

Mr. Sanjeev Talwar

606 Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of 606 Dental Practice on 12 December 2018. 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 606 Dental Practice on 29 May 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 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 606 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. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

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 in relation to the regulatory breach we found at our inspection on 29 May 2018.

Background

606 Dental Practice is in Solihull, West Midlands and provides NHS and private treatments for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes six dentists, six dental nurses (including one head nurse), two dental hygienists, one dental hygiene therapist, a part time practice manager and five receptionists. The practice has six treatment rooms.

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.

Summary of findings

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

The practice is open: Monday to Friday 9am to 5.30pm.

Our key findings were:

- Staff were aware of the system for reporting incidents at the practice and recent incidents had been recorded.
- Evidence was available to demonstrate that policies and procedures were reviewed and updated.
- Patient dental records that we saw documented that either verbal or written consent to treatment had been obtained. Evidence was available to demonstrate that options, risks and benefits of treatment discussed with patients had been recorded in patient dental records.
- Disclosure and barring service checks were available for all staff.
- Up to date indemnity insurance was available for all members of clinical staff.
- Clinical staff had completed personal development plans to comply with clinical governance standards.
- The practice had reviewed its protocols for the use of dental dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- The practice had reviewed its protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Complaint handling procedures had been reviewed and an accessible system for identifying, receiving, recording, handling and responding to complaints by service users had been established.
- The provider was using safe sharps in accordance with the Sharp Instruments in Healthcare Regulations 2013. Consideration should be given to the provision of additional equipment for the safe disposal of sharps.
- A five-year fixed wiring test had been completed. There was no evidence to demonstrate that issues for action identified had been addressed.
- Not all risk assessments seen contained correct information or information relevant to the practice; the sharps risk assessment did not record details of all sharp instruments in use at the practice. The lone worker policy recorded information that was not relevant to the practice and control measures that had not been implemented. The violence at work policy recorded control measures that had not been implemented.
- The practice was completing infection prevention and control audits on a six-monthly basis. An out of date audit tool was being used and some information recorded was incorrect.
- The practice's systems for security of prescriptions was ineffective. The log of prescriptions was stored with prescription pads. Not all prescription pads had been logged. The practice's prescription audit did not identify the prescribing patterns for individual dentists.
- Improvements had been made to induction processes in place, although further improvements were required.

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/s 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?

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

The provider had made some improvements to the management of the service. This included providing equipment for the safe disposal of sharps and rectangular collimators fitted to X-ray equipment. Systems had been implemented for the reporting of and learning from incidents at the practice. Policies and procedures had been reviewed and contained a date for future review. Work had been completed on dental treatment rooms to seal work surfaces to maintain infection prevention and control standards. Improvements have been made to systems to monitor the quality of services provided including infection prevention and control audits and rubber dam equipment being available and used as appropriate. Some improvements were still required to governance arrangements. We noted that staff were not always recording the correct information on the infection prevention and control audit and were using an out of date audit tool. Risk assessments seen had not been adapted to meet the needs of the practice and some recorded control measures that had not been implemented. Action had not been taken to address the issues identified in the five-year fixed wiring test.

Requirements notice 

Are services well-led?

Our findings

At our previous inspection on 29 May 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 12 December 2018 we found the practice had not made all the necessary improvements to comply with the regulation:

- Staff were aware of the system for reporting accidents and incidents at the practice. We saw the practice's accident and incident log book. Three incidents had been recorded since the last inspection. These recorded details of the incident and action to take to prevent re-occurrence.
- Evidence was available to demonstrate that policies and procedures recorded a date for future review. We were told that any amendments to policies would be discussed with staff at a practice meeting. We saw that the contact details for the local safeguarding teams were on display for staff to refer to. The practice manager confirmed that these contact details had recently been reviewed to ensure they were up to date. There was no date for review recorded. We were told that this would be included immediately.
- Patient dental records that we saw documented that either verbal or written consent to treatment had been obtained. Details of options, risks and benefits of treatment discussed with patients had been recorded in patient dental records.
- Disclosure and barring service (DBS) checks were available for all staff. The practice had registered with an external company to complete DBS checks on their behalf.
- Evidence was available to demonstrate that all clinical staff had up to date indemnity insurance.
- Dentists and dental nurses had completed personal development plans to comply with General Dental Council standards.
- The practice was giving due regard to the Health and Safety Sharp instruments in Healthcare Regulations 2013 although some improvements were required. We were told that only the dentists were responsible for the safe disposal of sharps and we saw that equipment was available in each treatment room to assist with this. We noted that only a small number of devices were available per treatment room which may not be sufficient as these items require processing through the decontamination process after each use. The practice's sharps policy recorded details of all sharps equipment in use at the practice, the sharps risk assessment did not. This only recorded the use of 'hypodermic syringes'.
- A five-year fixed wiring test had been completed at the practice. We noted that urgent issues for action were identified. The practice manager stated that the electricity board had visited the practice in October 2018 and said that this was not urgent. We were not shown any documentary evidence to demonstrate that the risk had been de-escalated. We were told that all works were to be completed during a planned refurbishment of the practice which was due to take place early 2019.
- Improvements were required to some risk assessments seen. The practice's health and safety risk assessment stated that Class 3B and 4 lasers were in use. The practice manager confirmed that this equipment was not available at the practice. The lone workers risk assessment was generic and had not been adapted to meet the needs of the dental practice. The risk assessment mentioned shop workers and petrol attendants. Issues to reduce risks were recorded but action had not been taken regarding this. The practice's violence at work risk assessment lists a violence at work policy as a control measure. We were told that the practice did not have a violence at work policy.
- The practice was completing infection prevention and control audits on a six-monthly basis. We reviewed the audits completed on 3 July 2018, 87% compliance and 29 November 2018, 99% compliance. We identified that the most recent audit had not identified a tear in the material of a dental chair. This would affect the results of the survey. We also noted that the practice was using an out of date audit tool. The practice had not made the necessary changes to the infection prevention and control policy as this did not refer to the cleaning fluids in use at the practice.
- Work has been completed in the dental treatment room to seal worksurface edges to the wall. We observed a decontamination process and identified that staff were no longer scrubbing instruments under running water. Staff were transporting instruments using appropriate

Are services well-led?

containers to reduce the risk of water dripping on the floor. The practice's illuminated magnifiers had been repaired. Nurses checklists recorded that heavy-duty gloves used during the decontamination process were changed on a weekly basis. We saw evidence to demonstrate that information from data loggers used during the decontamination process was downloaded on a weekly basis.

- At the last inspection we identified a rip in the material of the chair in the dental hygienist's room. Following that inspection, we were told that a quotation was being provided to repair the chair week commencing 11 June 2018. At this inspection we noted that the rip had not been repaired. We were told that the chair was booked in to be repaired on 10 January 2019. Boiler temperatures had now been amended to ensure that hot water reached the required temperature in accordance with requirements.
- The practice's system for keeping a log of prescriptions was ineffective and did not provide assurance of prescription security. Storage arrangements required review as the prescription log was stored with the prescription pads. The practice had completed a prescribing audit. It was identified that part time dentists all used the same prescription pad. The prescribing audit did not identify individual prescribing patterns for each of the dentists who used the same prescription pad.
- Some work had been undertaken on documentation available regarding the induction process for new staff to the practice. The practice manager discussed the processes in place which included a one-day orientation to the practice, shadowing a member of staff for a week

and review of the staff handbook and health and safety handbook. We were shown an induction/orientation document and told that in addition to this staff completed other training such as fire safety, first aid, personal protective equipment and working in the decontamination room. It was difficult to identify from documentation seen whether a structured induction process took place at the practice.

The practice had also made further improvements:

- The practice had reviewed its protocols for the use of dental dam for root canal treatment taking into account guidelines issued by the British Endodontic Society. Rubber dam kits were available in each treatment room.
- The practice had reviewed its protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. Rectangular collimators were available for all X-ray equipment.
- The practice had reviewed its complaint handling procedures and established an accessible system for identifying, receiving, recording, handling and responding to complaints by service users. The practice had not received any complaints since the inspection of 29 May 2018. The practice manager had responded to concerns raised on the NHS Choices website. A copy of the NHS complaint handling policy was available to patients and the practice's complaint policy had recently been reviewed and contained a date for future review.

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="815 748 1517 853">Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.</p> <p data-bbox="815 936 1294 969">How the regulation was not being met:</p> <p data-bbox="815 1048 1517 1249">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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p data-bbox="815 1328 1485 1395">The sharps risk assessment did not record details of all sharp instruments in use at the practice.</p> <p data-bbox="815 1473 1501 1541">There was no evidence of action taken to address issues identified in the five-year fixed wiring test.</p> <p data-bbox="815 1619 1501 1951">Not all risk assessments contained correct information. The practice's health and safety risk assessment gave information about Class 3B and 4 lasers which were not in use at the practice. The lone workers risk assessment had not been adapted to meet the needs of the dental practice. Issues to reduce risks were recorded but action had not been taken regarding this. The practice's violence at work risk assessment lists a control measure that was not available.</p>

This section is primarily information for the provider

Requirement notices

Staff at the practice were using an out of date audit tool when completing infection prevention and control audits and had recorded incorrect information in the audit. The infection prevention and control procedure was not sufficiently detailed.

The practice's systems for logging prescriptions was ineffective and did not provide assurance of prescription security. The prescribing audit did not identify individual prescribing patterns for each of the dentists who used the same prescription pad.

There was additional evidence of poor governance. In particular:

There was no evidence of a structured induction process.