Kings Heath Dental Practice

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this practice on 25 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations.

A breach of legal requirements was found and we judged that the practice was not providing well-led care in accordance with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection 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 Kings Heath Dental Practice on our website at www.cqc.org.uk.

We carried out this announced follow up inspection on 17 July 2017 to ask the practice the following key question: Are services well-led?

Our findings were:

Are services well-led?

We found that the provider had taken effective action to deal with the shortfalls we found at our inspection on 25 November 2015. We found that this practice was providing well-led care in accordance with regulation 17.

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?

No action

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

The provider had made a range of improvements to the overall governance of the service. This included purchasing of new emergency medical equipment and medicines and repair of damaged work surfaces in the dental hygienist's treatment room. The provider had purchased rubber dam kits and these were within their expiry date and ready for use if required. The infection prevention and control procedures had been reviewed in relation to legionella. A water line management policy had been developed and water temperatures were being checked and recorded on a monthly basis.

The provider had also completed some risk assessments that were missing at the previous inspection. This included the fire and health and safety risk assessment and completion of a risk assessment regarding dental hygienists working without chairside support. The practice had completed a cleaning audit.

The practice was now monitoring the temperature of the refrigerator.

We were told that some policies and procedures had been amended to meet the needs of the practice but this was an ongoing task and would be completed during the annual review of all policies.

Induction records seen demonstrated that newly employed staff were in the process of completing their induction to the practice. We were shown the induction records for four staff members. Not all of these records had been dated or signed. A new induction record had been developed for use by any agency staff who worked at the practice. We were shown a copy of a completed record for an agency staff member recently used. We were not shown evidence to demonstrate that all staff had completed infection prevention and control training. This information was not available for all staff on the day of inspection but copies of training certificates were forwarded to us by the provider following this inspection.

Other information was not available on the day of inspection and was forwarded by the provider following the inspection. Sufficient evidence was provided to demonstrate actions taken. For example we were told that DBS checks were in the process of being completed for all staff where certificates were not already available and we were shown invoices to demonstrate this. Evidence was provided to demonstrate that DBS certificates had been obtained for other staff. We were provided with information to demonstrate that staff were immune to Hepatitis B and where this information was not available the risk to staff had been assessed and adequately mitigated.

Kings Heath Dental Practice

Detailed findings

Background to this inspection

Kings Heath Dental Practice provides both NHS and private dental care for adults and children. The practice is situated in a converted residential property with some patient facilities on the ground floor and some on the first floor of the property. The practice has four dental treatment rooms and a separate room used to complete part of the decontamination process. There is also a reception and waiting area.

Services provided include general dentistry, dental hygiene and cosmetic dentistry such as white fillings.

The practice is open from 8am to 6.30pm Monday, 8am to 6pm Tuesday and Thursday, 8am to 5.30pm Wednesday and 8am to 5pm Friday. The practice closes for lunch between 1pm to 2pm.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

The practice has three part-time dentists. They are supported by two dental nurses, two trainee dental nurses, two part time dental hygienists and four receptionists.

No action

Are services well-led?

Our findings

Governance arrangements

At our inspection on 25 November 2015 we found shortfalls in the practice's governance procedures. We judged that the practice was not well led and made a requirement notice. At the inspection on 17 July 2017 we noted the practice had made the following improvements to meet

the requirement notice:

The provider had purchased both pediatric and adult sized AED (defibrillator) pads and we saw that these were in date and available for use. The provider had also purchased all sizes of oropharyngeal airways and these were available in the medical emergency kit.

Emergency medicines such as glucagon, midazolam and adrenalin had been purchased and these were within their expiry date. Emergency medicines and equipment were being checked on a regular basis in accordance with the resuscitation council guidelines.

We were told that DBS checks were locked in a drawer and not accessible during this inspection. However the head dental nurse had put a pack of information for review during this inspection. This contained some DBS checks completed for staff. The head nurse told us that the provider was in the process of updating all DBS to enhanced checks. We were shown invoices to demonstrate that DBS checks had been completed for some staff. Following this inspection we were forwarded copies of DBS checks. The information seen on the day of inspection and that forwarded following this inspection demonstrated that all staff either already had a DBS check or were in the process of having up to date checks completed.

Staff were unable to find the Health and safety risk assessment completed in February 2017, the provider forwarded a copy of this document following this inspection. Details of action taken to address issues identified were detailed. The risk assessment had an annual review date recorded.

We were shown a copy of the Fire risk assessment which had been completed by an external professional. Evidence was available to demonstrate that the provider had acted upon the findings of the assessment. For example loose electrical wiring in the garage was fixed to the wall, additional emergency lighting was fitted above the garage door leading to the reception, carbon monoxide detectors were fitted and an additional interlinked smoke detector was fitted in the garage. Portable electrical appliances had been tested and compressor service and maintenance records were available. The risk assessment recorded that a further review should be completed on 25 January 2017. There was no documentary evidence to demonstrate that this had been completed.

Fire training was completed by staff in February 2016. We were told that in-house training had been completed by any newly employed staff.

Fire safety checks were now being completed on a regular basis. A check form was also kept at reception which was used to ensure the required checks were being undertaken.

A detailed cleaning audit and risk assessment had been completed in May 2017. Issues for action had been identified and the date to be completed by was recorded. We were told that the issues had been addressed.

We were shown some evidence to demonstrate that staff had completed infection prevention and control training. Copies of training certificates for three staff demonstrated that these staff had completed infection prevention and control training recently. However evidence was not available for all staff and we were told that this was locked in a cupboard and staff did not have access to this information. The provider, who was not present during this inspection, had the key to this cupboard. Following this inspection the provider forwarded copies of training certificates demonstrating that staff had completed this training during 2017.

A lone working policy had been developed along with a risk assessment completed for each dental hygienist who worked without chairside support; although these had not been dated or signed. Each hygienist had also been provided with a copy of the CQC myth buster regarding lone working in a dental care setting. We were told that staff were always available on the premises in case of medical emergency and dental nurses could provide support to hygienists if required

Information regarding the immunisation status of staff was not available for review during this inspection. Information was forwarded within 48 hours of this inspection regarding seven clinical staff who work at the practice. We found that in some cases, although there was evidence of vaccinations to the members of staff there was no evidence on record

No action

Are services well-led?

that the staff members were immune to Hepatitis B. Following this inspection the provider forwarded further information which demonstrated that all staff were either immune to Hepatitis B or, where this information was not available, the risk to the staff member had been assessed and adequately mitigated.

Appropriate colored clinical waste bags were seen in use throughout the practice in line with the recommendations of HTM 01 – 07.

On the day of this inspection we saw that two dental materials in a treatment room had passed their expiry date.

We were told that stock rotation and checking systems had been implemented. This documentation could not be located by staff during this inspection. A blank copy of the stock checking system was forwarded to us following this inspection. This included a check of each dental treatment room and stock storage room. Items nearing expiry were to be recorded along with details of the date disposed and new stock ordered.

Notices regarding the use of X-ray machinery were now in place on treatment room and other doors where X-ray machinery was located.