

Doctor Michael Frain Limited

Regency Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Regency Dental Practice on 4 September 2017.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser. We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 5 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations.

We judged the practice was not providing well-led care in accordance with Regulations 17 and 18 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 Regency Dental Practice on our website www.cqc.org.uk.

Our findings were:

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices and Enforcement sections at the end of this report).

The provider had made insufficient improvements to put right the shortfalls and had not dealt with the regulatory breaches we found at our inspection on 4 June 2017.

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?

The provider had made some improvements to the management of the service. Some systems and processes had been reviewed and were more ordered but not all. Systems and processes were still not being operated effectively to ensure compliance with the regulations.

There were systems for the practice team to review the quality and safety of the care and treatment provided but these were not operated effectively.

There was a clearly defined management structure however not all staff felt supported and appreciated.

The practice arrangements for monitoring clinical and non-clinical areas of their work to help them improve and learn were incomplete with limited analysis of findings. There was no appropriate analysis of all audit results. Follow up of results from the audits completed was limited or not completed.

No action plans had been formulated and for areas of risk identified. For some risks action had been taken but not wholly completed to fully mitigate risks.

Enforcement action



Are services well-led?

Our findings

At our inspection on 4 June 2017 we judged the practice was not providing well led care and told the provider to take action as described in our Warning Notice and Requirement notice. At the inspection on 4 September 2017 we noted the practice had made the few improvements to meet the warning and requirement notices.

- The systems in place for assessing, monitoring and mitigating risk had been reviewed and some actions taken. The risk assessments reflected the risks in the practice but the provider had not implemented all recommended actions in the fire risk assessment to mitigate risks. For example they had installed one fire door as recommended but had not planned a date to have the other recommended fire doors installed. They had not ensured all staff attended fire training. The evidence seen showed that only a third of the staff had attended fire training and there were no plans for a future training date for staff who were absent. A fire drill had been undertaken by the nurses only when no patients, dentists or manager were in the practice.
- The provider had obtained the following safety certificates: Electrical hard wiring, gas safety.
- Systems and processes had been formulated to monitor staff by way of induction and appraisal. We saw evidence some, but not all, staff had received an appraisal but no personal development plans had been drawn up in conjunction with the employee. There had been one staff meeting and one nurses meeting since the last inspection. The manager had not attended the nurses meeting and was unaware of the contents of the meeting and the issues raised at the meeting which required action. Records seen for carrying on the regulated activities lacked attention to detail with data being incomplete and a lack of dates and signatures for accountability purposes.
- All required recruitments checks had now been completed for staff employed and a recruitment procedure for agency staff was in place.
- Limited systems for monitoring and improving service provision. Audits were undertaken and audit information was available from the practice systems. However the audit information was not being analysed

fully or used to address practice issues. For example we saw the results of a record keeping audit which had identified shortfalls in practice but there was no evidence this had been discussed with the practitioner, and an action plan formulated. The re-audit date identified was not within a reasonable timeframe. We were also shown a monthly print out of the practice activity with comparative data for clinicians. However we were told this was not a formal audit and the information was not fully analysed or used to inform the governance of the practice. No action had been taken to address the significant issues it identified. We saw practice and nurse meeting minutes but there was no information sharing about the outcome of audits and actions required.

- No patient satisfaction survey had been undertaken since the last inspection when this was discussed.
- Lack of support for staff team. We spoke with six members of staff and they told us they did not feel supported in the practice. Staff told us the manager was only in the practice two days a week and was often not available to discuss issues. We were told there was a lack of communication in the practice with the manager. We were shown staff meeting minutes which were filed away. The manager told us they did not have a clear system for communicating the information to staff who were not present at the meeting. The manager told us memos were circulated between the three monthly meetings but they did not have a system to follow up these, to ensure staff had read the information and were acting upon it.
- Since the last inspection the provider had recruited two dentists but one had not stayed at the practice. There had been no adjustment of activity to account for the lack of this member of staff.
- Training records were incomplete and not up to date. Records seen showed the provider did not understand the requirement of the regulation and the shortfall had not been adequately addressed. The training records seen remained incomplete and were not being appropriately monitored. For example we saw three staff files and they contained a print out of the GDC front sheet of a Continuing Professional Development (CPD) record but no detail of training undertaken and when it

Are services well-led?

needed updating. For one person the manager told us they had not wished to share their CPD with them and the provider had not followed this up with the individual.

The practice had made few improvements and a further Warning Notice was served:

The above showed the provider had taken limited action to address the shortfalls we found when we inspected on 4 June 2017.

Enforcement actions

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>The provider did not have effective systems in place to ensure that the regulated activities at Regency Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The systems in place for assessing, monitoring and mitigating risk were limited. Actions to mitigate identified risks had not been fully implemented.• Other risks not addressed not all staff had received fire training or were aware of how to use fire extinguishers.• Systems and processes in place for the monitoring of staff by way of induction and appraisal were not operated effectively and the training records were incomplete and not monitored.• There was no clear communication system with the staff team for sharing information from meetings or audits.• Limited systems for monitoring and improving service provision – some audits undertaken with results but not always fully analysed and acted upon in an acceptable time frame.• Lack of support for staff team• Limited management of staff absence and adjustment of service provision.• Training records were incomplete and not up to date.

This section is primarily information for the provider

Enforcement actions

- The practice had limited systems that were not operated effectively for staff support, professional development, supervision and appraisal to enable them to carry out their duties.
- The provider did not have any system for monitoring staff training to ensure all continuing professional development was completed to ensure clinicians were able to meet the registration requirements of their profession.

Regulation 17.1