

## Prime Dental Surgery

# Prime Dental Surgery

## Inspection Report

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### Overall summary

We undertook a focused inspection of Prime Dental Surgery on 8 April 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 Prime Dental Surgery on 20 November 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 Prime Dental Surgery on our website [www.cqc.org.uk](http://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 breach we found at our inspection on 20 November 2018.

#### **Background**

Prime Dental Surgery is in Sparkhill, Birmingham and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. The reception, waiting area and treatment room are on the ground floor. The patient toilet is accessible by using stairs. Parking is available on local side roads near the practice.

The dental team includes two dentists, three trainee dental nurses, one of whom also works on the reception, a receptionist and a part time practice manager. The practice also employs a management consultant to give advice, provide staff training and introduce policies and procedures. The practice has one treatment room.

The practice is owned by a partnership 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

# Summary of findings

and associated regulations about how the practice is run. The registered manager at Prime Dental Surgery is the principal dentist.

During the inspection we spoke with the management consultant and looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 10am to 12.30pm and 2pm to 4.30pm. The practice is also occasionally open on a Saturday by appointment only.

## Our key findings were:

- The provider's sharps risk assessment included a separate document which listed details of all sharp instruments in use at the practice.
- Policies and procedures had been completed, implemented and had been discussed at staff meetings.
- The provider had not addressed all immediate actions identified on the fire risk assessment completed in May 2018. Building work was due to commence at the practice shortly and issues identified would be addressed at this time.
- Water temperatures were being recorded monthly in accordance with the recommendations of the legionella risk assessment.
- Infection prevention and control audits were being completed on a six-monthly basis with the last audit completed in November 2018.
- Some improvements were required with audit processes. A patient dental care record audit had been completed in January 2019 for one of the dentists working at the practice. The last radiography audit was dated January 2019.
- An up to date waste pre-acceptance audit was available on file.
- Product safety data sheets were available for all hazardous substances in use at the practice.
- Information was available in staff recruitment files as per Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Practice meetings had been held monthly since November 2018.
- Emergency medicines were within their expiry date. The log that staff used to record expiry dates had been completed incorrectly for three items.
- Evidence that two of the three dental nurses employed had immunity against vaccine preventable infectious diseases was available. The results for one staff member were due.
- A copy of the practice complaints procedure was on display in the waiting room and was readily available to patients.
- 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.

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

- Review the practice's protocols to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.

# 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. This included amending the practice's sharps risk assessment, completing and implementing policies and procedures, the purchase and use of a rectangular collimator for x-ray machinery, providing a copy of the complaint procedure for patients in the waiting area and ensuring information is available in staff recruitment files in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had undertaken some audits although improvements were required with audit processes. Practice meetings were being held monthly. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 20 November 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 8 April 2019 we found the practice had made the following improvements to comply with the regulation:

The provider's sharps risk assessment had been amended to include a document which listed all sharp instruments in use at the practice. The staff followed relevant safety regulation when using needles and other sharp dental instruments.

Policies and procedures had been fully completed and implemented. Staff had signed documentation to confirm that they had read these policies. The management consultant had implemented a General Data Protection Regulation (GDPR) folder which included policy documentation, audits and all evidence required to complete the information governance toolkit. Evidence was available to demonstrate that the practice was following their health and safety policy, in particular regarding the testing of smoke alarms at the practice.

The provider had not addressed all immediate actions identified on the fire risk assessment completed in May 2018. We were told that building work was due to commence at the practice shortly and issues identified would be addressed at this time.

The legionella risk assessment required monthly water temperature testing to be completed, at our previous inspection, a gap was noted of three months when this was not completed. Water temperatures were being recorded monthly.

The last infection prevention and control audit was completed in November 2018, issues for action identified had been addressed. Infection prevention and control audits were being completed on a six-monthly basis. The audit did not record a percentage compliance score to enable a comparison of the results with previous audits to demonstrate improvement.

A patient dental care record audit had been completed in January 2019 for one of the dentists working at the practice, some improvements were required with the audit

process. For example, the audit template required a larger patient sample. Comments recorded did not show a true reflection of the results recorded. There was no evidence of an audit for the other dentist who worked at the practice.

The last radiography audit was dated January 2019, some improvements were required with the audit process. For example, a small sample size had been recorded which was split between the two dentists working at the practice. The practice had only completed a bitewing audit and there was no evidence of a periapical audit, standardised documentation was available to enable this audit to be completed.

An up to date waste pre-acceptance audit was available on file.

The provider had suitable risk assessments to minimise the risk that can be caused from substances hazardous to health. Product safety data sheets were available for all hazardous substances in use at the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff. We reviewed four staff recruitment records and noted that all information was available in staff recruitment files as per Schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care were available on file. Disclosure and barring checks had been completed and proof of identification obtained and a copy kept on file.

Evidence was available to demonstrate that practice meetings had been held monthly since November 2018. Meeting minutes recorded topics of discussion and details of training completed.

Emergency medicines were within their expiry date. The log that staff used to record expiry dates had been completed incorrectly for three items. The log recorded a different expiry date to that recorded on the adult and paediatric defibrillator pads and salbutamol. We were told that this would be discussed with staff and amended immediately.

The provider had assurances that two of the three dental nurses employed had immunity against vaccine preventable infectious diseases. The results for one staff member were due and were to be forwarded to the CQC following this inspection. Currently this member of staff is working as a receptionist and not in a clinical position.

## Are services well-led?

The practice had a policy providing guidance on how to handle a complaint. This also included information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. A copy of the practice complaints procedure was on display in the waiting room and was readily available to patients. Pictorial information regarding complaints was also on display.

The provider had also made further improvements:

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 and in use of X-ray equipment.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 8 April 2019.