Mr. Christopher Reid

The Dental Practice

Inspection Report

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Overall summary

We undertook a follow up focused inspection of The Dental Practice on 27 June 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of The Dental Practice on 9 January 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care in accordance with the relevant regulations 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 The Dental Practice on our website www.cqc.org.uk.

When one or more of the five questions are 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.

As part of this inspection we asked:

• Is it well-led?

Our findings were:

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations. The provider had made some improvements, these were insufficient to put right the shortfalls we found at our inspection on 9 January 2019.

Background

The Dental Practice is in Bolton and provides NHS and private treatment to adults and children.

A portable ramp is provided for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes three dentists, four dental nurses (one of whom also manages the practice) and a dental hygiene therapist. The practice has three treatment rooms.

The practice is owned by a partnership but is registered as an individual provider. 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. We again highlighted the need to ensure the practice is registered correctly.

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

Summary of findings

The practice is open: Monday to Friday 8.45am to 12.15pm and 1.45pm to 5.15pm

Our key findings were:

- Emergency medicines and life-saving equipment were in line with Resuscitation Council UK standards. Advice had not been followed to obtain additional adrenaline.
- Staff recruitment procedures were not effective. A DBS check and references had not been obtained for a new clinical member of staff. There was no evidence of an induction.
- Practice policies and procedures had been improved.
- A system to log and track NHS prescriptions had been implemented.
- The provider had infection control procedures which reflected published guidance. Improvements could be made to the treatment environment and processes to audit standards of infection prevention and control.
- The systems to identify and manage risk required improvement.
- Sharps safety had been reviewed. There were clear processes to follow up sharps injuries
- The practice had not established systems to ensure staff were up to date with training and development.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Enforcement action

Are services well-led?

Our findings

At our previous inspection on 9 January 2019 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 27 June 2019 we found the practice had made the following improvements to comply with the regulations:

- The medical emergency equipment had been reviewed and was as described in Resuscitation UK guidance and required by General Dental Council standards. We highlighted the practice had not acted on feedback from the previous inspection to obtain additional doses of adrenaline as required by the practice's medical emergencies policy or adjust the expiry date of Glucagon in line with the manufacturer's instructions.
- The practice manager was in the process of completing individual risk assessments for all hazardous substances. Hazardous substances were stored securely and used X-ray developing solutions had been disposed of correctly.
- We saw evidence that systems were in place to receive patient safety alerts. We highlighted the need to show evidence that these were reviewed and acted on in a timely way.
- The sharps risk assessment had been reviewed and included the risk from all sharp items. The practice had obtained up to date information to access advice and treatment should a staff member sustain an injury from a used sharp. Staff confirmed that only the clinicians were permitted to assemble, re-sheath and dispose of needles where necessary to minimise the risk of inoculation injuries to staff.
- A system to track and ensure the security of NHS prescriptions was in place.
- Systems to identify and respond to risk had been improved. In particular, identifying when equipment is due for servicing or inspection. We saw evidence of satisfactory servicing of the dental compressor and radiography equipment. Systems were in place for the validation of equipment.
- Recruitment processes to obtain references and Disclosure and Barring Service (DBS) checks for newly employed members of staff were inconsistent. References and a DBS check had not been requested for a newly appointed dental hygiene therapist who had already commenced work. There was no evidence of an induction process for this individual.
- Evidence of immunity was in place for all clinical members of staff.
- The registered person did not ensure that processes to audit standards of care were effective. An Infection prevention and control audit had been completed in May 2019. The audit had not been completed correctly. Questions relating to the integrity of surfaces had not been highlighted. There was no evidence that the findings of the IPC audit had been analysed to make improvements. For example, areas we highlighted at the previous inspection had not been addressed.
- The ground floor treatment room used to take X-rays had been de-cluttered. Areas of the practice needed renovation to ensure effective cleaning and a suitable environment for patients. For example, ensuring floors and surfaces are sealed and repairing a torn dental chair.
- No further audits of radiography and dental care records had been completed since the last inspection. We saw evidence that action had been taken to address inconsistencies in the standards in dental care records. These had improved using a template which prompted dentists to maintain complete records in line with nationally recognised guidance from the Faculty of General Dental Practitioners. We highlighted some areas for further improvement, including consistently documenting discussions of risks, benefits and options for treatment discussed, whether patients were informed of the findings of X-rays and whether dental dams, or alternative methods were used to secure endodontic files to protect the patient's airway, in line with guidance from the British Endodontic Society when providing root canal treatment.
- There were processes to ensure that governance was up to date and relevant to the systems at the practice. Policies had been updated and included the correct lead person and external organisations.
- The practice had not acted on recommendations in the legionella risk assessment which were highlighted at the previous inspection to implement a legionella management plan, identify responsible persons and ensure that at least the responsible person completed legionella awareness training.

Are services well-led?

- The practice had not acted effectively on feedback to ensure that staff completed and were up to date with 'highly recommended' training as per General Dental Council professional standards. A system had been introduced but only one member of staff had completed this.
  - There was no evidence of up to date safeguarding training for the new dental hygiene therapist, or whether the arrangements for these were discussed before they commenced work.
  - There was no evidence of up to date life support training for one clinical member of staff.
  - The practice did not request evidence that staff completed infection prevention and decontamination training.
  - We could not be shown evidence of continuing professional development in dental radiography for one of the dentists.

We highlighted to the registered person at the previous inspection that they should ensure the practice is registered correctly as a partnership. No action had been taken to review this.

These improvements showed the provider had taken some action to improve the quality of services for patients when we inspected on 27 June 2019, but these were insufficient to fully comply with the regulations.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • Systems to ensure that emergency medical arrangements were in place were ineffective. • Staff recruitment processes were inconsistent. • The registered person did not ensure that processes to audit standards of care were effective. The IPC audit tool had not been completed correctly. There was no evidence that the findings of the IPC audit had been analysed to make improvements. Areas of the practice needed repair or renovation to ensure effective cleaning. • The practice had not implemented a legionella management plan, identified responsible persons and ensured that staff completed legionella awareness training. • A system had been introduced to ensure that staff completed and were up to date with 'highly recommended' training as per General Dental Council professional standards. This had only been completed by one member of staff and evidence of up to date training was not available for all staff. • The registered individual had not acted on previous advice to ensure the practice is registered correctly with the CQC Regulation 17(2)