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JD Dental Surgery

Inspection Report

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Overall summary

We undertook this unannounced focused inspection on 19 July 2016 to check that the provider had made the improvements we required at a previous inspection of this practice on 18 June 2015, when a breach of legal requirements was found.

At this focused inspection we checked to ensure that they had followed their plan and to confirm that they now met legal requirements. This report covers our findings in relation to those requirements. We also received some information of concern prior to our inspection; these issues were reviewed as part of this process. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for JD Dental Practice on our website at www.cqc.org.uk

Our findings were:

Are services well-led?

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

Background

CQC inspected the practice on 18 June 2015 and asked the provider to make improvements regarding Regulation 17 of the Health and Social Care Act. We checked these areas as part of this follow up inspection and found that not all actions had been completed. However, when we arrived for this inspection we found the practice was closed to patients as a refurbishment was under way, and the plans included improvement work against some of the points in the previous inspection report.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

We identified regulations that were not being met and the provider must:

- Ensure the practice's infection control audits, procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

You can see full details of the regulation not being met at the end of this report.

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

- Review systems for recording accidents and other significant events to ensure that remedial action and learning takes place when adverse incidents occur.
- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review and consistently apply recruitment procedures which fully reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review and improve staff induction process to include a structured assessment of the competence of new staff for their role and responsibilities.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practices complaints procedures and establish an effective procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients.
- Review systems to ensure that staff are aware of all policies and procedures that are in place.

Other areas for improvement covered in the refurbishment were to review the suitability of the decontamination room and staff kitchen facilities and to implement the findings of the Disability Discrimination Act 2005 assessment.

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?

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

At our previous inspection of the practice in June 2015 we identified that governance arrangements in place were not robust. We reviewed the action taken to address issues raised during this inspection and found that the practice needed to take further action to meet regulatory requirements. Refurbishment of the practice had commenced, this included painting, fitting a new stair rail and work was underway to provide a new office. The practice was closed during this inspection due to the refurbishment work. We were told that the practice had also been closed previously for a few days due to the painting and decorating work. We saw that plans were in place for a new layout for the decontamination room. New policies and procedures had been implemented; although there was some confusion as the practice manager had started to develop other policies and had not read the policies introduced by the business manager. We identified that systems were not in place to ensure that equipment and medicines to be used in an emergency were available and within their use by date. There was no system to ensure that sterilised dental instruments were within their use by date and the practice had not completed any risk assessments or audits. Although templates had been developed for use by staff.

Requirements notice 

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Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We completed an unannounced inspection of the service on Tuesday 19 July 2016 to identify whether governance arrangements had been improved upon and the issues identified at our inspection of 18 June 2015 addressed. This report only covers our findings in relation to those requirements. This inspection was led by a CQC inspector and supported by a specialist dental advisor.

At the time of our inspection the practice was having some internal refurbishment work completed. The receptionist, practice manager and business manager were on the premises. Since the last inspection of the practice the whole staff team, apart from the principal dentist had changed. The practice currently employed a full time practice manager, a receptionist, dental nurse, human resources officer and a business manager. None of these staff had worked at the practice for more than four months.

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Are services well-led?

Our findings

Governance arrangements

At our previous inspection on 18 June 2015 we found that the practice did not have structured arrangements for regularly reviewing and improving the quality of service or to monitor and mitigate the risks relating to the health; safety and welfare of patients, staff and visitors. For example the practice was unable to provide assurances that the dentist used a rubber dam (or suitable alternative) for root canal treatments. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. The practice had not been recording significant events, accidents or complaints to ensure that remedial action and learning took place when adverse incidents happened.

The practice did not have effective recruitment procedures in place and had accepted disclosure and barring service checks (DBS) from previous places of employment. Induction records seen did not record details of the dates information or training was provided during the induction period and had not assessed their competence in a structured way.

There was no system to help the practice monitor General Dental Council (GDC) registration, current professional indemnity cover and indemnity status.

The practice had completed an assessment of the access to the building in accordance with the Disability Discrimination Act 2005. This identified that the practice needed improved access and facilities for patients with disabilities, including a properly equipped toilet. This work had not taken place but was included in the refurbishment plans.

Some of the policies, systems and processes had not been reviewed for up to four years, for example the whistleblowing policy which referred to the primary care trust, a body which no longer exists. There were a number of health and safety related policies such as manual handling and display screen equipment but several of these were dated October 2010 and had not been reviewed or updated.

There were a number of infection control related issues. For example the practice had not completed six monthly audits of infection prevention and control arrangements to ensure these were maintained in accordance with guidance from the Department of Health. Decontamination of used dental instruments took place in a dedicated decontamination room. The placement of equipment in the room made it difficult to reduce the risk of cross contamination. The illuminated magnifier used to check that debris has been removed from dirty instruments was located in the clean area of the room. There was no separate hand wash basin in the decontamination room and staff had to go through this room to the staff kitchen. These shortfalls will be addressed by the refurbishment work. There was a washer disinfector which was not working and we were told that it was rarely used. There was no protective face visor in the decontamination room and the dental nurse wore the same one they used in the treatment rooms.

The policy and procedure for the safe use of dental sharps was last updated in 2010. This did not reflect the requirements of the Health and Safety (Sharps Instruments in Healthcare) Regulation 2013 or the EU Directive on the safer use of sharps which came into force in 2013.The practice had not developed a risk assessment and protocol about the recapping of needles following use.

The outside of the building and some internal areas showed visible signs of wear and tear such as flaking paintwork.

The practice had a number of risk assessments but many of these had not been reviewed or updated since 2010.

The practice did not have an established effective system for handling and responding to complaints made by patients.

Staff meeting minutes did not contain any information about shared learning with the practice or demonstrate that discussions included improving and developing the service.

We discussed the refurbishment of the practice with the business manager. We saw that the stairs and reception area had been painted. A new hand rail had been fitted to the stairway. External contractors were on the premises working on another stairway so that a second floor room could be used as an office for the management team. The practice was due to open again on Thursday 21 July 2016. We discussed other work planned which included a two storey extension to the practice to incorporate another dental treatment room on the ground floor, toilets for use by patients with restricted mobility and a staff room. We

saw a letter from an architect regarding this. We were told that the practice was awaiting planning permission before work could commence. We were also shown a copy of plans regarding enlarging the decontamination room. We were told that this work would start once the practice had decided upon the most appropriate layout to meet their needs. The business manager told us that policies and procedures and staff records were not available on the premises due to the building work taking place. We asked the business manager to provide us with this paperwork for review at this inspection. Policies and procedures and staff records were made available to us.

We discussed the practice's policies and procedures with the business manager and practice manager. The business manager showed us a new system that had been introduced. The practice had purchased policies and procedures. These were adapted to meet the needs of the practice and were available on the practice's computer system. Staff were able to access these policies and the business manager, principal dentist and practice manager were able to log on to the computer system to check which policies had been reviewed by staff and for how long. We were told that the management team could add a reading list for staff. Policies that had been adapted had been printed off and were kept in clearly labelled files. The majority of policies we looked at were dated June 2016. We looked on the computer system and saw that one member of staff had looked at a small number of these policies. During discussions with the practice manager we noted that they had started to develop their own policies as they felt that they needed this documentation on the premises. The practice manager had not read the policies newly implemented by the business manager. The practice could not provide us with an assurance that all staff had read, understood and were willing to work in accordance with the newly implemented policies.

We asked to see the recruitment files of staff newly employed since the last inspection. The business manager provided us with some information. We saw that disclosure and barring service checks (DBS) had been obtained using an on-line service. DBS checks help to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We were provided with limited amounts of information for staff. For example we saw one reference for the practice manager, an induction checklist for a dental nurse who no longer worked at the practice and information regarding the new dental nurse's hepatitis B status. Staff had been given a copy of a staff handbook and there was also a training log to record details of training undertaken. The training logs that we saw were all blank. We asked to see documentary evidence to demonstrate that the practice were following their recruitment policy. We were told that all staff underwent telephone screening before their initial face to face interview. We saw a copy of an email sent to the practice manager, prior to his employment at the practice, inviting him to attend telephone screening. There was no other documentation regarding this.

The practice employed a part time human resources officer who completed paperwork regarding annual leave and salaries and we were told that this person may have some of the missing paperwork. We were told that the practice had not had the time to develop recruitment files for individual staff due to the other work taking place. We looked at the practice's newly developed recruitment policy. This gave detailed guidance of the recruitment process including paperwork to complete and information to be obtained. The practice could not clearly demonstrate that they had followed their recruitment policy when employing new staff.

We looked at the induction records for the dental nurse. We saw that newly implemented documentation was available which would enable staff to record when information had been demonstrated to them, assessed and reviewed. We saw that three month probationary review documentation was also available. Neither the practice manager, nor the dental nurse had been in post long enough to have the three month review paperwork completed. It was difficult to identify from paperwork seen that the induction process would be robust as there were no fully completed induction records.

Whilst looking at staff General Dental Council (GDC) certificates we identified that the practice manager and dental nurse were required to renew their GDC registration by 31 July 2016. We asked for evidence to demonstrate that this had been completed. We were told that the practice manager was currently in the process of re-registering with the GDC but the business manager and practice manager were unsure about the dental nurse as this nurse may be

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leaving the employment of the practice. We were not provided with assurances that systems were in place to ensure that staff remained registered with their professional body the GDC.

We discussed the use of rubber dam with the practice manager. We saw that a rubber dam kit was available in the store room. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). We were unable to find a rubber dam kit in the principal dentist's room. Following this inspection we received email confirmation that the rubber dam kit had been moved to the dental treatment room for use when required.

We asked the business manager if the practice had received any complaints since the last inspection. We were told that there had been no formal written complaints. We were shown brief details recorded on a log sheet regarding a verbal complaint. Staff we spoke with were aware of the complaint and the action taken to address the issues raised. We were told that the principal dentist had telephoned the patient to speak with them. The information recorded in the complaint log did not record sufficient information to demonstrate that the complainant was satisfied with the outcome of the complaint investigation. We looked at the patient's care records as we were told that details of the complaint were recorded there. There was no information regarding the complaint, only brief details of the treatment provided.

We discussed risk assessments and audits with the practice manager and business manager. The practice manager had started to complete an infection prevention and control audit and we were told that this would be completed by August 2016. We saw blank standard copies of audits on the computer system but were told that staff had not completed these as yet. Audits were available regarding infection control, personnel information, control of substances hazardous to health (COSHH), administration, X-rays and NICE guidelines. The business manager confirmed that staff would be given lead roles and also the responsibility for completing these audits.

We discussed accidents and incidents with the business manager. We were shown an accident book with one accident recorded. Staff we spoke with were aware of the accident and the action taken to try and reduce the risk of the accident re-occurring. We looked at the agenda for a recent staff meeting and saw that this accident had been a topic of discussion. We were told that there had also been one staff accident which had been recorded in a separate book. This was a sharps injury and we were told that the staff member had been advised to follow the practice's procedure for sharps injuries. Staff were unable to find the accident book or any other documentary evidence regarding this accident apart from one witness statement completed by another member of staff. The staff member involved in the accident no longer worked at the practice.

We were told that there had been no significant events at the practice and there was therefore no documentary evidence available. However, we had previously discussed incidents at the practice which should have been recorded as a significant event but which had not.

We asked to see the minutes of the most recent staff meetings held. The business manager had been in post since April 2016 and confirmed that since they had been in post there had been two staff meetings. We were shown the agendas for these meetings and were told that the minutes of these meetings had not yet been written.

We discussed infection control and looked in the decontamination room with the practice manager. The practice manager told us that since they had been in post they had implemented some changes regarding infection control. For example they had introduced a clean area work flow pattern. There was no hand wash sink in the decontamination room and we were told that staff were washing their hands in the hygienist's room as this room was rarely used. There was no written information to inform staff of this. The practice manager stated that they intended to put signs up in the decontamination room and treatment room to remind staff where they were to wash their hands whilst undertaking decontamination.

We discussed the use of personal protective equipment used during the decontamination process. We were told that a new system had been introduced and blue visors were to be worn in the treatment room and white for the decontamination room. However we were not shown any evidence to demonstrate that these visors were available for staff use in the decontamination room Following this inspection we received an email which confirmed that the visor had been found and made available in the decontamination room.

Requirements notice

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We discussed the washer disinfector with the practice manager and we were told that this equipment had previously leaked but had now been fixed. A washer disinfector cycle was demonstrated with test strips and saw that the equipment was now in good working order. However we were not shown any records to demonstrate that the washer disinfector had been serviced or maintained.

The practice manager had purchased new colour coded boxes for the transportation of dirty and clean instruments to and from the decontamination room.

We saw that clean pouched instruments in the treatment room did not have an expiry date stamp on them. We looked at the date stamp in the decontamination room and saw that this was set to June 2017. Equipment sterilised after June 2016 had therefore not been date stamped. We were told that all pouched instruments would be put through the decontamination process again and an expiry date stamped on the pouch. We received email confirmation following this inspection to confirm that this action had been completed.

We saw that the practice manager had developed an inoculation injury policy; we were told that this was to be put on display in the ground floor treatment room. We were told that the sharps risk assessment had not been completed.

Prior to this inspection we received some information of concern which was reviewed as part of this inspection process. We looked at the emergency medicines and equipment and reviewed their storage arrangements.

We saw that there were three items in the emergency medicines kit which were out of date. The practice manager told us that emergency medicines and equipment was being monitored but this was not being recorded. We saw that one of the item's expiry date was October 2015. Replacement items were ordered whilst we were on the premises. There was no log sheet to record the expiry dates of emergency medicines or equipment nor was there any documentation to demonstrate that regular checks were made to ensure that all emergency medicines and equipment were in good working order and available for use. We saw that the emergency medicines and equipment were stored at the back of a cupboard and were not easily accessible to staff. After this inspection the business manager forwarded confirmation that the emergency medicines had been moved to a more accessible location and that a log sheet had been developed to monitor and record expiry dates for emergency medicines and equipment. We will check this at our next inspection of the practice. We were told that the practice were in the process of ordering a new small fridge for the storage of dental items. Currently Glucagon was stored in the fridge in the staff kitchen along with staff food items. The new fridge was ordered during this inspection.

We could not see evidence in the dental care records that we reviewed that X-rays has been reported on, graded and there was no justification for taking the X-ray. However the practice manager showed us a quality assurance list where all X-rays were recorded along with grade and image detail. We were told that this information was being collected for a radiography audit. We looked at the records of a patient who had undergone root canal treatment. Records did not clearly record details of the treatment including options discussed. There was no information to demonstrate how the root canal was done and no evidence to suggest that a rubber dam was used.

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 **How the regulation was not being met:** • The practice did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. • The practice could not demonstrate that they had systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors • The infection control procedures and protocols were not suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices. For example there was no hand washing sink in the decontamination room and no information to guide staff where they should wash their hands when completing decontamination of used dental instruments. • There was no audit plan in place to help monitor the quality of the service provided and identify continual improvements. The practice were not completing six monthly infection prevention and control audits. • **The practice's sharps handling risk assessment had not been established and operated to promote the health and safety of staff and patients.**