

Mr. Crawford Black

Mr Crawford Black - Church Road

Inspection Report

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Date of inspection visit: 06/03/2018
Date of publication: 25/04/2018

Overall summary

We carried out a follow up inspection on 6 March 2018 at Mr Crawford Black – Church Road.

On 3 January 2018 we undertook an announced comprehensive inspection of this service as part of our regulatory functions. During this inspection we found breaches of the legal requirements.

A copy of the report from our comprehensive inspection can be found by selecting the 'all reports' link for Mr Crawford Black – Church Road on our website at www.cqc.org.uk.

After the comprehensive inspection, the practice 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 those requirements.

We revisited Mr Crawford Black – Church Road on 6 March 2018 to confirm whether they had followed their action plan and to check whether they now met the legal requirements in the Health and Social Care Act 2008 and associated regulations. We carried out this announced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We reviewed the practice against one of the five questions we ask about services: is the service well-led?

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

Our findings were:

Are services well-led?

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

Background

Mr Crawford Black – Church Road is close to the centre of Bebington and provides dental care and treatment to adults and children on an NHS and privately funded basis.

There is one step at the front entrance to the practice. Car parking is available near the practice. The practice has four treatment rooms.

The dental team includes a principal dentist, an associate dentist, a dental hygienist, four dental nurses, and two receptionists. The team is supported by a practice manager, who is also a registered dental nurse.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke to the dentists, dental nurses, receptionists and the practice manager. We looked at practice policies, procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Thursday 9.00am to 6.00pm,
(Monday and Tuesday from 08.30am by appointment)

Wednesday and Friday 9.00am to 5.00pm.

Our key findings were:

- The provider had improved their recruitment systems.
- The provider had introduced a system for reporting significant events.
- Meetings were scheduled to give staff an opportunity to feedback about the services they provided.
- The provider had improved their systems to help them manage risk.
- The provider had improved their safeguarding processes. Not all staff were trained in safeguarding.
- The provider had limited means in place to monitor the quality of the service.

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

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities, specifically in relation to the risk of a member of staff working with patients prior to a Disclosure and Barring Service check result being received.
- Review the practice's protocols for the completion of dental records taking into account the guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's complaint handling procedures, and ensure contact details for NHS England are available should patients wish to contact them if they did not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.
- Review the practice's audit protocols to ensure mandatory audits, such as radiography, are carried out at regular intervals to help improve the quality of service. Staff should also review the carrying out of non-mandatory audits, such as, dental care record keeping, ensure all audits have documented learning points and action plans, where appropriate, and resulting improvements can be demonstrated.
- Review the practice's systems for monitoring staff training.

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 found that systems in relation to recruitment, safeguarding and significant event reporting had been improved. Not all staff had received training in safeguarding. After the inspection the provider submitted evidence that this training had now been completed.

The practice had procedures in place to manage and reduce some of the risks associated with the operation of a dental service. We saw that the practice had had a Legionella risk assessment carried out and had improved procedures in relation to used sharp instruments.

The provider had introduced staff meetings as a means to communicate information to staff and to listen to their views.

We found that the practice had limited means for monitoring the quality and safety of the service to help them improve and learn. One of the dentists did not follow recognised guidance for completing dental care records and the practice made limited use of audits to help them improve and learn. We shared this information with NHS England to provide support to the dentist in relation to record-keeping and auditing.

No action



Are services well-led?

Our findings

Governance arrangements

We reviewed the practice's systems to support the management and delivery of the service. The practice manager was in the process of reviewing and updating the practice's existing policies, procedures and risk assessments and implementing further ones to support good governance and to guide staff.

We saw the provider had an effective system in place for reporting, investigating and learning from accidents and incidents with a view to preventing re-occurrence. We saw examples of significant events which had occurred and which had been clearly reported. We saw evidence of learning implemented and improvements made at the practice.

We saw that the practice's systems in relation to safeguarding had improved. The practice now had a clear policy to follow on safeguarding adults and children. The provider was unaware as to when three of the clinical staff last completed training in safeguarding. One of the clinical staff had not received safeguarding training to an appropriate level for their role within the recommended time period. Following the inspection the provider told us that all staff had now completed safeguarding training. We were sent evidence of this. Staff we spoke to were aware of their responsibilities should they have concerns about the safety of children, young people or adults who are at risk due to their circumstances.

We saw the provider had improved recruitment systems at the practice and had a recruitment policy in place which reflected the legislation to ensure fit and proper persons were employed. We saw all the specified information was available for a newly recruited member of clinical staff with the exception of a Disclosure and Barring Service check which had been applied for. We observed that no risk assessment was in place in relation to this. We saw that personnel records were stored securely. We saw an induction process was now in place for newly recruited staff.

The provider had improved the risk management at the practice to ensure risks were identified and managed, and had put in place measures to reduce the risks.

- The provider had had a Legionella risk assessment carried out at the practice and we saw that actions identified in the assessment were in progress.
- We saw that the provider had put in place a risk assessment in relation to staff working in a clinical environment where their immunity status to the Hepatitis B virus was unknown, or where there was no or low immunity to the Hepatitis B vaccination. We observed that this had been signed by staff where appropriate.
- We observed that the practice's systems in relation to the dismantling and disposal of used sharps had been improved to 'user only dismantles and disposes of' policy. The dental nurses confirmed this was followed.

Leadership, openness and transparency

We saw that the first practice meeting had been scheduled for the day of the inspection. The agenda was displayed in the staff room and we saw it included clinical and non-clinical items for discussion, and information to share with the team. The practice manager was in the process of scheduling staff meetings on a monthly basis.

The practice manager was planning to enrol for a practice management course in the longer term.

Learning and improvement

We saw the provider had introduced an appraisal system to help identify individual learning needs but had not scheduled any staff appraisals yet.

The practice had quality assurance processes in place to encourage learning and continuous improvement. These included, for example, audits. Not all the dentists undertook audits of X-rays. We reviewed the recent infection prevention and control audit and observed that some of the answers did not correlate with the practice's arrangements. We saw limited evidence of learning from audits.

We found that one of the dentists was not fully aware of the current evidence-based clinical guidance when assessing patients' treatment needs and did not keep dental care records in sufficient detail, for example, containing information about patients' diagnosis, consent and options. The dentist did not carry out record-keeping

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audits to assist with learning and encourage improvement. We shared this information with NHS England to provide support to the dentist in relation to record-keeping and auditing.

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

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

We saw the practice manager had attended a complaints handling course. We observed that contact details for NHS England were not available should patients wish to contact them if they did not wish to complain to the practice directly or if they were not satisfied with the way the practice dealt with their concerns.