

The Dentist In Town Limited

The Dentist in Town

Inspection Report

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Overall summary

During our announced comprehensive inspection of this practice on 14 January 2016, we found breaches of legal requirements of the Health and Social Care Act 2008 in relation to regulation 17- Good Governance.

We undertook this focused inspection on 21 February 2017 to check that the provider had taken action to address the shortfalls identified and now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our previous comprehensive inspection by selecting the 'all reports' link for The Dentist in Town on our website at www.cqc.org.uk.

Our findings were:

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Key findings

- Overall we found that insufficient action had been taken to address the shortfalls identified at our previous inspection. The provider continued to be non-compliant with the regulation.
- The provider no longer worked at this practice. Two dentists had been recruited to ensure the continuity of patient care.

- Further changes were made following our inspection visit and we received evidence that some improvements had been implemented.
- A practice manager was recruited soon after this inspection in order to reach compliance with the regulations.

We identified regulations that were not being met and the provider must:

Ensure effective systems and processes are established to assess and monitor the service against the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and national guidance relevant to dental practice. This includes:

- the monitoring and undertaking safety checks of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK).
- Having in place suitable infection control procedures and protocols taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

Summary of findings

- the undertaking of infection control audits at regular intervals and ensuring that learning points are documented and shared with all relevant staff.
- Having in place an effective recruitment policy and procedures that are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

- achieving compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.

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?

This focused visit concentrated on the key question of whether or not the practice was well-led. We found that the practice was not providing well-led care in accordance with the relevant regulations.

At our previous inspection of the practice in January 2016 we identified that governance arrangements were not sufficiently robust. We reviewed the action taken by the provider to address issues raised during this focused inspection and found that the practice was still not meeting regulatory requirements. There were mitigating circumstances surrounding this and we have taken these into consideration during the judgement process.

Requirements notice 

The Dentist in Town

Detailed findings

Background to this inspection

We carried out a review of this service on 21 February 2017 to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 14 January 2016 had been implemented. We reviewed the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not previously meeting some of their legal requirements under the well-led domain.

We undertook this focused inspection to check that the staff had followed their plan to address identified shortfalls and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

The review was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our review, we checked that the registered provider's action plan had been implemented. We reviewed a range of documents provided by the registered provider. We found that the practice was not meeting their legal requirements under the well-led domain. Due to circumstances beyond their control, the provider no longer worked at this practice. Two dentists had been recruited to ensure the continuity of patients' care. A practice manager was recruited shortly after this inspection in order to help the practice achieve compliance with the regulations.

Are services well-led?

Our findings

Governance arrangements

Clinical Governance is a system through which healthcare organisations are accountable for continuously improving the quality of their services and promoting high standards of care, by creating an environment in which clinical excellence will flourish. Governance arrangements are part of that ongoing process.

At our previous inspection on 14 January 2016, we found that the practice did not have robust governance arrangements in place.

At our previous inspection we found that there were no records of untoward incidents. Discussing and sharing incidents is an excellent opportunity for staff to learn from the strengths and weakness in the services they offer. In February 2017, we found that no incidents had been recorded since the previous inspection. We discussed this with staff and were assured they would document all relevant incidents with immediate effect.

At our previous inspection not all staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). In February 2017, staff were aware of RIDDOR and confirmed that no reportable incidents had taken place.

At our previous inspection there were no systems in place to ensure that all staff members were aware and responsive to national patient and safety and medicines alerts. Some staff we spoke with in February 2017 were still not aware of these alerts. The practice manager contacted us in March 2017 to inform us that they were now registered with the MHRA to receive safety alerts. No information was given regarding how any relevant alerts would be disseminated to staff.

At our previous inspection we found that not all staff had undertaken recent training in safeguarding vulnerable adults and children. Staff were not able to produce evidence that this had been carried out since January 2016. There were also no contact details available for reporting suspected child abuse to local organisations. The practice manager contacted us to inform us that all staff were being enrolled onto a course that would take place in March or

April 2017. They also emailed us some information about safeguarding children which had the names of organisations but these did not include the telephone numbers for local organisations.

At our previous inspection we identified some shortfalls in the practice's processes for dealing with medical emergencies. Most of these issues had been resolved since then. Examples included the addition of recommended medical emergency equipment such as oropharyngeal airways, self-inflating bags, single-use syringes and an Automated External Defibrillator (AED). Staff had also completed essential training in basic life support. Staff told us that they undertook regular checks of the equipment and emergency medicines to ensure they were safe to use; however, these checks were not always documented. Improvements were required in the monitoring and disposal of expired stock as we identified two separate medicines that had expired. Another emergency medicine was stored in the fridge but the temperature was not monitored to ensure it remained within the recommended parameters. The practice manager contacted us in March 2017 with a log sheet of the checks conducted on the AED. These were due to be carried out monthly; however, current guidance advises at least weekly checks of the resuscitation equipment. The practice manager also sent a blank log sheet which would be used to record daily temperature values for the fridge.

The practice did not have a specific written policy for the safe recruitment of staff; however, the practice manager forwarded one to us in March 2017. We reviewed the recruitment records for two staff members who had joined the practice since the previous inspection. These records contained evidence of their professional registration and dental indemnity. However, there was no evidence that the provider had requested information about their immunisation status, identity verification or evidence of good conduct (such as references or DBS checks). The practice manager sent us immunisation records and one reference for one of the staff members in March 2017.

The practice had limited arrangements in place to monitor fire safety. We were told that the landlords carried out fire drills on a weekly basis but the records were not available to view. Smoke detectors were installed but these were not tested to ensure they were functioning. Staff had not carried out any fire safety training at the practice.

Are services well-led?

At the previous inspection we found that staff used the same sink in the decontamination room for handwashing and instrument decontamination. HTM 01-05 guidance recommends that separate, dedicated sinks should be used for handwashing and decontamination. We found that arrangements had been made so that staff had a separate sink for this during our most recent inspection.

At our previous inspection we found that staff were following the guidelines on running the water lines in the treatment rooms to prevent Legionella. A risk assessment process had been carried out by an external agency in 2011 and this was carried out again in January 2016. We saw evidence that staff were now recording water temperatures on a monthly basis to check that the temperature remained within the recommended range.

At our previous inspection the provider told us that they had maintenance contracts for essential equipment such as the X-ray sets and the autoclave. However, these were not available to view at the time of inspection. These were not available when we revisited the practice although we saw that the provider held a contract with an external company to carry out the maintenance checks.

The Department of Health's guidance on decontamination (HTM 01-05) recommends self-assessment audits of infection control procedures every six months. We did not see any evidence of these audits at either inspection. Without auditing their infection control processes, staff could not assure themselves that they were fulfilling the requirements of HTM 01-05.

The practice protocol for ensuring that dental materials were within their expiry date required improvement as we found some expired materials during both inspections.

At our previous inspection the provider was unable to demonstrate that the practice was working in accordance with the ionising radiation guidance. We saw evidence that they had membership with a company which included X-ray inspections. During our most recent inspection we saw limited evidence that the X-ray equipment was maintained in line with current guidance. However, necessary improvements were required. We saw evidence that X-ray audits had been carried out. We also saw evidence of the appointment of a Radiation Protection Advisor and a Radiation Protection Supervisor. We saw evidence that only one of the dentists was up to date with the required continuing professional development on radiation safety. There was no evidence of recent servicing or maintenance checks of the equipment. There was no evidence that the HSE had been notified of ionising radiation at the practice although the practice manager informed us that they had and were awaiting confirmation.

At our previous inspection we were told that all staff had appraisals but that they were informal and not documented. There were no records of these in the most recent inspection either.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at The Dentist in Town were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This includes:</p> <ul style="list-style-type: none">• the management of emergency medicines and equipment.• suitable infection control procedures and protocols giving due regard to current guidance.• the undertaking of infection control audits at regular intervals.• effective recruitment policy and procedures.• achieving compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000. <p>Regulation 17(1)</p>