

P.B. Robinson (Doncaster) Limited

Maltby

Inspection Report

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Overall summary

We carried out a follow-up inspection at Maltby Dental Practice on the 16 October 2017.

We had undertaken an announced comprehensive inspection of this service on the 26 May 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the registered manager wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to that requirement.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maltby Dental Practice on our website at www.cqc.org.uk.

We revisited Maltby Dental Practice as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We carried out this announced inspection on 16 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

• Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

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

Background

Maltby dental practice is located in Maltby, Rotherham and is part of the P B Robinson and associates corporate business and provides NHS and private treatment to patients of all ages.

Entry into the practice is by step access from the main street. At the rear of the building there is level access for people who use wheelchairs. Car parking spaces are available nearby on local roads.

The dental team includes one dentist, one dental nurse, one receptionist and a visiting group practice manager. The practice has two treatment rooms, an X-ray room and a decontamination room.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Maltby Dental Practice is the group practice manager.

During the inspection we spoke with the dentist, the group practice manager and the group clinical director. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday – Thursday 9.00am – 5.30pm, Friday 9.00am – 3.00pm:

Our key findings were:

- Effective management of medicines and life-saving equipment was now in place, a minor improvement was required to monitor and record the temperature of the medicine fridge.
- The practice's incident reporting processes were now effective.
- The practice had implemented systems to help them manage risk; we found risk assessments associated with Control of Substances Hazardous to Health (COSHH) required minor improvement.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Prescription pad security and was now effective.
- The practice's quality assurance processes were now in place.
- X-ray justification and quality assurance was ongoing with improvement being monitored regularly.

There were areas where the provider could make improvements. They should:

- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken.
- Review the storage of emergency medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and if stored in the fridge that the temperature is monitored and recorded.

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 providing well-led care in accordance with the relevant regulations.

We saw processes were now in place to address Legionella and sharps risk within the practice. Risks associated with Control Of Substances Hazardous to Health (COSHH) required minor improvement.

We found all medical emergency medicines and equipment were now in place and a detailed log of checks and expiry dates was kept. We identified an improvement was required in relation to monitoring the temperature of medicines kept in the fridge.

Action had been taken to improve the format of recording detail in patient care records; which included patients' consent to treatment and justification of taking dental X-rays.

We saw that auditing was taking place in relation to radiography and dental care records; learning points and improvements were demonstrated.

The incident reporting process had been reviewed and an effective policy and reporting procedure was now in place.

The practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports had been reviewed and an effective system was now in place.

The use of rubber dam for root canal treatment was now in line with current guidelines.

The security of prescription pads in the practice had been reviewed and addressed appropriately.

No action





Are services well-led?

Our findings

Governance arrangements

The practice had reviewed the existing legionella risk assessment from 2010 and had completed the relevant action plan. In addition, an interim in-house legionella self-assessment was being completed by the group practice manager. We saw that a new legionella risk assessment was planned in the near future.

The practice had introduced a safe sharps system and now followed relevant safety laws when using needles and other sharp dental items.

We found all medical emergency medicines and equipment were now in place and a detailed log of checks and expiry dates was kept. Emergency medicine glucagon was being stored in the fridge and a thermometer was now in place to determine its temperature. The temperature of the fridge was not being monitored and recorded; we discussed this with the group practice manager and clinical director and were assured that an appropriate process would be put in place.

We reviewed the practice's COSHH folder and found all materials used at the practice now had relevant safety data sheets in place. The COSHH materials had not been risk assessed; we discussed the need for assessing the risk of COSHH materials to bring the process in line with current regulations; the group practice manager assured us this would be addressed without delay.

The practice had implemented a policy for recording, investigating and reviewing incidents or significant events, with a view to preventing further occurrences and ensuring that improvements are made as a result. Staff were aware of the new policy and procedures to follow.

The practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE) were now effective. Staff were aware of the changes made to the process of recording and retaining relevant documentation.

The practice had reviewed its protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

The security of prescription pads in the practice had been reviewed and addressed appropriately. A system was put in place to track and monitor their use on the day of inspection.

Learning and improvement

Action had been taken to improve the format of recording relevant detail in patient care records by way of introducing a stamp which provided a standard template to follow. We saw improvement to recorded detail of patients' consent to treatment in the care records. We also saw evidence of on-going regular clinical meetings taking place to monitor quality and improvement in this area to bring the process in line with Faculty of General Dental Practice guidance.

We saw that improvements had been made to the recording and justification of taking dental X-rays in patient care records, and we were told that the quality assurance in this area was ongoing by way of regular clinical audit.

Dental care records were now audited regularly and we saw records of the results and action plans were noted and acted upon for learning and improvement.