Dr. Anthea Hardiman

Stoke Lane Dentistry

Inspection Report

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Overall summary

We undertook a focused inspection of Stoke Lane Dentistry on 19 November 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 Stoke Lane Dentistry on 7 August 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 regulations 19 fit and proper persons employed, 18 Staffing and 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 Stoke Lane Dentistry on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it well-led?

At the last inspection we found the well-led key question was not met and we required the service to make improvements. We then inspected again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services well-led?

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

The provider had made improvements since the last inspection to put right the shortfalls we had identified. However, we found at our inspection on 19 November 2019 that there were some areas that still required improvement.

Background

Stoke Lane Dentistry is in Westbury-on-Trym, Bristol and provides NHS and private treatment for adults and children.

There is level access for one treatment room for people who use wheelchairs. There is on-street parking outside the practice.

The dental team includes three dentists; the principal dentist, a locum and a visiting dentist who carries out implant work, agency dental nurses, two dental hygienists and three receptionists. The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

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

The practice is open:

Monday to Friday 9am-5:30pm

Our key findings were:

- The systems to manage staff training and support had improved.
- The systems for managing risks to health and safety, fire safety, substances hazardous to health, safer sharps, incidents, X-rays, infection control, legionella, medical emergencies and prescriptions had improved.
- The provider had improved the systems in place to ensure clinical staff had received the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.
- The systems to ensure policies and procedures were up to date with current guidelines had improved.
- The system for managing complaints had improved.
- The system to ensure the Accessible Information Standard was complied with had improved.
- The systems in place to manage how staff were safely recruited had improved. Although there were still some improvements to be made.
- The system for monitoring referrals still needed improvement.
- The systems in place to ensure patient dental care records included the necessary information required improvement.
- The systems in place to manage and record information on how antibiotics were prescribed according to guidelines needed to be improved.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Requirements notice ✖

Are services well-led?

Our findings

We found that this practice was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

At our previous inspection on 7 August 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 the requirement notices for regulation 17 good governance and regulation 18 Staffing and enforcement action for regulation 19 fit and proper persons employed. At the inspection on 19 November 2019 we found the practice had made the following improvements to comply with the regulations:

- The systems to manage staff training had improved. We found the provider had a new system in place to manage training and identify when staff were due for training. We reviewed staff records and found staff were up to date with training in infection prevention and control, safeguarding children and vulnerable adults, fire safety and basic life support. One member of staff was overdue for basic life support and we were told they would be completing this training in January 2020. We were sent evidence of outstanding training following the inspection for three other members of staff.
- The systems to support staff had improved. There was a new thorough induction process for both permanent and agency staff. We had seen this had been completed for agency dental nurses used since the last inspection. The business manager told us that all staff had received supervision sessions since the last inspection and we had seen evidence of this. We were told that appraisals had been planned in for January 2020. We saw evidence of the appraisal procedure that will be used. The business manager had implemented regular 'huddles' where they could update staff on changes and monthly team meetings were occurring.
- The systems in place to manage how staff were safely recruited had improved. We found the provider had made improvements with how they recruited staff and had reviewed how staff had been previously recruited. Following the inspection, the provider sent us evidence of thorough risk assessments completed for staff currently employed, where missing information had been identified. However, we did find the systems in place to manage recruitment had not been embedded and there were areas that still needed improvement. We noted that one staff member had not been reviewed and one's file did not include all the missing information. The systems to manage recruitment did not fully reflect the requirements set out within current legislation.

These improvements showed the provider had taken action to improve the quality of services for patients and were compliant with regulation 18, Staffing, when we inspected on 19 November 2019. Improvements had been made with regards to regulation 19, fit and proper persons employed. However, systems to manage how staff were recruited still needed to embed to ensure they met with legislation requirements, which is now reflected within the breach of regulation 17, good governance.

The following improvements have been made by the practice to comply with regulation 17 good governance;

- Health and safety procedures had been updated and now reflected current practice. We reviewed the health and safety policy and risk assessment which confirmed this.
- The use of sharps and how it was risk assessed had been reviewed within the safer sharps policy, which reflected current procedures used. We noted that implant equipment was not included within this. Following the inspection the provider had sent us an updated risk assessment which included implant equipment.
- Fire safety systems were managed more effectively. A new fire risk assessment had been conducted by an external company on 14 October 2019. They had recommended 11 actions to be addressed. Five actions had been completed and the outstanding actions were in process. The provider has informed us that all remaining actions were now complete and we will review the evidence of this at the next inspection. The business manager had identified that the emergency lighting was faulty, and we have seen evidence that following the inspection this has been rectified. We saw the actions following the electrical installation review had now been addressed. We saw evidence that a thorough fire drill had been completed and included identified areas for improvement for future fire drills.

Are services well-led?

- Systems to minimise the risks that can be caused from substances that are hazardous to health had been improved. We saw there were now risk assessments completed for each substance in accordance to the data sheet for each product.
- The provider had implemented systems for reviewing and investigating when things went wrong. The business manager monitored and reviewed incidents. We saw there had been several incidents since our last inspection. We saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.
- The practice had improved the systems in place to manage the use of the X-ray equipment to ensure its safety. We saw there was now a rectangular collimator attached to all X-rays. We saw visual checks of the X-ray equipment were carried out at regular intervals. We were informed this would now be recorded on the daily checklist. We saw evidence of a film quality audit completed. We observed the audit identified areas that could be improved or investigated. However, this had not been identified by the provider and no action plan had been completed.
- There were systems in place to ensure infection prevention and control were monitored at the required intervals. The business manager had a reminder system for when audits were due. We saw the last infection control audit carried out did not identify any concerns.
- The system for managing the risks associated with legionella had been improved. We saw an external company had completed a risk assessment in August 2019. We saw actions had been identified and noted that some actions had not been completed yet. This included reducing the hot water temperature and/or displaying signs to warn the hot water was very hot. We noted there was no sign within the patient toilet. Following the inspection, the business manager had informed us that signage was now displayed in the relevant outstanding areas. We observed the dead leg on the cold-water tank had not been sealed off. The business manager confirmed this would be completed by the electrician on 23 December 2019.
- The provider had improved the systems in place to ensure clinical staff had received the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Following the inspection, we saw evidence of an overall practice risk assessment for Hepatitis B and individual thorough assessments for staff and evidence of immunity.
- The system to manage medical emergencies had improved. We found effective checks had been completed at appropriate intervals to ensure all equipment and medicines were in working order and within their expiry date. We saw the medicine kept in the refrigerator was monitored more effectively to ensure it was safe to use.
- The system for how prescription use was monitored had improved. We saw evidence of systems in place to monitor when prescriptions were used. We noted this could be further improved by monitoring the prescription stock. Following the inspection the provider sent us evidence of the new procedure that staff needed to follow. When we next inspect the practice we will review the evidence of this.
- The systems to ensure policies and procedures were up to date with current guidelines had been improved. We saw policies had been updated for complaints, safeguarding, business continuity and infection prevention and control and now had relevant information within them according to local procedures and current guidelines. We noted that the policies overall had not been reviewed by all staff. The business manager informed us that this was in progress and there was a plan in place to be completed as soon as possible.

The practice had also made further improvements:

- A dental nurse worked with the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. Following our previous inspection, the practice decided to have a dental nurse working alongside the hygienist.
- The system for managing complaints had significantly improved. We saw the complaints policy had been updated to provide relevant guidance to staff and patients about how to handle or make a complaint. We saw all comments, compliments and complaints the practice received since the last inspection in August 2019 were recorded and reviewed. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.
- The system to ensure the Accessible Information Standard was complied with had improved. The

Are services well-led?

business manager had completed a disability access audit in October 2019. We saw that reading glasses were available for patients to use. The business manager told us they were investigating the need for the use of a hearing loop. The treatment room on ground level was used when patients were unable to use the stairs. We saw the hygienist using the ground floor treatment room on the day of the inspection. There were no procedures in place for the practice to contact British Sign Language support for both private and NHS patients. We were advised that this would be reviewed.

We noted in the last report areas where the provider should improve, and we found on this inspection that the provider had made little improvement in these areas. We have told the provider to improve on the following areas in order to comply with regulation 17, good governance;

- The system for monitoring referrals still needed improvement. Since the last inspection there had been no improvements made to monitor referrals either urgent or non-urgent. The provider informed us that if the referrals were urgent they would hand deliver these to the relevant services. We were informed that notes were made within patient records. However, there was no central system for monitoring referrals as a whole to ensure they had been received and acted upon. We were informed that patients had raised concerns that their referral had not been acted upon promptly.
- The systems in place to ensure patient dental care records included the necessary information required improvement. We saw evidence a clinical audit had been completed in November 2019 for the dentist. We noted that improvements had been identified and there was a plan to re-audit in one months' time. We reviewed a sample of clinical records which showed there had been no improvements made. We found that records did not always show consent taken, diagnosis and treatment options and indicated that X-rays were not taken when appropriate. We also reviewed records from patients receiving implants. We still found the same concerns as at our previous inspection. Records showed that no evidence of consent was taken for photographs and there was no evidence of photographs within the patient record even though it stated photographs had been taken. Some records still showed no evidence of the plan of treatment the patient was receiving. The provider was working with the dentist to ensure this information was included within the patient notes.
- The systems in place to manage and record information on how antibiotics were prescribed according to guidelines needed to be improved. We reviewed nine records where antibiotics were prescribed. Seven records did not provide clear justification for why antibiotics were prescribed. We were informed that an antibiotic audit had not been completed yet.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:** • The systems to manage recruitment did not fully reflect the requirements set out within current legislation. An appropriate assessment needs to have taken place where documents were missing that did not reflect current legislation within staff records. • There was no system to monitor referrals to ensure they were received by the appropriate service and acted upon. **The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:** • There was an ineffective system in place to ensure the necessary information was included within patient dental care records according to legislation and current guidelines. **Regulation 17 (1)**