

Welcare Dental Centre

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Inspection Report

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Overall summary

We carried out an announced follow up inspection on 25 August 2016 to ask the practice the following key questions; Are services safe and well-led following the findings from our comprehensive inspection on 16 March 2016.

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

CQC inspected the practice on 16 March 2016 and asked the provider to make improvements regarding safe and well led care. We checked these areas as part of this comprehensive inspection and found this had been resolved.

In March we deemed the provider to be in breach of:

Regulation 12 HSCA 2008 Regulations 2014 Safe Care and Treatment

How the regulation was not being met:

- The provider did not have effective systems and procedures in place to maintain the safety of their premises and the equipment within it.

Regulation 18 HSCA 2008 Regulations 2014 Staffing

How the regulation was not being met:

- Staff did not receive appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out their duties.

Regulation 19 HSCA 2008 Regulations 2014 Fit and Proper Persons employed

How the regulation was not being met:

- The practice recruitment arrangements were not in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice are held.

The practice offers NHS primary care dentistry to adult patients and children. The practice is owned by Welcare Dental Practice. There are two dentists, two dental nurses, one trainee dental nurse, one receptionist and a practice manager.

The practice is open Monday to Thursday from 8.00am to 4.00pm, and Fridays from 8.00am to 2.00pm. A longer opening time is offered on a Tuesday until 5pm.

Summary of findings

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

Our key findings in August 2016 were:

- There were suitable arrangements for the purchase, service, maintenance, renewal and replacement of premises (including grounds) and equipment.
- Staff were up to date with their mandatory training and their Continuing Professional Development (CPD)
- The practice's recruitment policy and procedures had been revised in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which ensured necessary employment checks were in place for all staff and the required specified information in respect of persons employed by the practice was held.
- All furniture in the premises had been risk assessed to ensure they did not cause a breach in infection control. Damaged furniture had been sent for repair.
- Staff had received training in the requirements of the Mental Capacity Act (MCA) 2005 and all staff were aware of their responsibilities under the Act as it related to their role.
- A system had been put in place to check medicines and equipment used to manage medical emergencies adhered to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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.

There were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography. The provider could demonstrate that equipment and the building were safe for use.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control.

The practice's recruitment policy and procedures had been revised in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which ensured necessary employment checks were in place for all staff and the required specified information in respect of persons employed by the practice was held.

The provider has mechanisms in place which ensure the facilities and premises were safe for the services that were planned and delivered.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

The practice regularly sought feedback from patients in order to improve the quality of the service provided through the NHS Friends and Family test, but did not seek feedback regarding their own service provision.

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Detailed findings

Background to this inspection

The inspection was carried out on 26 August 2016 and was led by a CQC inspector.

The methods that were used to collect information at the inspection included interviewing staff and reviewing documents.

During the inspection we spoke with the registered manager. We reviewed policies, procedures, and other records relating to the management of the service.

Are services safe?

Our findings

In our inspection on 16 March 2016 we found that:

Fire safety training was out of date and although there was a fire risk assessment for the building this had not been reviewed. The fire extinguishers and emergency lighting were checked annually. There was no designated fire marshal who had received training about this role in the event of a fire.

We saw that the practice kept records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly. Emergency medicines were checked daily. However when we checked the emergency equipment we found that a number of medications and the oxygen cylinder were out of date and had not been reordered.

The practice had a recruitment policy but this had not been followed when recruiting new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed three recruitment records and found that information recorded in them was not consistent with the requirements of Schedule 3 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staff training was out of date for both fire safety and infection control.

Various safety, servicing certificates and risk assessments were out of date or not available.

We could not assure ourselves that all clinical staff had received inoculations against Hepatitis B as records were not available in staff files.

The provider sent us an action plan which showed how they intended to address these issues.

In this inspection of the 25 August 2016 we reviewed what steps the provider had taken to address these findings. We found that :

All staff has received fire safety training and the fire risk assessment for the building this had been reviewed. The fire extinguishers and emergency lighting were checked annually. There was now a designated fire marshal who had received training about this role in the event of a fire.

We saw that the practice manager had developed an electronic monitoring system for the keeping of records which indicated that the emergency equipment, emergency oxygen and the AED were checked regularly. Emergency medicines were checked daily. We checked the emergency equipment we found that emergency medicines were in date and these were monitored.

The practice had reviewed their recruitment policy. This policy included obtaining proof of staff identity, checking skills and qualifications, their registration with relevant professional bodies and the taking up references. We reviewed the recruitment record for the newest member of staff and found that information recorded in it was consistent with the requirements of Schedule 3 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We saw in two of the staff files that evidence of Hepatitis B inoculations and the effectiveness of these were now recorded.

We reviewed staff training files. The practice manager had introduced a system where all staff personal and training information was kept in individual files which ensured they could be checked more easily. They had also developed an electronic spreadsheet which easily identified if any document was missing or that training was due.

We saw that fire safety training was undertaken in September 2015. Evidence of this was not available at our last inspection. However this was updated in May 2016. All staff had received training in dealing with medical emergencies in May 2016. We saw that infection control training was undertaken in April 2016 by the lead nurse and then they disseminated this to staff in a practice meeting.

We looked at various safety, servicing certificates and risk assessments which had been out of date or not available. We found that all out of date service certificates had been redone within the last six months and relevant risk assessments and procedures had been reviewed and updated where appropriate. The practice manager now kept a plan for equipment maintenance and risk review.

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

We saw critical examination packs for the X-ray machines. Routine testing and servicing of the X-ray machines had

Are services safe?

now been carried out in accordance with the current recommended maximum interval. We observed that local rules had been reviewed and were displayed in areas where X-rays were carried out. These included specific working instructions for staff using the X-ray equipment.

Are services well-led?

Our findings

In our inspection on 16 March 2016 we found that:

The practice did not have comprehensive governance arrangements in place such as policies and procedures for monitoring and improving the services provided for patients. Where policies were in place such as a recruitment policy, safety policy and an infection control policy, these were not adhered to or reviewed regularly.

The practice did not maintain robust records of staff training which showed that all staff were up to date with their training. Although the manager was aware of some staff undertaking these as part of their CPD there were no mechanisms in place to monitor results. We could not assure ourselves that staff were given sufficient training to undertake their roles and given the opportunity for additional training.

The provider sought the views of patients using a NHS Friends and Family test. There were no surveys undertaken by the practice which demonstrated that the provider actively sought the views of patients about the service in general.

We saw that the practice held practice meetings which were minuted. However these were not undertaken on a regular monthly/ six weekly basis. The manager told us that being such a small practice staff shared information on a more informal basis. However we not see any evidence of this happening as when the practice closed for lunch all dental and administration staff left the building.

In this inspection of the 25 August 2016 we reviewed what steps the provider had taken to address these findings. We found that:

The practice had developed systems such as policies and procedures for monitoring and improving the services provided for patients. All policies such as a recruitment policy, safety policy and an infection control policy had been reviewed and staff had received notification that these were to be adhered to. The principal dentist oversaw the process and ratified all reviewed policies.

The practice manager now had systems in place to monitor staff training. The practice had bought in an electronic training package which made it easier for all staff to access all types of mandatory and developmental training at a time when it suited them.

The provider sought the views of patients using a NHS Friends and Family test and had developed a practice survey which actively sought the views of patients about the service in general. In July 2016 the practice had received 13 feedback forms. On review of this feedback we saw that all respondents were positive about the service and treatment they received at the practice.

The practice had reinstated monthly staff meeting which were minuted. We saw minutes for meetings in June and August 2016. We were told there was no formal meeting in July due to staff holidays and any urgent information which needed sharing was done on an ad-hoc basis.