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Dovecot Health Centre

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Dovecot Health Centre on 21 August 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 carried out by a CQC inspector.

We undertook a comprehensive inspection of Dovecot Health Centre on 22 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 Dovecot Health Centre 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 22 May 2018.

Background

Dovecot Health Centre is located in Liverpool and provides NHS treatment to adults and children. A small amount of private dentistry is also offered.

There is level access for people who use wheelchairs and those with pushchairs. Car parking is available in the roads around the practice, with a limited number of spaces immediately outside the building.

The dental team includes two dentists and three dental nurses. The dental nurses also provide reception and administrative support. 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 two dentists and one dental nurse. We looked at revised and updated practice policies and procedures and other records about how the service is managed.

Summary of findings

The practice is open Monday to Thursday from 9am to 12.45pm and from 2pm to 5.30pm. Friday opening times are from 9am to 12.45pm and from 2pm to 5pm.

Our key findings were:

The provider had acted to make improvements in all areas of governance, including those we highlighted as being in breach of regulations. We found:

- There were systems in place to monitor staff training requirements, including updates on infection prevention and control, safeguarding of adults and children and relevant notifications to CQC, and training on the prevention and management of risk of sepsis.
- Risk assessments were in place in respect of any mercury spillage and for use of latex products and sharps.
- Water temperature checks were in place to support the safe manual cleaning of dental instruments.
- The issue of prescription pads was monitored and recorded; all prescriptions issued could be tracked back to individual clinicians.
- All required recruitment checks for all staff were in place.
- Governance systems were in place to ensure oversight of surgery cleaning and to ensure effective infection control and clinical audit.
- Practice policies and procedures had been reviewed and updated, including the safeguarding policy, to include the safeguarding of vulnerable adults.
- Safeguarding training which included help and guidance for staff on recognising potential cases of modern day slavery, was in place.
- The data protection policy had also been updated to take account of the new General Data Protection Regulation, effective from May 2018.

Summary of findings

The five questions we ask about services and what we found

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 all areas of management of the service. For example:

- Systems and records in place demonstrated that staff recruitment checks, monitoring of staff training and appraisal of trainee staff had sufficient managerial involvement and oversight.
- Governance processes were improved. This covered regular clinical audit, security checks on the issue of prescriptions, oversight of cleaning of surgeries and audits of the decontamination process.
- Risk assessments had been updated to ensure these provided accurate guidance for staff, for example, when handling sharps.
- The practice had invested in equipment to reduce the risk of sharps injury, following updating of the risk assessment in relation to sharps.
- Policies and procedures had been updated. For example, all staff had received training on the new General Data Protection Regulation. The practice had moved to use of encapsulated amalgam only and risk assessments in place reflected this.

No action



Are services well-led?

Our findings

At our previous inspection on 22 May 2018 we judged that the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the follow-up inspection on 21 August 2018 we found the practice had made the following improvements to comply with the regulation(s):

There were systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- A system in place to monitor when staff required continuous professional development training, for example, infection prevention and control, safeguarding adults and children, notifications to the CQC, prevention and management of Sepsis.
- The practice had made the move to using encapsulated amalgam only. There was a comprehensive risk assessment in place for any staff exposed to mercury, in particular for staff that may be pregnant. Other updated risk assessments included one for latex products and for the use of sharps.
- Water temperature checks were in place, to support the safe manual cleaning of dental instruments.
- Records of prescription pads issued to dentists were kept enabling tracking and monitoring of prescriptions.
- All required recruitment checks were completed for all members of staff.
- Managerial oversight of environmental and general surgery cleaning was in place.
- General governance arrangements were improved. This included the completion of monthly audits on decontamination processes, six monthly infection control audits, increased audit of patient records and audit of radiography.

The practice had also made further improvements

- The principal dentist had invested in several devices for safe removal of sharps from syringe barrels. These were in use when we revisited the practice.
- The senior dental nurse who also acted as a head receptionist was receiving training to enable them to manage governance processes, to better support the practice moving forward.
- Appraisal arrangements were in place for trainee dental nurses placed at the practice. Previously, there was no input into appraisals by the dentists that the trainee nurses worked with on a daily basis.
- Check sheets to monitor the standard of cleaning across the practice, were signed by a different member of staff, improving the chances of any deficiencies being picked up quickly.
- Clinical waste was more clearly labelled and audits on this confirmed staff disposed of waste in accordance with guidance and regulations.
- Staff were using additional features of the practice computer system for identification of patients' subject to any safeguarding concerns.
- Keyboard covers were fitted on computers in clinical rooms for ease of cleaning and improvement to infection prevention and control.
- An updated policy was in place for bagging of instruments and the management of these in each surgery, reducing the possibility that dental instruments would be available for use by clinicians, beyond their 'use by' date.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulations when we inspected on 21 August 2018