

Mr. Ray Fernandes

Townend Dental Practice

Inspection Report

20-22 Town End
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Overall summary

We undertook a inspection on the 20 February 2018 and then a focused inspection on 31 July 2018. 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 inspect , focusing on the area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

The provider had not made sufficient improvements to put right all the shortfalls and had not responded to all the regulatory breach(es) we found at our inspection on 20 February 2018.

Background

Townend Dental Practice is in Caterham and provides NHS and private treatment to adults and children.

There is some level access for people who use wheelchairs and those with pushchairs. Car parking spaces, are available near the practice.

The dental team includes 1 dentist, 1 dental nurse, 1 dental hygienist and 1 receptionist. The practice has 1 treatment room.

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 1 dentist, 1 dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 09.00- 17.30

Our key findings were:

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/s the provider was/is not meeting are at the end of this report.

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

- Review the way staff are supported to make sure that staff are able to meet the requirements of the relevant professional regulator throughout their employment, such as requirements for continuing professional development.

- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.
- The provider has partly reviewed the practice's protocols for completion of dental care records. This now needs to take into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the analysis of the grades for the quality of radiographs to ensure these are correctly recorded over each audit cycle and for each dentist.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD)
- Review the practice's policies to ensure all documents are providing the latest requirements and guidance.
- Review the practice's policies to ensure all documents are providing the latest requirements and guidance.
- Review the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff.

Summary of findings

Are services safe?

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

Are services effective?

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

Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations.

Are services responsive to people's needs?

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

Are services well-led?

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

The provider had not made sufficient improvements to put right all the shortfalls and had not responded to all the regulatory breach(es) we found at our inspection on 20 February 2018.



Are services safe?

Our findings

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

The service now have arrangements for receiving and responding 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). The practice's now has in place recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. The provider has introduced protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.



Are services effective?

(for example, treatment is effective)

Our findings

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

The practice is now ensuring staff are aware of the legal precedent by which a child under the age of 16 years of age can consent for themselves and ensure all staff are aware

of their responsibilities. They now received training and ensure that all of the staff had undergone relevant training, to an appropriate level, in the Mental Capacity Act, The provider has review the practice's protocol and staff awareness of their responsibilities under the Duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

No action



Are services caring?

Our findings

We found that this practice was providing caring services in accordance with the relevant regulations.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Are services well-led?

Our findings

Governance and management

There were clear responsibilities and roles, but limited systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The principal dentist needs to ensure they had a system of clinical governance in place which included policies, protocols and procedures were accessible to all members of staff and were reviewed on a regular basis. We found a number of policies, which were out of date or had not been fully reviewed. Not all staff were aware of the different new policies.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Patients notes were now being protected and locked away when staff move away from the reception area.

The practice now have a system in place to safeguard NHS prescriptions, however we noted that the NHS guidance was not being followed. This was by not recording the individual number of the prescription in the patients notes. This had not been identified as a risk on the record keeping audit.

Continuous improvement and innovation

There were limited systems and processes for learning, continuous improvement and innovation.

The practice still needs to develop a quality assurance processes to encourage learning and continuous improvement. This should include full audits of dental care records (we noted that the principal dentist has received recent training on the subject), radiographs and infection prevention and control. The audits had been undertaken were not reflective of the evidence seen on the day. The Health Technical Memorandum (HTM) 04-01 published by the Department of Health was not being followed, as hard to clean areas, which are a potential risk, such as cracks and rust on a dental chair and do not have an impervious

surface, should be identified as a potential risk. The floor in the surgery identified at the last inspection on 20 February 2018 as a potential risk has now been replaced and has an impervious surface. The infection control audit undertaken by the principal dentist did not evidence all the current risks observed including, not recording all risks in the sterilising processes. There was no separate risk assessment or audit for sharps. The audit for patient notes did not include the relevant detail regarding informed consent or outcomes of x rays. The patient notes reviewed as part of the inspection process were lacking clarity, this included some missing treatment plans and full descriptions of informed consent.

The safeguarding information and a flow chart, now had verified key information such as safeguarding leads and contact details for local safeguarding teams to whom concerns should be reported to. We were unable to evidence that adult or child protection training to the correct level had been undertaken by all staff. However, staff spoken with were aware of the process.

The Dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two weeks wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. There was no monitoring system in place for urgent referrals to make sure they were dealt with promptly.

The principal dentist stated that they were committed to learning and improvement and valued the contributions made to the team by individual members of staff. However, we saw no evidence of knowledge or planning towards the General Dental Councils requirement for enhanced CPD.

We saw no evidence of annual appraisals that discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed and we saw evidence they undertook medical emergencies and basic life support training after the last inspection. Not all emergency equipment and medicines were available as described in recognised guidance, there is also a need to be a verifiable checking system in place to ensure all equipment and drugs are in place and usable.

Are services well-led?

The practice now has a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at 4 staff recruitment files. These were are now complete. Clinical staff were qualified and registered with the General Dental Council (GDC) and most relevant files had evidence of professional indemnity cover.

The practice had a complaints policy providing guidance to staff on how to handle a complaint which is now available. However, the practice information leaflet need amending to reflect good practice in response times.

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>17.—(2) (a) (c) (Systems or processes must be established and operated effectively to ensure compliance with the requirements in this.</p> <p>There was limited evidence that all audits assess, monitor and mitigate the all risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; this included infection control, x rays and patient records.</p> <p>There was limited evidence that the provider maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>