

Stock Hill Dental Care Partnership

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Inspection Report

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Overall summary

We had carried out an announced comprehensive inspection of this service on 07 January 2016 as part of our regulatory functions where breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

We undertook this focused inspection on 06 July 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stock Hill Dental Care Partnership on our website at www.cqc.org.uk.

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 safe?

The focused inspection concentrated on the key questions of whether or not the practice was safe and well led.

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

We found the equipment in the practice was well maintained and checked for effectiveness. The practice had recently had all of their X-ray equipment inspected and serviced.

There was a safeguarding policy in place, with a named safeguarding lead at the practice. Staff had all completed safeguarding training to an appropriate level. Staff understood their responsibilities in terms of identifying and reporting any potential abused.

We also checked the practice's recruitment policy and procedures. We checked the staff records for two members of staff recruited since the last inspection. We found that the practice had not completed new Disclosure and Barring Service (DBS) checks for these members of staff. They had also not sought references for these members of staff. This contradicted the practice's recruitment policy and action plan. However, the practice was able to demonstrate that DBS applications had been made for these members of staff, although they were not yet complete. The principal dentist assured us that these members of staff were always supervised while working with patients.

No action



Are services well-led?

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

The practice had improved its clinical governance and risk management protocols. These were being shared and discussed by staff. The principal dentist could demonstrate that the changes that had been made had led to improvements in the safe running of the practice. For example, new audits assessing the quality of dental care record keeping, X-ray quality and infection control processes had all been carried out. There was evidence that action had been taken as a result of the infection control and X-ray audits. The principal dentist was in the process of reviewing the record keeping audit, with a view to making further improvements.

A range of other risk assessments had also been carried out and actions had been implemented to improve safety as a result. For example, the practice had carried out a Legionella risk assessment and improved the management and monitoring of equipment needed for medical emergencies.

We noted that some progress had been made with other assessments, such as the Control of Substances Hazardous to Health (COSHH) file, and incident reporting procedures. However, further improvements could still be made.

No action



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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.

We carried out an announced, focused inspection on 06 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 07 January 2016 had been made.

We inspected the practice against two of the five questions we ask about services: is the service safe? And is the service well-led? This is because the service was not previously meeting some legal requirements.

The focused inspection was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments and audits. We also carried out a tour of the premises and spoke with members of staff.

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

We spoke with the principal dentist about the safeguarding protocols for the practice. We found that a range of improvements had been made in this area since the previous inspection.

The practice had a well-designed safeguarding policy which referred to national guidance. Information about the local authority contacts for safeguarding concerns was readily available for staff. There was evidence in staff records showing that staff had been trained in safeguarding adults and children to an appropriate level.

The principal dentist was the named practice lead for child and adult safeguarding. They were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable elderly patients who presented with dementia.

Staff recruitment

During the inspection in January 2016, we identified some concerns regarding recruitment protocols at the practice.

During our follow-up inspection, we found that there was a recruitment policy in place which stated that all relevant checks would be carried out to confirm that any person being recruited was suitable for the role. This included the use of an application form, interview, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council.

We reviewed the recruitment records for two members of staff who had been recruited since the previous inspection in January 2016. We saw that the majority of relevant

documents had been obtained prior to employment for these members of staff. However, the practice had not obtained references for these members of staff, in line with the practice recruitment policy.

At our previous inspection we found that some members of staff had not had a Disclosure and Barring Service (DBS) check prior to employment and there was no formal risk assessment in place in relation to this issue. In the staff records for the two new members of staff, we found that the provider had obtained a copy of a DBS check in relation to both staff members' previous employment. They had not instigated a new DBS check, specific to the practice, before they started work at the practice as indicated in the action plan they sent us after the inspection in January 2016.

The principal dentist sent us evidence via email, one day after the inspection, demonstrating that such applications had now been made. They assured us that these members of staff had not been, and would not be, left unsupervised with patients, at any time, until these checks were complete. (The DBS checks 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).

Equipment and medicines

At our previous inspection, we identified some concerns regarding the maintenance of X-ray equipment. There were three intra-oral X-ray machines and an orthopantomogram (OPG) at the practice.

At this inspection, we found that all of the X-ray machines had all been examined and serviced in June 2016. The documents related to the servicing were held in a radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000.

In summary, following our review on the 06 July 2016, we found evidence which showed that the practice was providing a safe service.

Are services well-led?

Our findings

Governance arrangements

We spoke with the principal dentist about changes to the governance arrangements at the practice since the previous inspection.

We found there were new policies in place, for example, in relation to staff recruitment and for safeguarding children and vulnerable adults. However, a formal policy for the reporting and investigation of incidents was lacking, although the principal dentist had instigated a new significant event reporting form.

There were also new systems for monitoring and reducing risks to patients and staff. The practice's arrangements for managing medical emergencies had been reviewed. We found that the practice held all relevant equipment and medicines in line with guidance issued by the Resuscitation Council UK and the British National Formulary.

The practice's arrangements for managing sharps had been reviewed. There was a risk-reduction protocol about how to handle sharps with a view to preventing injury. Following administration of a local anaesthetic to a patient, needles were not resheathed using the hands and a needle guard was in use.

The practice had also reviewed national guidelines on patient safety. For example, a rubber dam is recommended for use in root canal treatment in line with the guidance supplied by the British Endodontic Society. [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 use of rubber dam was now in use by all dentists at the practice. The principal dentist told us that all dentists had been instructed to provide a clear risk assessment in each patient's dental care record if a rubber dam could not be used for any reason.

A Legionella risk assessment had been carried out by an external contractor in May 2016. Staff were following the recommendations to reduce risk, for example, through monthly temperature testing of the water. (Legionella is a term for particular bacteria which can contaminate water systems in buildings).

There were also arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients,

staff and visitors associated with hazardous substances were identified. Actions were described to minimise identified risks. The principal dentist noted that there were still some items to be added to the file to ensure that all COSHH substances had been reviewed.

There were some further actions the practice should take to improve. This includes putting in place arrangements in for responding promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice.

We found the practice was holding regular staff meetings where key governance issues were reviewed.

Learning and improvement

The practice had carried out three, new audits since the last inspection. These covered infection control, X-ray quality and dental care record-keeping.

The infection control audit had been carried out by an external advisor from NHS England. The practice could demonstrate that they were in the process of implementing the actions recommended in the audit report. For example, adjustments had been made to sinks in the treatment rooms. The X-ray audit had identified some staff concerns with operating new equipment. This had led to further discussion and review of the correct procedures.

The record keeping audit had successfully demonstrated some areas for improvement, for example, around the recording of consent and use of the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). The principal dentist told us they were in the process of reviewing the audit prior to meeting with staff to discuss methods for improvement.

Overall, there was evidence of a process of continual improvement to the premises and equipment. For example, the practice had invested in new sterilising equipment and new sinks.

Staff had engaged in additional training within the past six months with a view to ensuring that they maintained the necessary skills to meet the needs of the patients visiting the practice. For example, all staff had completed training in responding to medical emergencies and in safeguarding children and vulnerable adults. There was also evidence that clinical staff had completed some formal training in the Mental Capacity Act (2005). (The Mental Capacity Act

Are services well-led?

2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

In summary, following our review on the 06 July 2016, we found evidence which showed that the practice was providing a well-led service.