes including Gillick and the need to establish and confirm parental responsibility when seeking consent for children and young people. We were told an associate dentist at the practice had overseen staff training for all staff to ensure all members of staff had a clear understanding.
- A system to ensure prescriptions were stored securely had been implemented and to identify any loss or theft of individual prescriptions.
- There were systems in place to ensure appropriate doses of medicine were now dispensed with the correct labelling and information leaflets provided for patients.
- The practice had reviewed its systems for dental care records. Issues had been identified previously through audit. From the dental care records we reviewed we saw that improvements had been made. We noted that

Are services well-led?

information detailing discussion between dentists or hygienists and patients regarding consent, diagnosis, treatment options and associated risks were now clearly detailed in patient dental care records. We noted that the process for recording where basic periodontal examination (BPE) had been undertaken had been reviewed and were now clearly identified in records. We were told an associate dentist at the practice had overseen the training for all dentists and hygienists to ensure all were following the procedures. The dentist told us the practice continued to audit dental care records to drive improvement.

- Systems to improve governance at the practice had been put in place. The practice manager described how following the previous inspection the providers had reviewed the managers working schedule. This had ensured protected time was in place for the practice manager to have oversight and management of systems and processes, and ensure these were established and operated effectively. We noted the practice also took immediate action to address some of the minor issues we had identified during our previous inspection, demonstrating their commitment to providing a good service. This included removing decommissioned equipment from the practice, securing the exterior clinical waste bin, ensuring all clinicians used rectangular collimation, the development of a business continuity plan, a named lead for infection control, the introduction of cleaning schedules and a system to ensure staff had oversight of cleaning undertaken, reviews of risk assessments to minimise the risk that can

be caused from substances that are hazardous to health had been completed for all substances in the practice. In addition, sharps safety had been reviewed and we noted the call bell in the patient toilet had been repositioned to ensure any patient in distress could easily reach it.

The practice had also made further improvements:

- The practice had reviewed the protocols for domiciliary visits considering the 2009 guidelines published by British Society for Disability and Oral Health in the document “Guidelines for the Delivery of a Domiciliary Oral Healthcare Service”. The practice now undertook risk assessments prior to any visit to mitigate the risks.
- The practice had reviewed its protocols for patient assessments to ensure they were compliant with current legislation. There were processes in place to ensure clinicians took into account relevant nationally recognised evidence-based guidance. We saw the practice was providing preventative care and supporting patients to ensure better oral health. Information was now available to ensure all dentists were fully aware and were following all aspects of the Delivering Better Oral Health toolkit.
- The practice had reviewed its storage of dental care records to ensure all patient dental records were stored securely.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations.