

Mr. Julian Atkinson

Cheddleton Dental Surgery

Inspection Report

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Overall summary

We undertook a follow-up focused inspection of Cheddleton Dental Surgery on 21 October 2019. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care, and to confirm whether 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 Cheddleton Dental Surgery on 12 December 2018 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?
- Is it well-led?

We found the provider was not providing safe and well-led care and was in breach of regulations 12 and 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 Cheddleton Dental Surgery on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the provider to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas in which improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

We visited the practice on 2 August 2019 to review the provider's actions to date. We requested further evidence of improvements from the provider. We carried out a further desk-based review on 21 October 2019.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breach we identified at our inspection on 12 December 2018.

Are services well-led?

Summary of findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to address the shortfalls and respond to the regulatory breach we identified at our inspection on 12 December 2018.

Background

Cheddleton Dental Surgery is in Cheddleton and provides NHS and private dental care for 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 the principal dentist, two dental nurses, and a dental hygiene therapist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. The principal dentist has 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 dentist and one of the dental nurses. We looked at practice policies and procedures, and other records about how the service is managed. We also reviewed the provider's action plan and evidence sent to us to support the action plan. We found this contained insufficient information to identify to CQC how the provider planned to comply with the regulations.

The practice is open:

Monday to Thursday 9.00am to 5.00pm

Friday 9.00am to 1.00pm.

Our key findings were:

- Appropriate medical emergencies medicines and equipment were available.
- The provider had obtained all the necessary information in relation to staff recruitment procedures.
- The provider had not taken full account of the current X-ray guidelines when providing patients' care and treatment.
- Staff training was not effectively monitored to ensure staff had completed recommended training.
- The provider had systems in place to manage risk. Some of these had been improved, but others were not operating effectively.

We identified a regulation the provider was continuing not to meet. 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 was 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 safe?

No action 

Are services well-led?

Requirements notice 

Are services safe?

Our findings

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

At our comprehensive inspection on 12 December 2018 we judged the practice was not providing safe care and not complying with the relevant regulations. We told the provider to take action as described in our enforcement action. At our follow-up inspection on 21 October 2019 we found the provider had made the following improvements to comply with the regulation and ensure care is provided safely.

The provider had made some improvements in accordance with current guidance relating to taking X-rays of patients, but had not fully taken the guidance into account.

We saw the medical emergency medicine, glucagon, was stored in a refrigerator. However, we observed that the provider was not monitoring the temperature of the refrigerator to ensure the medicine was stored in accordance with the manufacturer's instructions. After the inspection the provider replaced the medicine and ensured the new medicine was stored in accordance with the manufacturer's instructions.

We found that the provider had replaced the medical emergency medicine used for patients experiencing seizures, and it was now in the recommended format.

The provider had obtained all the required recruitment information for the staff.

We saw that the provider had assessed the risks to the health of staff working in a clinical environment where the result of their vaccinations was unknown or ineffective.

The provider had reviewed the fire risk assessment. We observed no emergency lighting was available at the premises for use in the event of a fire. After the inspection the provider obtained emergency lighting and sent us evidence to confirm this.

We saw the provider had improved the safety of the access to the stairs leading to the basement by ensuring the doors were lockable. However, the provider had not reduced the risks sufficiently, for example, there was still a large gap underneath the doors leading immediately on to the stairs. After the inspection the provider blocked the gap and sent us evidence to confirm this had been done.

The provider had reviewed the security of patients' dental care records and the practice's server to ensure no unauthorised access to them was possible.

The provider had also registered the use of radiation on the premises with the Health and Safety Executive.

These improvements showed the provider had acted to comply with the regulation.

Are services well-led?

Our findings

We found that the practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action, (see full details of the action required in the 'Requirement Notices' section at the end of this report).

At our comprehensive inspection on 12 December 2018 we judged the provider was not providing well-led care and not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At the follow-up inspection on 21 October 2019 we found the provider had made some improvements to the practice's systems and processes but had made insufficient improvements to ensure the practice complied with the regulations.

The provider told us they had contacted the practice's Radiation Protection Adviser for advice on the annual testing requirements for the practice's X-ray machines.

We found the provider had not sufficiently improved their systems for assessing, monitoring and reducing risk, for example,

- the provider had only partially addressed risks relating to the stairs and to fire safety,
- the provider had failed to consider risks to patient's health where reporting was only carried out on part of the X-rays taken.

We reviewed the provider's systems for assessing, monitoring and improving the quality and safety of the services.

We found the provider had improved their system for ensuring policies and procedures were reviewed and had put in place a master schedule detailing when equipment was due for testing.

We identified that the provider's systems for monitoring staff training were operating ineffectively, and no improvements had been made. The provider could not demonstrate that all staff had completed training in infection prevention and control, safeguarding, medical emergencies and life support, and, where relevant, radiation protection.

Although the provider had acted on some of the issues identified at the comprehensive inspection as contributing to the breach of Regulation 17, we found they had not improved their systems sufficiently, for example, to ensure that in the longer-term their systems and processes would prevent such issues re-occurring.

This section is primarily information for the provider

Requirement notices

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	<p data-bbox="815 658 1385 725">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="815 752 1506 931">Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p data-bbox="815 1012 1310 1043">How the regulation was not being met</p> <p data-bbox="815 1070 1506 1249">The registered person had systems or processes in place that were operating 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:</p> <ul data-bbox="815 1330 1506 1545" style="list-style-type: none"><li data-bbox="815 1330 1506 1545">· The registered person had an ineffective system for monitoring staff training. The registered person could not demonstrate that all staff had completed training in infection prevention and control, safeguarding, medical emergencies and life support, and, where relevant, radiation. <p data-bbox="815 1626 1506 1841">The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul data-bbox="815 1921 1506 1993" style="list-style-type: none"><li data-bbox="815 1921 1506 1993">· a limited risk assessment had been made on the risks associated with the stairs to the basement,

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Requirement notices

- the registered person had failed to consider risks to the patient's health where only partial reporting on the X-rays taken was carried out.

Regulation 17 (1)(2)