Care Quality Commission

Sharma Family Ltd

Irby Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection at Irby Dental Practice on 9 February 2016 and at this time breaches of legal requirements were found. After the comprehensive inspection the practice wrote to us and told us that they would take action to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 17 HSCA (RA) Regulations 2014 Good governance

On 6 December 2016 we carried out a follow up inspection of this service under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check whether the provider had completed the improvements needed and identified during the comprehensive inspection in February 2016.

We reviewed the practice against two of the five questions we ask about services: is the service safe and well-led? 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 Irby Dental Practice on our website at www.cqc.org.uk

We revisited Irby dental practice as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

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

The practice is situated in Irby village, Wirral. The practice has two dentists, two dental hygienist/therapists, two qualified dental nurses, and a practice manager. The practice provides primary dental services to private patients only.

The practice is open:

Monday to Thursday 9am – 5pm

Friday 9am – 4pm

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'.

Summary of findings

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:

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

- Fire safety training and fire drills had been undertaken by all staff.
- A system was in place to receive, act on and document patient safety alerts where relevant and applicable.
- Infection control policies and procedures were in place and reflected national guidance.
- An infection control audit had recently been undertaken.
- The dentists undertook self-audits of their radiographs monthly. They also recorded justification of X-rays in patients' records.
- Patient feedback was invited by means of a comment book available at reception which was monitored and patient satisfaction surveys were undertaken every three years by an external company.

We found that the practice had acted upon other recommendations made at the previous inspection to improve the service and care. For example:

- The practice's protocols and procedures for promoting the maintenance of good oral health had been reviewed giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'.
- The practice's sharps procedures had been reviewed giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- The recruitment process had been reviewed. We saw evidence that a new member of staff had relevant information held on file relating to their employment except for an appropriate DBS check. Evidence submitted following the inspection demonstrated that an appropriate DBS check had been applied for and the practice were waiting its return.
- A business continuity and disaster recovery plan had been implemented.
- An additional dental nurse had been employed to improve nurse cover in times of staff absence.
- One of the dental nurses was also qualified as a first aider to give first aid treatment in the event of an injury or illness.
- A practice information leaflet had been implemented.

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

- Review their audit programme to include relevant audits in order to demonstrate quality improvement.
- Review their recruitment policy to include obtaining a relevant disclosure and barring (DBS) check prior to employment.
- Review their arrangements to ensure shared learning and feedback is regularly discussed in relation to; patient feedback, audits, health and safety issues and updates to clinical practice.

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?

No action

The practice was now providing safe care.

Evidence we saw at this inspection demonstrated improved systems and processes were in place.

Since the last inspection on 9 February 2016 the practice had effective systems and processes in place to ensure that care and treatment was carried out safely.

For example:

- safety alerts were acted upon where relevant and documented
- the infection prevention and control policies and procedures had been reviewed and further developed
- an infection control audit had been undertaken
- fire safety included comprehensive risk assessments, training had been completed and arrangements for fire drills were in place for all staff.

Are services well-led?

No action

The practice was now providing well led care.

Evidence we saw at this inspection demonstrated improved systems and processes were in place.

Since the last inspection on 9 February 2016 the practice had reviewed their governance systems. Audits, patient feedback systems and risk assessments were in place.

Irby Dental Surgery

Detailed findings

Background to this inspection

At this review we asked the questions - Is it safe and is it well led? - To follow up the concerns identified at the last inspection. We undertook a follow up inspection of Irby Dental Practice on the 6 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our inspection in February 2016 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.

This review was undertaken by a CQC Lead Inspector on 6 December 2016.

During the inspection we spoke with the registered provider and practice manager.

Are services safe?

Our findings

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

Reporting, learning and improvement from incidents

When we inspected the practice in February 2016 we were concerned with the way the practice managed patient safety alerts. The practice did not have effective systems and processes in place to manage safety alerts and guidance.

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had systems, processes and practices in place to keep patients safe.

We found the practice had a system in place to receive and respond to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

Monitoring health & safety and responding to risks

When we inspected the practice in February 2016 we were concerned with the way the practice managed fire safety.

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had systems, processes and practices in place to keep patients safe which included:

Fire safety training had been reviewed to include regular fire safety/evacuation drills.

Fire risk assessments were in place and fire safety check logs (such as for fire extinguishers and the fire alarm system) were seen and up to date.

Staff recruitment

The practice had a recruitment policy in place and included pre-employment check requirements. We looked at the records for the newest member of staff employed. These showed that relevant checks such as photographic identification, references and professional qualifications had been documented, however the Disclosure and Barring Service (DBS) check had been undertaken for another provider. The practice showed us evidence following the inspection that a DBS check had been applied for relevant to the practice.

Infection control

When we inspected the practice in February 2016 we were concerned with the way the practice managed infection control. The practice did not have effective systems and processes in place to monitor, and mitigate the risks associated with infections.

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had systems, processes and practices in place to keep patients safe from harm and the associated infection risks.

We found that infection control policies and procedures were in place that reflected national guidance We saw that re-usable instruments were sterilised using a validated decontamination process which was in accordance with the national guidelines.

We saw that an infection control audit had been undertaken in December 2016 and action plans in place to address areas of non-compliance with the audit standards.

We saw sharps injuries posters were displayed in treatment rooms.

Are services well-led?

Our findings

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

Governance arrangements

When we inspected the practice in February 2016 we were concerned with the way the practice managed governance. We found there was a lack of systems and processes in place for acting upon feedback from patients, dissemination of information and governance through various meetings and a lack of audits.

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice now had effective governance systems, processes and practices in place.

We found that:

- Patient comments and feedback was invited, there was a book at reception to record these. The practice was a member of a dental payment plan scheme who carried out a satisfaction survey every three years, discussed the results and planned action with the practice.
- Identified health and safety risks had been actioned with controls in place to mitigate the risks.
- Regular staff meetings were documented; however there was no set governance agenda to include dissemination of lessons learnt, training updates and sharing improvements from audits and patient feedback.