

Papineni Dental Practice

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Inspection Report

Papineni Dental Practice
Benfleet,
Essex
SS7 5RE
Tel:01268792746
Website:

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Overall summary

We carried out a focused inspection of Papineni Dental Practice on 9 October 2017.

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

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 2 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 areas where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing safe and

well-led care in accordance with, regulation 17 Good Governance, and regulation 18 Staffing 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 Papineni Dental Practice on our website www.cqc.org.uk.

Our findings were:

Are services safe?

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

The provider had made some improvements to put right the shortfalls and deal with the regulatory breaches we found at our inspection on 2 November 2016

Are services well-led?

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

The provider had made improvements to put right the shortfalls and deal with the regulatory breaches we found at our inspection on 2 November 2016.

Summary of findings

There were areas where the provider could make improvements and should:

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping

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?

At our inspection on 2 November 2016 we judged the practice was not providing safe care and told the provider to take action as described in our requirement notice. At the inspection on 9 October 2017 we noted the practice had made some improvements to meet the requirement notice. For example there had been improvements in staff training and infection control procedures. There were some improvements in staff's understanding of RIDDOR and incident reporting, and safeguarding training to ensure staff had information to refer to should they have concerns relating to the safety or welfare of patients. There was continued scope to improve and embed these changes within the practice.

No action



Are services well-led?

The provider had made some improvements to the management of the service. There were some improvements in the overall governance of the practice with reviewed protocols and infection control processes. There was scope to improve and embed changes such as the recording of health information in patient records. These improvements provided a footing for the ongoing development of more effective governance arrangement within the practice.

No action



Are services safe?

Our findings

At our previous inspection on 2 November 2016 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At our inspection on 9 October 2017 we noted the practice had made the following improvements to meet the requirement notice:

- At the previous inspection on 2 November 2016, the dentist and the dental nurse who we spoke with were not aware of their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). At the inspection on 9 October 2017 we saw the dentist had completed RIDDOR training on 23 February 2017 and had a clear understanding of their responsibilities. Following our inspection the dentist sent us evidence to show that staff had also undergone RIDDOR training on 17 October 2017 to ensure they were aware of their responsibilities.
- At the previous inspection we saw that the practice had some procedures in place for staff to follow in the event of a medical emergency. Training records which we were provided with showed that all staff working at the practice had undertaken training in basic life support in October 2016. The previous training had occurred in 2014. Some staff who we spoke with were not clear about their roles and responsibilities in the event of a medical emergency. We discussed roles and responsibilities in the event of a medical emergency with staff at the 9 October inspection and were satisfied that staff had an understanding of their roles and responsibilities.
- At the previous inspection on 2 November 2016, the practice did not have procedures in respect of Control of Substances Hazardous to Health (COSHH). There was no information about the risks associated with chemical agents used at the practice or how exposure to these chemicals should be treated. During the October 2017 inspection we saw that the practice had information and procedures in respect of COSHH. This did not include environmental cleaning substances. Following our inspection the practice provided evidence to assure us this had been actioned.
- At the previous inspection we saw that the practice did not have policies and procedures in place for safeguarding children and vulnerable adults. Staff had

not undertaken safeguarding training and did not have information to refer to should they have concerns relating to the safety or welfare of patients. The principal dentist told us that staff were provided with the telephone number to contact the local safeguarding team and we saw that this was available in posters at the reception desk. However staff were not able to demonstrate that they had a good awareness of safeguarding procedures or their responsibilities in relation to these. During the October 2017 inspection we saw that the practice had policies and procedures in place for safeguarding children and adults. Staff had undergone training and were able to demonstrate an awareness of safeguarding procedures and their responsibilities in relation to these.

- At the previous inspection on 2 November 2016, we found the practice did not have a whistleblowing policy to describe how staff could raise concerns. During our inspection on 9 October 2017 we found the practice had a whistleblowing policy, however this referred to organisations no longer in existence. We discussed this with the dentist and following our inspection the practice was able to provide evidence of a current whistleblowing procedure which referred staff to the relevant organisations.
- At the previous inspection on 2 November 2016 we found the provider did not ensure all staff members received appropriate support, training and supervision necessary for them to carry out their duties. Staff had not undertaken training and lacked awareness in areas such as safeguarding people, infection control, fire safety and information governance. During our inspection on 9 October 2017, and from information provided to us following the inspection, we found that staff had undergone training and supervision necessary for them to carry out their duties. This included training in safeguarding children and adults, fire safety training including fire drills, significant event training and infection control training. All staff had undergone appraisals where their learning needs had been identified.
- At the previous inspection on 2 November 2016 the principal dentist showed us a record of dates on which they told us that fire safety equipment was checked. However this did not include details of the equipment which had been checked and detailed records of fire safety checks were not maintained. There was a Health and Safety policy statement and a safety risk

Are services safe?

assessment template. However there was no risk assessment to identify risks to patients and staff in relation to premises or equipment. During and following our inspection on 9 October 2017 the practice was able to provide information to evidence equipment checks, and there was some evidence of fire safety and health and safety risk assessments. There were some procedures for dealing with fire including safe evacuation from the premises. Fire safety equipment was checked annually by an external contractor and fire evacuation procedures were displayed. A fire drill was undertaken on 18 October 2017, and we saw evidence that learning outcomes were discussed and recorded.

- During the November 2016 inspection we found the practice had some policies and procedures to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. However these were not adhered to and discussions with the principal dentist and the dental nurse demonstrated that they did not fully understand these procedures or their responsibilities in relation to these. At the inspection on 9 October 2017, the practice team were able to demonstrate some better understanding of the practice policies and procedures and their responsibilities in relation to these.

At our previous inspection in November 2016, we found a number of shortfalls in the practice's infection control procedures that showed that it was not safe. During this inspection we noted the following improvements had been implemented since then:

- The principal dentist and practice nurse had undertaken infection control training on 4 November 2016. There was some improvement in their understanding of infection control procedures and following the inspection the practice submitted further evidence to support improved infection control procedures and a better understanding of infection control in order to minimise risks to their patients and staff. Whilst we were at the practice we saw the practice clinical team were following recommended procedures around the effective use of personal protective equipment. Following our inspection the practice confirmed the dental nurse wore the heavy duty gloves provided and eyewear whilst manually cleaning dental instruments. At the inspection on 2 November 2016 we observed the dental nurse carrying out the process for cleaning and storing dental instruments and found that this process

was not carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. Following this inspection the practice provided evidence of the purchase of a stainless-steel bowl used for subsequent rinsing of dental instruments, to ensure dental instruments were scrubbed manually under water rather than under running water to decrease the risk of contamination within the surgery area. An additional sink had been purchased to be installed outside the decontamination room in the hallway, in order for staff to wash their hands before and after entering the decontamination room and to minimise the risks of cross infection. Following this inspection the practice confirmed the process for cleaning and storing dental instruments had been reviewed and would be carried out in accordance with the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01- 05), decontamination in primary care dental practices. Zoning from 'dirty' to 'clean' areas within the dental surgery and the decontamination room had been reviewed and clearly defined to minimise the risk of cross infection. Cleaning equipment for cleaning clinical and non-clinical areas was identifiable. Damaged dental instruments had been removed from the surgery. Clinical waste including sharps was stored securely for collection and records in respect of the cleaning checks were maintained. The principal dentist confirmed sterilised instruments were pouched.

- The practice had procedures in place for minimising risks of legionella. The dentist confirmed that a legionella risk assessment had been carried out on 16 November 2016 to identify risks at the practice. This identified a number of high risks including the shower systems and domestic hot and cold water systems. We were told that dental waterlines were regularly flushed and disinfected.
- At the previous inspection there were no cleaning schedules to demonstrate the frequency for cleaning equipment of clinical and non-clinical areas within the practice. The practice was able to demonstrate during this inspection that cleaning schedules were in place for both clinical and non-clinical areas. In addition following the inspection the practice provided evidence

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of improved storage of cleaning equipment and in-house training provided for the practice cleaner in relation to the Control of Substances Hazardous to Health (COSHH).

- On the 2 November 2016 inspection, we were shown records in relation to a fixed wiring installation assessment which had been carried out in 2013. The findings from this assessment identified that the immersion heating installed did not comply with current regulations and it was recommended that this equipment be decommissioned. The dentist told us that the heating appliance had not been removed or decommissioned. They told us that this was used infrequently but confirmed that it was used. During our inspection on 9 October 2017 the practice was able to provide evidence that the heating appliance had been decommissioned and was not in use.
- At the previous inspection on 2 November 2016, the dentist confirmed that they did not carry out audits to monitor the quality of dental X-rays images in accordance with the National Radiological Protection Board (NRPB) guidelines to help ensure that they were graded to an acceptable standard. Dental care records demonstrated that dental X-rays were not justified or reported on as part of measures to assure that X-rays were taken appropriately. During our inspection on 9 October 2017 the practice provided evidence of two X-ray audits undertaken. The first in February 2017 and a second in July 2017. In addition as part of an improvement in the recording of information in patient records we were told following the inspection, that all X-rays were justified as standard in patient records.

Are services well-led?

Our findings

At our inspection on 2 November 2016 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 9 October 2017 we noted the practice had made the following improvements to meet the requirement notice:

Governance arrangements

The practice governance arrangements for monitoring and improving the services provided for patients had improved. The responsibility for the day-to-day running of the practice was shared between the principal dentist and the dental nurse. There were some policies and procedures in use to support the management of the service. Since our previous inspection the practice had reviewed these policies to ensure they were practice specific. Our observations and discussions with the dentist and dental nurse and information provided by the service following our inspection, showed that policies and guidance in relation to a number of areas including infection control and specific guidance in respect of dentistry were better understood. Where there were continued shortfalls we saw the practice was putting systems in place to ensure they were followed.

The leadership and oversight at the practice had improved. The principal dentist and the dental nurse were responsible for areas such as safeguarding, infection control and patient safety and had some understanding of these arrangements. There was scope to improve and embed their awareness of some relevant policies and guidance to ensure that the practice staff were always supported to deliver services in line with these.

There had been some improvement in the practice's infection control procedures to ensure they were carried out in line with relevant guidelines. Risks in relation to health and safety of patients and staff including risks associated with premises, hazardous materials, fire and legionella had been assessed and the principal dentist could demonstrate that they were aware of relevant guidance in relation to these areas. There was scope to ensure the practice recorded actions taken from the recommendations following the legionella risk assessment.

At our inspection on 2 November 2016 the patient dental records which we reviewed did not include information

about oral examinations which dentists carry out to assess oral health and to help identify any abnormalities. There were no records of the assessment of patients' gums and soft tissues and there was no record of basic periodontal examination (BPE); a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. There was no recorded information about the discussions between the dentist and patient regarding diagnosis, treatment options available and any associated risks. During the October 2017 inspection we noted that there was little improvement in the information recorded in the patient records we reviewed. We discussed this with the principal dentist and following this inspection the principal dentist provided evidence to show a number of actions had been taken in order to improve the detail of patient records. For example BPE probes had been purchased, local anaesthesia cartridge batch numbers were recorded in patient records and details of patient histories and a justification of X-rays taken were noted.

The practice had an ad hoc arrangement for following up referrals. Referral letters were given to patients to post. There was no system in place to ensure that the referral had been received or a log to confirm communication from the provider to whom the patient had been referred.

Management lead through learning and improvement

The principal dentist and staff could demonstrate that they understood their responsibilities to comply with the duty of candour and they told us should there be an incident or accident that affected a patient the practice would act appropriately and offer an apology and an explanation. We found the dentist to be open and accepting to feedback during the inspection, and demonstrated that they were clearly keen to address the on-going issues we found during it.

The practice had made some improvements to ensure that relevant information was shared or used to make improvements where this was required. The practice provided information following this inspection of scheduled monthly meetings where information such as changes in guidance would be reviewed and shared to make improvements. The receptionist told us that as they were such a small team information was often shared on an ad hoc basis. The principal dentist confirmed that these

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discussions would be recorded in future. There was scope to improve and embed these systems to ensure that the practice staff were always supported to deliver services in line with any changes.

Staff had undergone appraisals of their performance and there were some training and development plans to support staff with their training needs.

Staff working at the practice had undertaken training in areas including infection control, safeguarding and fire safety and staff demonstrated some understanding about their roles and responsibilities in relation to these areas.

Practice seeks and acts on feedback from its patients, the public and staff

Patients could give feedback via a comments book and a feedback box, both of which were available in the patient waiting area. The practice was in the process of undertaking a patient survey for October 2017.