

Dorset House Dental

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Inspection Report

9 Whitehall Road
Rugby
Warwickshire
CV21 3AE
Tel: 01788 543217
Website:

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Overall summary

We carried out an announced comprehensive inspection of this practice on 3 September 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to safe care and treatment and good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dorset House Dental on our website at www.cqc.org.uk

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

Dorset House dental is a general dental surgery situated in a converted townhouse near the centre of Rugby, Warwickshire. They provide general dental treatments for adults and children funded by the NHS or privately.

The practice has six dental treatment rooms, as well as a dedicated decontamination room for cleaning, inspecting and sterilising dental equipment ready for use again.

Since our original inspection the practice had appointed a new practice manager who had been in post for approximately six months at the time of our follow up visit.

The one of the principal dentists 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 practice had implemented a significant incidents policy and protocol to ensure that incidents are investigated, reported and learning outcomes fed back to staff.
- The practice was not meeting the standards set out in national guidance in the flooring and general upkeep of the building, although two treatment rooms were decommissioned awaiting refurbishment following our inspection.

Summary of findings

- New policies had been implemented in infection control and staff recruitment to ensure they were specific and relevant.
- The practice was receiving national alerts, and an effective system was in place to ensure that relevant alerts were actioned and the information passed to the rest of the team.
- The medical emergencies medicines and equipment met national guidance.

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

- Review the practice premises and ensure that it meets the standards set out in 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.

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?

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

Medicines and equipment for use in a medical emergency was available in line with national guidance. Appropriate signage was displayed to indicate where the oxygen was stored.

The flooring in two treatment rooms did not meet national standards and had not been addressed since the previous inspection. Following this visit both treatment rooms were decommissioned awaiting refurbishment.

All dentists demonstrated that they were up to date with required radiography training.

No action



Are services well-led?

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

New policies had been implemented in infection control, significant events and staff recruitment which were specific and relevant to the service.

The practice made use of the X-ray audit process to identify concerns with a piece of equipment, and responded to those concerns in a timely manner.

The practice was tracking referrals made out of the service to ensure that patients would be seen in a timely manner.

No action



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

We undertook an announced focused inspection of Dorset House Dental on 13 October 2016. This inspection was

carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 3 September 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and well-led. This is because the service was not meeting some legal requirements.

The inspection was carried out by a CQC inspector with a dental specialist advisor.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had implemented a new significant event policy in March 2016; this indicated the importance of identifying learning points and feedback from incidents to reduce the risk of reoccurrence.

Reports demonstrated an open and honest investigation had been made. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Accidents within the dental practice setting would also be reported as a significant incident so that the management team would maintain oversight of all incidents and be able to recognise any trends.

Significant incidents were discussed at staff meetings, and we saw their inclusion on minutes of staff meetings.

The practice received communication from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the practice and the practice manager took responsibility for these. They would identify relevant alerts and action them, they would then be cascaded to staff by way of a folder in the decontamination room which held the relevant alerts.

Medical emergencies

Following our previous inspection of the practice all staff had undertaken basic life support and medical emergencies training. This was completed on 16 December 2015 and the practice had arranged an external trainer to attend the practice and deliver this training.

We checked the medical emergencies kit and found that adrenaline (a medicine used to treat severe allergic reactions) was available in the appropriate dosage for adults and children.

Oxygen was available as detailed previously, however the appropriate signage was now displayed to direct fire crews to the oxygen cylinder in the event of a fire. Oro-pharyngeal airways were available in a variety of sizes.

Staff recruitment

The practice had implemented a new staff recruitment policy in April 2016 which reflected the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Monitoring health & safety and responding to risks

During the inspection in September 2015 a fire risk assessment was shown to us dated February 2014 in which certain action points had been highlighted but not completed. When we re-visited we were shown a new fire risk assessment which was completed internally rather than by an external contractor dated 9 February 2016. This had not generated an action plan, and it remained unclear as to whether the actions from the previous report had been fully addressed. Following the inspection they sent evidence that these had been addressed, and commented that in most cases the action had been completed, but not recorded.

The practice had a fire safety service contact in place, and the fire extinguishers, and alarm had been serviced in the year preceding our follow up visit. Fire safety logs had been completed demonstrating amongst other things that the fire alarm was checked weekly. Fire training was arranged for all staff following our visit.

Infection control

A new infection control policy had been implemented by the practice in March 2016 which was specific to the premises and covered topics including single use instruments, clinical waste disposal and personal protective equipment.

We saw that clear zoning had been implemented in the treatment rooms and decontamination room to separate 'dirty' and 'clean' processes.

Tests on the autoclaves were appropriate to ensure that they functioned effectively. Following sterilisation instruments were pouched and marked appropriately with a use by date and initials of the person responsible.

Matrix bands were disposable and were kept in individually sealed packets prior to use. Foot operated bins had been placed into the decontamination room.

We toured the premises as part of our inspection and recognised that two treatment rooms had carpet in them. The 'Health Technical Memorandum 01-05 (HTM 01-05):

Are services safe?

Decontamination in primary care dental practices.' published by the Department of Health indicates that all flooring in treatment areas should be impervious and cleansable, and that carpet, even if washable, was unacceptable.

In these treatment rooms we also noted that there were holes in the veneer around a sink, and flooring was not sealed.

Following our inspection we received photographic evidence that both of these treatment rooms were taken out of commission whilst awaiting a full refurbishment over the following weeks.

The decontamination room also had a perforation in the flooring, and the practice assured us that this would be replaced along with the refurbishment of the treatment rooms, and photographic evidence would be sent once this was complete.

The practice had systems in place regarding the risk of Legionella. Legionella is a bacterium that can contaminate the water supplies of buildings. We were shown logs of monthly water temperatures and flushing of low use outlets in line with their risk assessment. The practice manager had also undertaken training in Legionella.

A contact was in place for the removal of sanitary waste, and sanitary waste bins were positioned in the toilets.

Radiography (X-rays)

We saw evidence that all dentists were up to date with their training in radiography and radiation protection in line with the requirements of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, and the General Dental Council.

Are services well-led?

Our findings

Governance arrangements

The practice manager had implemented a management task list to assist in ensuring that all governance tasks were completed on time, this included staff appraisals, staff training, clinical audits and equipment servicing.

The practice kept logs of referrals made to other organisations and details were kept centrally. The staff would then follow these up on a weekly basis. In this way patients could be assured that their referral was received and actioned in a timely manner.

We were shown evidence that dental nurses were named and covered as part of the practice indemnity cover.

Learning and improvement

The practice had completed clinical audit on the quality of radiographs taken. In June 2016 the results were

satisfactory; however in September 2016 an issue was identified. The ensuing investigation pointed to an issue with one the X-ray 'plates' which was immediately decommissioned and a new one purchased. The practice now planned to repeat the audit to confirm that this change had resolved the problem. In this way the practice demonstrated using clinical audit as an effective tool to highlight concerns and improve quality.

X-ray audits were operator specific; however one dentist was not included in the audit. This was completed immediately following the inspection.

The practice manager maintained oversight of staff training by asking all staff to provide copies of certificates detailing their training. They periodically check through all staff training to ensure everyone is up to date. Following our visit practice manager started a spreadsheet to simplify this process. In addition the practice provided an online subscription for its staff to complete training at a convenient time for them.