

Abington Dental Practice Ltd

Abington Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Abington Dental Practice on 31 May 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 was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Abington Dental Practice on 11 October 2018 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 and was in breach of Regulation 15 and Regulation 17 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 Abington Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 11 October 2018.

Background

Abington Dental Practice is in Northampton, a town in the East Midlands region. It provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the practice's car park.

The dental team includes four dentists, five dental nurses, two administrators and one receptionist. Practice administrative duties are shared between the principal dentist and the lead nurse.

The practice has three treatment rooms; two of which are on the ground floor.

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 Abington Dental Practice is the principal dentist.

Summary of findings

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

The practice is open: Monday, Wednesday, Friday from 8am to 6pm, Tuesday and Thursday from 9am to 6pm and Saturday from 9am to 1pm.

Our key findings were:

- Arrangements had improved in relation to ensuring equipment such as the steriliser was validated effectively.
- Standards of hygiene were now effective in relation to the general cleaning of the practice.
- Systems and processes had improved in relation to the reporting and investigating of untoward incidents and significant events.
- The provider demonstrated that systems for audit had improved; we were provided with evidence of audits completed.
- Staff had received an appraisal; this included a review of their performance and their training requirements.
- Risks presented by fire, hazardous substances and legionella had been satisfactorily addressed.
- The practice had not recruited any permanent staff since our previous inspection. It was therefore not possible for us to assess improvement in recruitment procedures.
- Servicing and testing had taken place for air conditioning, gas, and electrical wiring and documentation was available to evidence this.
- The provider assured us that patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) were received and reviewed by the principal dentist. They had not maintained a log/audit to demonstrate this however.
- The practice had not implemented a safer sharps system as directed by the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- At our previous inspection, we identified some items of emergency equipment that were missing from the kit. At our follow up visit, we found that these items were still missing. We were sent evidence to show that items were purchased after our latest visit.
- The practice had implemented a system and process for the security of NHS prescription pads and this enabled monitoring of their use.
- The practice no longer provided conscious sedation to patients.
- The practice had reviewed some of its responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. They had not obtained a hearing loop or magnifying glass however.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service. These included: ensuring that facilities and equipment were subject to servicing and testing, improved general cleaning arrangements, improved systems for reporting and investigating incidents and improved management of risks. They had ensured that all required items were now held in their emergency kit and had improved security for NHS prescriptions.

We identified some areas for further review, for example improved audit for patient safety alerts.

The improvements demonstrated that the provider had taken adequate action to address the shortfalls identified at our previous inspection.

No action



Are services well-led?

Our findings

At our previous inspection on 11 October 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 31 May 2019 we found the practice had made the following improvements to comply with the regulations:

- Arrangements had improved in relation to ensuring equipment such as the steriliser was validated effectively. We saw evidence of regular tests completed.
- We looked at the arrangements for the general cleaning of the practice and noted that storage for cleaning equipment had improved. This enabled more effective cleaning to take place as mops used for the different areas within the practice were held separately and were not touching.
- The provider had a policy and procedure for reporting and investigating significant events and less serious untoward incidents. We looked at the practice incident log and noted two incidents reported since our last visit. The incidents had been subject to investigation and discussion amongst staff with learning points identified.
- The provider demonstrated that systems for audit had improved; we were provided with evidence of audits completed. For example, a radiography audit dated May 2019 and an infection prevention and control audit dated February 2019 contained action plans for improvement and outcomes.
- Staff had now received appraisal of their performance and this included review of their training needs. We saw evidence of staff appraisals (including the dentists) that had been completed. We saw that some staff had requested additional training. Two dental nurses were due to enrol on a radiography course.
- The provider had satisfactorily addressed the risks presented by fire, hazardous substances and legionella. For example, a fire risk assessment had recently been completed by an external company. We looked at COSHH risk assessments that had been completed for products used in the general cleaning of the practice. At our previous inspection, we found that the practice was not assured that they had mitigated all risks in relation to legionella; water testing had shown that required temperature levels were not always being reached. At our follow up inspection, we were informed that an

engineer had been booked to attend the practice the following day. After our follow up inspection, we were sent evidence to show that remedial work had been undertaken and that required water temperatures were now being reached.

- At our previous inspection, we found that DBS checks had not always been applied for at the point of staff recruitment. The provider told us that there had not been any new staff appointed since our last visit.
- The provider had improved systems by ensuring that servicing/testing of its facilities and equipment was undertaken. For example, we saw records which showed that air conditioning had been serviced, and that gas safety and fixed wiring testing had been completed since our last visit.
- The principal dentist assured us that they received patient safety alerts directly to their email. We found at our previous inspection that a record had not been maintained to show any action taken in response to alerts received. The practice had not implemented a log/recording system at the point of our follow up inspection. The lead nurse told us that they would also sign up to receive alerts; this would ensure that none were missed.

The practice had also made further improvements, although we noted that some actions still required review:

- The provider had not implemented a safer sharps system as directed by the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- At our previous inspection, we found that size 0 oropharyngeal airway was missing from the emergency medicines kit and only some of the clear face masks were held. At our follow up visit, we noted that the items had not been obtained. Following our visit, we were sent evidence to show that these had now been purchased.
- The provider had implemented a system for the security of NHS prescription pads and there were processes to ensure that individual prescriptions were monitored. This reduced the risk of the provider not being aware if any were taken inappropriately.
- The provider told us that conscious sedation was no longer offered as a service for patients and this had not been undertaken since our last visit.
- At our previous visit, the provider did not have a hearing loop; they did not have access to information in different formats/texts to aid communication and they

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were unaware of access to interpreter services. The provider was now aware of interpreter services that could be used. They were able to put correspondence and information in plain language and use larger font with colour contrast. They had not obtained a hearing loop.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations.