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Midland Smile Centres - Handsworth

Inspection Report

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Overall summary

We carried out a focussed follow-up inspection on 5 July 2016 to check the practice had achieved compliance following our inspection of 30 January 2015. We concentrated on the following key question: Are services safe?

Our findings were:

Are services safe?

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

Our key findings were:

- Patients could be assured the practice was carrying out robust recruitment checks on new members of staff.

- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.
- There were systems in place to record accidents, significant events and complaints, and where learning points were identified these were shared with staff.
- There was a comprehensive business continuity plan to help staff if an emergency occurred such as a failure in the electricity supply.
- The practice had a lead person for safeguarding children and vulnerable adults. All staff had received relevant training in safeguarding to help protect patients.

Staff were flushing dental waterlines to prevent bacterial growth and risk to patients.

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?

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

The practice had introduced systems and processes to record and manage accidents, complaints and significant events.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

The practice had a business continuity plan to guide staff when there were threats to the delivery of the service.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

No action



Are services effective?

<Findings here>

No action



Are services caring?

<Findings here>

No action



Are services responsive to people's needs?

<Findings here>

No action



Are services well-led?

<Findings here>

No action



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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, follow-up inspection on 5 July 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector with remote access to a dental specialist advisor.

During the Care Quality Commission (CQC) inspection of the practice on 30 January 2015 it was identified there were concerns with regard to incident management, the maintenance of emergency equipment, staff training and recruitment. The provider had not met their legal obligations with regard to Regulations 12 and 19 of the Health and Social Care Act (Regulated Activities) 2014. As a result requirement notices were issued.

On 21 July 2015 the provider sent an action plan to CQC identifying the actions they would take to meet the requirements identified. This included a timescale for implementing those actions.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The Care Quality Commission (CQC) inspection of 30 January 2015 identified the provider did not have robust systems for the management of significant incidents, complaints and accidents. Following the inspection the provider introduced a new system for managing these incidents. We saw there had been eight incidents recorded in the year up to this inspection from July 2015. The practice manager demonstrated that there was detailed information recorded for each incident with learning points for staff. We saw the minutes of a staff meeting on 26 February 2016 which demonstrated one incident had been discussed with staff at that meeting a few days after it occurred.

Documentation within the practice showed that significant incidents, complaints and accidents were all recorded and where relevant learning shared with staff.

Reliable safety systems and processes (including safeguarding)

At the CQC inspection on 30 January 2015 we identified the practice did not have robust procedures for safeguarding children and vulnerable adults. Following that inspection the practice had identified the practice manager as the lead person for safeguarding. We saw training certificates which demonstrated the practice manager had attended training in adult and child protection on 29 June 2015. They had also completed Mental Capacity Act training on 10 June 2015. We saw evidence that all staff had completed training in safeguarding children and vulnerable adults and the Mental Capacity Act during 2015 and the beginning of 2016. Training certificates in staff files identified the dates when this training had been completed for each member of staff.

In January 2015 we identified that the practice was not following the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05:

Decontamination in primary care dental practices' in respect of flushing dental waterlines. This had resulted in all staff being re-trained in flushing dental waterlines on 23 June 2015. In addition we saw the practice had introduced a recording sheet into each treatment room so that dental nurses could record that dental waterlines had been flushed.

The induction programme for new staff had been amended following the CQC inspection of 30 January 2015. Safeguarding training and the flushing of dental waterlines were discussed in depth during the induction.

Medical emergencies

At the CQC inspection on 30 January 2015 we identified concerns with the equipment used for medical emergencies. As a result we checked all of the equipment and the emergency medicines.

The practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure location. We checked the medicines and found they were all in date. We saw there was an identified member of staff who was responsible for checking and recording expiry dates of medicines, and replacing when necessary.

With regard to oxygen we saw there was a contract for the supply and maintenance of the oxygen with a reputable company. The contract identified the most recent service had been completed on 21 March 2016. The oxygen cylinder in the practice had an expiry date of 14 March 2019.

There was an automated external defibrillator (AED) held in the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines. We saw that defibrillator pads for both adults and children were available and within their use by date.

Staff at the practice had completed basic life support and resuscitation training on 4 December 2015.

Additional emergency equipment available at the practice included: airways to support breathing, portable suction, and manual resuscitation equipment (a bag valve mask). Where equipment was date stamped we saw that it was within its use by date.

The practice had produced a comprehensive business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included contact telephone numbers for staff, utility suppliers such as the electricity and gas suppliers.

Are services safe?

Staff recruitment

At the CQC inspection on 30 January 2015 we identified concerns regarding staff recruitment. This was particularly in relation to dental nurses not having had a Disclosure and Barring Service (DBS) check.

We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. This included the two most recently appointed members of staff. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are

registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a DBS check was in place (or a risk assessment if a DBS was not needed). 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.

We found that all clinical members of staff including all dental nurses had received a DBS check. We discussed the records that should be held in the recruitment files with the practice manager and saw the practice recruitment policy and the regulations had been followed.