

## 1A Group Dental Practice Partnership

# Mydentist - Lincoln Road - Peterborough

## Inspection Report

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### Overall summary

During our announced comprehensive inspection of this practice on 1 September 2015 we found a breach of legal requirements in relation to the Health and Social Care Act 2008. After this comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulation 17-Good Governance.

We undertook this focused inspection to check that the practice had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this requirement. You can read the report from our previous comprehensive inspection, by selecting the 'all reports' link for Mydentist- Lincoln Rd- Peterborough on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### **Are services safe?**

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

#### **Are services responsive**

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

#### **Are services well-led?**

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

#### **Key findings**

- Overall we found that sufficient action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulation.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

Overall we found that the provider had taken sufficient action to address the shortfalls identified in our previous inspection of 1 September 2015. Incident reporting and recording had improved and learning from them was shared with staff. Recruitment procedures had been strengthened to ensure that only suitable staff were employed. Fire safety recommendations had been implemented and a detailed risk assessment had been completed in relation to a very steep stair case.

Decontamination procedures had improved and equipment was validated and tested regularly to ensure it was safe to use.

### **Are services effective?**

<Findings here>

### **Are services caring?**

<Findings here>

### **Are services responsive to people's needs?**

Overall we found that the provider had taken sufficient action to address the shortfalls identified in our previous inspection of 1 September 2015. A hand rail was about to be fitted to make disabled access to the practice safer and patients' verbal complaints were now being recorded and responded to appropriately.

### **Are services well-led?**

Overall we found that the provider had taken sufficient action to address the shortfalls identified in our previous inspection of 1 September 2015. Significant improvements had been implemented in relation to how the practice was governed and the provider had implemented measures to ensure the practice met required standards and legislation.

# Mydentist - Lincoln Road - Peterborough

## Detailed findings

### Background to this inspection

We undertook an announced focused inspection of Mydentist-Lincoln Road-Peterborough on 2 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 1 September 2015 had been made.

We inspected the practice against three of the five questions we ask about services: is the service safe, responsive and well-led

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our inspection we spoke with the practice manager, the area manager and a regulatory officer. We checked the premises and reviewed a range of documentation.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

At our previous inspection we found that the recording and management of significant incidents was not robust. During this inspection we viewed documentation in relation to three events that had occurred at the practice since our last visit. We found they had been recorded in detail and viewed minutes of staff meetings where they had been discussed with those attending so that learning from them could be shared across the practice. One of the incidents had led to all staff receiving additional training in 'managing conflict' so they could be better equipped with the skills to deal with a similar situation again. The incidents had also been reported to the provider's area manager, and health and safety department so that any themes or trends in them could be monitored centrally. These were then shared in the provider's fortnightly bulletin that was sent to all practice managers in the company.

Posters describing the provider's incident and accident reporting procedure had been placed throughout the practice since our previous visit, making it easily accessible to staff.

### Recruitment.

At our previous inspection we found the practice's recruitment procedures needed to be strengthened. Although no staff had been employed since our last visit, we were shown the provider's new recruitment policy that had been implemented in December 2015 which clearly stated that two references must be sought for staff before they would be employed. We also viewed the provider's 'Hiring managers checklist', which prompted managers recruiting staff to ensure that relevant references had been obtained.

The regulatory officer told us that the provider's HR department would now not agree to start any new staff until all relevant checks and references had been obtained and were rigorous in implementing this.

### Monitoring health and safety

At our previous inspection we found that a recommendation to have a fire door in the decontamination room following a fire risk assessment had not been implemented. During this inspection we viewed

the new door fire door which had been installed on 13 January 2016. The recommendation to replace one water fire extinguisher with a carbon dioxide extinguisher had also been actioned.

We found that a detailed risk assessment had been completed in relation to the very steep and dangerous stairs in use at the practice to ensure it was as safe as possible for patients to use. The assessment had been signed by all staff to indicate that they were aware of the risks and the measures put in place to reduce them.

### Infection control

At our previous inspection in September 2015 we found that the practice's infection control lead had not undertaken any additional training for this role and was not given protected time to undertake the responsibilities it entailed. During this inspection we viewed the lead nurse's training file which showed she had undertaken a range of additional training since our last visit including steriliser testing and validation; legionella; waste disposal; decontamination processes and blood borne viruses.

The regulatory officer told us that a specific workshop for infection control leads in each practice was being held on 16 June 2016. Further workshops would take place every three months so that any issues and best practice could be shared across the region.

The practice manager told us that the infection control lead was given a day a week for their responsibilities and the staff rota we viewed confirmed this.

During this inspection we also found that decontamination systems had improved. For example, there were now separate canisters of lubricant for the dirty and clean area of the decontamination room.

At our previous inspection we found that inadequate testing had been completed for the ultrasonic cleaning bath and one of the practice's autoclaves. During this inspection we viewed log books which showed that the equipment was being tested regularly in line with national guidance.

A separate fridge had been purchased since our last inspection to ensure that dental materials were stored separately from staff's food items

### Radiography

## Are services safe?

At our previous inspection we found that staff from another separately registered dental practice on the ground floor were using the practice's x-ray equipment. The staff at the other practice were not named on the relevant documentation as being authorised to use the equipment.

During this inspection we viewed that local rules for each separate practice were now available, both of which clearly listed the relevant staff. A specific protocol had been introduced to clarify how the two separate practices would share the same equipment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Tackling inequality and promoting equality**

At our previous inspection in September 2015, a recommendation that a hand rail be fitted on the slopped access at the rear of the building had not been implemented. This had been made following an incident where a patient had fallen on the ramp. During our inspection we met the builder who was in the process of measuring up for the handrail and told us he hoped to

complete the work shortly. The practice manager told us there had been some delay in getting the work done as the owner of the building had only recently agreed for the hand rail to be fitted.

### **Concerns and complaints**

During our previous inspection in September 2015 we found that patients' verbal complaints were not formally recorded. We viewed the complaints log and noted that two verbal complaints concerning disabled access and the deregistration of a patient had been received, recorded and dealt with in a timely and satisfactory way by the practice.

# Are services well-led?

## Our findings

### **Governance arrangements**

Since our previous inspection in September 2015, we found that systems had been implemented to better monitor incidents and complaints, to check the quality of the practice's decontamination procedures and to improve safety for patients.

The provider had recently introduced a wide ranging compliance audit tool to ensure that the practice was meeting all relevant standards and regulations. This tool had been completed in December 2015 and had identified a number of shortfalls. We saw that appropriate action was being implemented to improve the service accordingly .