Primrose Dental Ltd

Primrose Dental Practice

Inspection Report

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Overall summary

We carried out a follow- up inspection on 3 August 2016 at Primrose Dental Practice.

We had undertaken an announced comprehensive inspection of this service on 21 March 2016 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements and we reviewed the practice against four of the five questions we ask about services: is the service safe, effective, responsive and well-led?

We revisited Primrose Dental practice as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

Our findings were:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations

Are services effective?

We found that this practice was not providing effective care in accordance with the relevant regulations

Are services responsive?

We found that this practice was not providing responsive care in accordance with the relevant regulations

Are services well-led?

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

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Primrose Dental Ltd on our website at www.cqc.org.uk.

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?

Enforcement action 

At our previous inspection we had found that the practice did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

We carried out an inspection on the 3 August 2016. Sufficient action had not been taken to ensure that the practice was safe because systems were not in place to suitably manage fire risks and prevention and control of spread of infection.

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

Enforcement action 

At our previous inspection we found that this practice was not ensuring that staff had received appropriate support, training, professional development, supervision and appraisals necessary to enable them to carry out the duties they were employed to perform.

At our follow up visit we found that suitable systems had not been put in place to ensure procedures such as dental implant surgery were undertaken while giving due regard to national guidance. Staff had not received relevant training and supervision in line with published guidance, such as from the Faculty of General Dental Practice (FGDP) for such procedures

We found that this practice was not providing effective care in accordance with the relevant regulations.

Are services responsive to people's needs?

Enforcement action 

At our previous inspection we found that this practice had not established an accessible system

for identifying, receiving, recording, handling and responding to complaints by service users.

We carried out an inspection on the 3 August 2016. Sufficient action had still not been taken to ensure that appropriate systems were in place to manage complaints.

Are services well-led?

Enforcement action 

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. They had also not ensured that their audit, risk assessment and governance systems were effective.

At our follow up visit we found that action had still not been taken to ensure that the practice was well-led because the provider had still not ensured that their risk assessment and governance systems were effective.

Primrose Dental Practice

Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 3 August 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 21 March 2016 had been made. We reviewed the practice against four of the five questions we ask about services: is the service safe, effective, responsive and well-led?

The inspection was led by a CQC inspector who was accompanied by a dental specialist advisor.

During our inspection visit, we checked whether the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff records, maintenance records and policies.

We carried out a tour of the premises. We also spoke with all the staff working on the day of the inspection. We spoke with one member of staff on the phone after the day of the inspection as they were not available on the day of the visit.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an incident logging processes that was understood by the staff we spoke with. There had been no incidents reported in the last twelve months.

The principal dentist, who was the designated lead for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), did not understand the term and told us they thought it had something to do with safeguarding. Staff we spoke with however understood the requirements. Staff were able to describe the type of incidents that would need to be recorded under these requirements.

We were told by staff that there had been no RIDDOR incident over the past 12 months.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had children and vulnerable adult safeguarding policies. The policies were dated April 2016 and scheduled to be reviewed in April 2017. The policies included details of what should be considered abuse, how to report abuse and the contact details of the local safeguarding team. Staff had completed safeguarding training. They were able to explain their understanding of safeguarding issues. There had been no safeguarding incidents that needed to be referred to the local safeguarding teams.

The practice had some systems in place to help ensure the safety of staff and patients. This included for example having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols, procedures for using equipment safely, health and safety process, procedures and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with radiography and manual handling.

During the course of our inspection we checked dental care records and they included various elements that one would expect to see. They contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records we saw were structured suitably.

However we found that records were not being made available to all staff that needed this information; for example one member of staff told us that the principal routinely locked up the practice computer to deny them access to the records. We were told that the member of staff had spoken and written to the principal dentist about this but had not received a response at the time of inspection and had not been given an explanation for this action.

The practice used a rubber dam for root canal treatments in line with current guidance. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.]

Medical emergencies

At the last inspection we found staff had not received sufficient training on how to deal with medical emergencies. Since the last inspection, staff had undertaken appropriate medical emergency training. This was reflected in the training records we saw.

Monitoring health & safety and responding to risks

The practice had some arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. For example, we saw risk assessments for radiation and display screen equipment. The assessments included the controls and actions to manage risks.

However we found that action was not always taken to respond to risks that were identified. For example a May 2016 fire risk assessment had identified nine actions that were required to be carried out within an month of the assessment. None of the actions had been completed by the practice at the time of the inspection. The principal dentist who was the lead for fire safety was not aware of the deadline contained in the report. They also demonstrated a lack of understanding for actions that were required. For

example, the assessment had identified that there were no suitable arrangements in place for summoning the emergency services. The principal said that this related to the practice needing to identify someone responsible for calling the fire service in the event of a fire; but the assessment said this was about having the practice contact details by phones in the practice to ensure emergency services were given the correct information.

Infection control

There were some systems in place to reduce the risk and spread of infection. The principal dentist was the infection control lead. There was an infection control policy and an infection control audit had been undertaken in April 2016.

Staff gave a demonstration of the decontamination process which was in line with HTM 01-05. Staff wore appropriate protective equipment such as heavy duty gloves and apron in accordance with HTM 01-05 guidance. Instruments were manually cleaned and an illuminated magnifier was used to check for any debris during the cleaning stages. After cleaning instruments were placed in the autoclave, pouched and then date stamped.

Staff told us about the daily, weekly and monthly checks that were carried out to ensure sterilisation and cleaning equipment was working effectively. We saw records that some of these checks had been carried out, and staff had signed and confirmed that the checks had been undertaken.

However, we noted that there were inconsistencies in the records that the practice principal and practice staff were unable to explain. For example, before June 2016 the records were signed by the nurse who processed the instruments. From June 2016 onwards we saw that records had not been signed by staff. There were gaps in the logging systems of the checks which were inconsistent with the records available for the dates that were recorded. None of the dental nurses we spoke with could confirm who had created the unsigned records. The principal dentist told us they were unaware of who had created these records.

We saw evidence that staff had been vaccinated against Hepatitis B in line with current guidance to protect patients from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins. Bins were collected regularly by a specialist clinical waste company. The bins were appropriately stored safely away from public access while awaiting collection, which took place weekly.

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE.

A Legionella risk assessment had been completed [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The water lines were flushed daily and weekly.

Equipment and medicines

We found most of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) had been completed in 2016.

However, we found that the practice did not have appropriate equipment to undertake implant surgery in a safe and effective manner.

For example we found a box with 19 out of date dental implant healing caps, mixed with in-date caps. We also found surgical sutures that were past their use-by date. We also noted that saline that would be required during dental implant surgery was not available. When asked about these issues the principal said practice would order or borrow these items when they had to carry out this procedure.

The practice had procedures regarding the prescribing and stock control of the medicines used in the practice. The policy was dated April 2016. However we found that there was no batch numbers logged for some of the medicines stored.

Radiography (X-rays)

The principal dentist was the Radiation Protection Supervisors (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the

Are services safe?

equipment. Equipment had been serviced in April 2016. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used.

Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. A radiograph audit had been carried out in September 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence that medical histories and dental charting were updated regularly. Periodontal tissue assessment was undertaken on a regular basis using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. However, we noted that suitable clinical assessments, including an assessment and documentation of risks were not being undertaken for patients undergoing dental implant surgery.

Staffing

Staff told us they had received some professional development and training and the records we saw reflected this. The practice maintained a programme of professional development for staff. Examples of staff training included topics such as safeguarding, mental capacity and medical emergencies and infection control. However we saw that some relevant training had not been provided to staff. For example, the practice carried out implant surgery but staff told us training had not been arranged.

At the last inspection the principal dentist was unable to provide evidence of their up-to-date training in dental implants. At this inspection they were still not able to provide evidence of having undertaken the necessary training. .

We reviewed the appointment books and saw that patients had been booked in for dental implant surgery. We asked the principal which member of staff would assist them in carrying out the implants. They initially said this would be the trainee nurse. We spoke to the nurse about this and they advised us they had never observed an implant procedure before and did not feel confident supporting the procedure. The principal then advised us that a more senior nurse would be supporting them. We spoke to the nurse and they advised they had not been given support for assisting in the procedure. Following the inspection we were advised by staff that another nurse that had undertaken the procedure before would be involved with assisting with the procedures we saw in the appointment book.

We saw that appraisals were now taking place for dental nurses and reception staff.

However, we saw that issues picked up in appraisals were not acted upon. All the staff we spoke with told us they did not feel appropriately supported to do their jobs.

Consent to care and treatment

Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient. We saw treatment plans in the dental care records. The practice had consent forms that had been signed by patients.

Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met and showed a general understanding of the Mental Capacity Act (MCA) 2005. (MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Concerns & complaints

The practice had a policy to manage patient complaints. It was dated April 2016. The policy gave patients some details of how to make a complaint. However, it advised patients that they could escalate complaints to NHS England despite the practice being wholly private. The name of the person given responsibility for complaints at the practice was someone who did not work at the practice. When we pointed this out to practice staff they advised that the name must have been left in the template of the document they used to create the practice procedure.

There was also an inconsistent message about the number of complaints received. The principal dentist told that the practice had not received a complaint in the last year, but staff told us some complaints had been received. One member of staff showed us a complaint that had been emailed to them by a patient. The member of staff believed that this complaint had been sent by the patient to the practice as well.

Are services well-led?

Our findings

Governance arrangements

The provider had some governance arrangements in place for the effective management of the service. There were a range of policies and procedures in place including employment and infection control. However the management structure in place was weak. The principal dentist was the identified lead for key work areas such as infection control and safeguarding but staff told us they were not clear about their areas of responsibility. For example the principal told us that one of the nurses had responsibilities associated with fire protection but the nurse had no knowledge of these responsibilities.

The quality audits undertaken at the practice included infection control, dental records and radiography audits.

Leadership, openness and transparency

We spoke with all the staff who worked at the practice. Staff we spoke with said they felt the practice owner was not open and transparent. Staff told us they would not be comfortable raising concerns with the owner. They told us practice meeting that took place were not constructive and were used by the principal to criticise staff and blame them for anything that went wrong. For example the notes of a July 2016 meeting noted that the principal had told staff they were unhappy with the way the practice was being run, though there were no notes of whether any discussions had undertaken on how to better manage the practice.

Management lead through learning and improvement

Staff had access to some training. There was a system in place to monitor staff training to ensure training was completed.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through their own surveys and a practice suggestion box. Staff told us that the forms were reviewed and discussed with the practice manager who had left their job a few weeks before the inspection.