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Digmoor Dental Practice

Inspection report

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Overall summary

We undertook a follow-up focused inspection of Digmoor Dental Practice on 7 December 2020. This inspection was carried out to review in detail the actions taken by the 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 Digmoor Dental Practice on 24 January 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the provider was not providing safe or well-led care and was in breach of regulations 12, 17 and 19 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 Digmoor Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it safe?

• Is it well-led?

Our findings were:

Are services safe?

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

The provider had made improvements in relation to some of the regulatory breaches we found at our inspection on 24 January 2020.

Are services well-led?

Summary of findings

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

The provider had made insufficient improvements to put right the shortfalls and had not responded to all the regulatory breaches we found at our inspection on 24 January 2020.

Background

Digmoor Dental Practice is in a residential suburb of Skelmersdale. The practice provides NHS and private dental care for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including for people with disabilities, is available outside the practice.

The dental team includes two dentists, four dental nurses, (three of whom are trainees), who also cover reception duties, one dental hygienist and therapist and a practice manager. The practice has two 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.

During the inspection we spoke with three dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9.00am to 5.00pm

Friday 9.00am to 4.00pm

Our key findings were:

- Infection control and decontamination processes reflected nationally recognised guidance.
- Improvements had been made to the processes for obtaining Disclosure and Barring Service checks.
- Further improvements were required to the process for ensuring unknown responders to the Hepatitis B vaccine were appropriately risk assessed.
- Some improvements had been made to the systems for managing the risks associated with the carrying out of the regulated activities. Further improvement was required to the system for ensuring the risks associated with fire, Legionella and the use of radiation are fully managed.

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 regulations the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 24 January 2020 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice. At the inspection on 7 December 2020 we found the practice had made improvements to comply with some of the Regulations:

- The provider had taken action to address the deterioration to the cupboards and drawer handles in the surgery cabinetry. These areas were now cleansable and promoted improved infection control.
- At the previous inspection staff were unclear about the specific tests which needed to be carried out on the instrument sterilisers. At the follow-up inspection staff were fully aware of the tests which needed to be carried out. This was in line with guidance as laid out in The Health Technical Memorandum 01-05: Decontamination in primary care dental practice guidance published by the Department of Health.
- A new Legionella risk assessment had been carried out in February 2020. There were some recommendations for action in this risk assessment. When we reviewed the monthly water temperature testing, we noted these were not reaching the temperature as stated in the risk assessment. In addition, the assessment report had recommended that the air conditioning unit required inspecting and maintaining annually. This had not been done.
- The system for ensuring Disclosure and Barring Service (DBS) checks were carried out appropriately had been reviewed. We saw evidence of DBS checks for all staff including a new member of staff who had been recruited since the previous inspection. In addition, we saw evidence of professional registration and appropriate medical indemnity for the member of staff for whom it was missing at the previous inspection.
- We reviewed records relating to the immunisation of staff against the Hepatitis B virus. We reviewed three records and saw that for one there was evidence of adequate immunity to the Hepatitis B virus. The two other members of staff had either not completed the full vaccination course or not had a test to determine immunity. Further, a risk assessment had not been undertaken for these members of staff.
- A fire risk assessment had been carried out and we saw that some of the high and medium risk actions had been addressed. However, others had not. These included carrying out a fixed wire installation test, (we were told this was due to be carried out two days after the inspection), installing additional plug sockets in the office and reception area, identifying if all doors are fire resistant and ensuring holes around service pipework are filled in to prevent spreading of fire and smoke in the event of a fire. Staff were due to complete fire awareness training in January 2021.
- Local rules were available describing the safe use of the X-ray machines. We saw advice had been sought from the Radiation Protection Advisor about the direction of the X-ray beam when taking X-rays. Specific radiation protection measures had been developed detailing the process which needed to be followed when taking an X-ray.
- Since the previous inspection the X-ray machines had been subject to a further routine test. One of the X-ray machines was still out of use. For the other X-ray machine, the routine test stated the timings of the X-ray exposure differed by more than 10% from the exposure time set. It had recommended that advice from the practice's Medical Physics Expert be sought. This had not been done. We also noted that the isolation switch in one of the treatment rooms was not at, or as close as possible to the operator's position when taking an X-ray. We discussed this with staff who assured us this would be addressed.
- We discussed the process for reporting significant events with staff. They told us that these would be reported to the practice manager and recorded in the accident book. We were told that significant events were discussed at team meetings or huddles. We saw evidence of significant events which had been documented.
- Improvements had been made to the security and tracking of prescription pads. We were shown a log sheet which was maintained for individual prescriptions which included the prescription number. We noted there were no individual logs for each prescription pad. We discussed this with staff who told us this would be implemented which would make it easier to identify if a prescription was to go missing.

Are services safe?

These improvements showed the provider had taken action to comply with some of the regulations when we inspected on 7 December 2020.

Are services well-led?

Our findings

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

At our previous inspection on 24 January 2020 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 our enforcement notice. At the inspection on 7 December 2020 we found the practice had made insufficient improvements to comply with the Regulations:

Some systems and processes had been implemented to monitor the quality and safety of the service and make improvements where required, for example, in relation to ensuring staff had up-to-date knowledge and skills and in relation to patient referrals.

- Staff showed us the current training records. This showed that staff were all up-to-date with the General Dental Council's recommended continuing professional development.
- Staff described the system for monitoring patient referrals. A system had been implemented to effectively track patient referrals and ensure significant dates were recorded.
- Improvements had been made to the recruitment process. However, there were no references for two members of staff on the day of inspection.

The systems in place to ensure the risks associated with the carrying out of the regulated activities were not working effectively:

- The latest routine test for one of the X-ray machines had stated that advice from the MPE was required. This had not been done.
- The risks associated with Legionella had not been fully addressed in line with the new risk assessment carried out in February 2020.
- Not all actions highlighted in the fire risk assessment dated April 2019 had been addressed.
- The system in place for mitigating the risks associated with individual staff members where their immunity to the Hepatitis B vaccination was not yet established was not effective. There were no risk assessments in place for two members of staff whose immunity was not known.

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 **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** **How the regulation was not being met:** **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.** • The registered person had not fully addressed the risks associated with fire highlighted in the fire risk assessment. • The registered person had not fully addressed the risks associated with Legionella highlighted in the Legionella risk assessment. • The registered person had not addressed the risks associated with individuals where their immunity to the Hepatitis B vaccination was not yet established. • The registered person had not taken all practicable steps to ensure the risks associated with the use of radiation were appropriately managed. **Regulation 17 (1)(2)**