

Fogg, Whittingham and Casserley Roch Valley Dental

Inspection Report

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Overall summary

We undertook a follow-up focused inspection of Roch Valley Dental on 19 October 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.

We undertook a comprehensive inspection of Roch Valley Dental on 15 May 2018 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 in accordance with the relevant regulations 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 Roch Valley Dental on our website www.cqc.org.uk.

When one or more of the five questions are 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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 15 May 2018.

Background

Roch Valley Dental is in Rochdale and provides NHS and private treatment for adults and children.

There is a ramp at the side of the premises for people who use wheelchairs and those with pushchairs. The practice has a free car park, which includes spaces for blue badge holders.

The dental team includes seven dentists (two of whom are foundation dentists), 20 dental nurses (four of whom are trainees), three dental hygiene therapists, three receptionists and a practice manager. The practice has seven treatment rooms. Roch Valley Dental is a foundation training practice. Dental foundation training is a post-qualification training period, mainly in general dental practice, which UK dental graduates need to undertake to work in NHS practice.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Roch Valley Dental was the practice manager.

During the inspection we spoke with 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 Friday 8:30am to 5:45pm

Our key findings were:

- The practice had systems to identify and manage risk effectively.
- The practice had improved safeguarding processes.

- Staff files had been reviewed and now contained evidence of photographic identification, indemnity and immunity.
- The safety and use of radiography had been reviewed.
- A system was in place to audit radiography and infection prevention and control.
- The practice had introduced a sedation policy, this was in line with nationally agreed guidance.

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

- Review the process to track and monitor the use of NHS prescription pads.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service. This included establishing clear roles and responsibilities for the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

We saw how the practice manager had prioritised the areas of concern to ensure that the appropriate action was taken to address them. They introduced systems to prevent the re-occurrence of the concerns. Staff meetings showed that the whole practice team had been involved in the improvement plans and all staff had worked together to implement these.

The practice had systems to identify and manage risk effectively. Risk assessments and action plans were in place and we saw evidence of improvement. For example, in the areas of radiography, staff immunity, sedation, waste segregation, lone workers, Legionella, hazardous substances and the validation of decontamination equipment.

A system was in place to audit radiography and infection prevention and control. Action plans were in place and a re-audit of radiography showed a demonstrable improvement.

The practice had systems to receive patient safety alerts and report adverse reactions. Prescription pads were stored securely. We noted the system to document all prescriptions would not identify if a prescription was missing. The practice manager assured us this would be addressed.

The practice had improved safeguarding processes. A safeguarding information board had been provided and all staff had completed safeguarding training to the appropriate level.

Staff files had been reviewed and now contained evidence of photographic identification, indemnity and immunity.

No action



Are services well-led?

Our findings

At our previous inspection on 15 May 2018 we judged the provider was not providing well-led care and told the provider to take action as described in our requirement notice. At the inspection on 19 October 2018 we found the practice had made the following improvements to comply with the regulation:

- A handheld X-ray device was in use. Evidence was seen that the radiation protection adviser (RPA) had been consulted regarding the risk assessing and use of this device. A policy and risk assessment were in place for its use. The operators of this device wore dosimetry monitoring devices. Dosimetry is the measurement, calculation and assessment of the ionising radiation dose absorbed by the human body.
 - The practice had engaged the services of an occupational health service to obtain evidence of hepatitis B immunity for staff. We saw evidence of immunity for all members of staff. One staff member was identified as a low responder. A risk assessment was in place for them and their duties had been restricted to prevent accidental exposure.
 - A sedation policy was in place. We saw evidence that staff ensured that vital signs were monitored, and documented in the patient care record, at the appropriate intervals during sedation treatment. The practice manager attended a sedation update course to support them to ensure this was in line with current, nationally agreed guidance. The sedation nurse was also booked to attend sedation update training. Post-operative instructions had been updated to include emergency contact information.
 - A new waste segregation policy was in place and all staff had received training to ensure that waste was segregated appropriately.
 - A Legionella risk assessment had been carried out and all recommendations had been addressed. These included monitoring water temperatures, providing staff training and ensuring the boiler was serviced.
 - Data loggers were installed on all sterilisers to consistently record sterilisation cycles and a system of validation was in place.
 - A system was in place to audit radiography and infection prevention and control. Action plans were in place. The radiography audit had identified an issue with the positioning of X-rays in the mouth. This was discussed with clinicians and a re-audit showed a demonstrable improvement from 72% of grade one X-rays to 94%. The percentage of grade three films had reduced from 4% to 2%. Grade three X-rays are diagnostically unacceptable.
 - Risk assessments were in place for hazardous substances.
- The practice had also made further improvements:
- The security of prescription pads had been reviewed and these were stored securely. A system was in place to document all prescriptions. We noted that this system would not identify if a prescription was missing. The practice manager assured us this would be addressed.
 - The practice had a system to receive patient safety alerts and ensured that staff were aware of the process to report any adverse reactions to medicines.
 - The process for checking emergency medical equipment had been improved to include all the items recommended by the Resuscitation Council UK.
 - The practice had reviewed the use of closed circuit television system (CCTV). They ensured it's use complied with General Data Protection Regulation (GDPR) requirements. Signs were displayed internally and externally to advise people they were being recorded.
 - The sharps risk assessment had been reviewed, this showed that all sharps had been assessed and the risks discussed with staff. No sharps incidents had occurred since the previous inspection. The practice manager was aware of the importance of documenting their investigation and any outcomes in the event of a future sharps injury.
 - Staff files had been reviewed and now contained evidence of photographic identification, indemnity and immunity.
 - The practice had improved safeguarding processes. A safeguarding information board had been provided and all staff had completed safeguarding training to the appropriate level.
 - A lone worker risk assessment was now in place to ensure the safety of employees.

Are services well-led?

We saw how the practice manager had prioritised the areas of concern to ensure that the appropriate action was taken to address them. They introduced systems to prevent the re-occurrence of the concerns. Staff meetings showed that the whole practice team had been involved in the improvement plans and all staff had worked together to implement these. Systems had been improved to ensure effective communication between staff. For example, a monthly practice newsletter was sent to all staff members which highlighted any risk areas and celebrated success.

The practice was building on these improvements by engaging with the locality Oral Health Promotion Unit and participating in local oral health improvement projects.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulation when we inspected on 19 October 2018.