

Dentaz Ltd

Ponsford 59 Dental Practice

Inspection Report

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Date of inspection visit: 7 June 2017

Date of publication: 17/10/2017

Overall summary

We carried out this unannounced responsive focused inspection on 7 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out due to three sources of concern raised to us particularly in relation to infection control practices, equipment and staffing. The inspection was led by a CQC inspector who was supported by a specialist dental nurse adviser and an assistant inspector.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection. Because this inspection was an unannounced responsive inspection we did not look at all areas. The areas we reviewed were; infection control, radiation, staffing, medical emergencies and equipment.

Our findings were:

Are services safe?

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

Background

Ponsford 59 Dental Practice is in Minehead and provides approximately 90% of NHS services and 10% private treatment to patients of all ages.

There is access for patients who use wheelchairs and pushchairs through the use of a ramp at the front of the practice. There were two car parking spaces. There were no specific spaces for disabled access. There was plenty of on street parking nearby including access to local transport services.

The dental team includes one dentist, who is the nominated individual, two qualified dental nurses, one of which is the practice manager, two dental hygienists and one receptionist. The practice has three treatment rooms.

The practice is owned by a company 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 and associated regulations about how the practice is run. The registered manager is the practice manager and one of the directors of the company. They are also a qualified dental nurse.

Summary of findings

During the inspection we spoke with the principal dentist, the dental nurse, the receptionist 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 spoken with felt they were supported and management was approachable to raise concerns with them openly.
- The practice had infection control procedures which needed some improvement to ensure they followed published guidance.
- Staff received training in how to deal with medical emergencies. Appropriate medicines were available. There was life-saving equipment but not all equipment was available that should be available, according to resuscitation council UK guidelines and GDC standards for the dental team.
- There were recruitment procedures in place however these could be further improved to ensure they met with current legislation.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice system for the sterilising equipment to ensure it is maintained according to manufacturers and infection control guidance and that appropriate maintenance records are held for appropriate intervals according to records management guidelines.
- Review the current legionella risk assessment and implement the required actions including the

monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate written explanation of any gaps in employment and carrying out a risk assessment if a Disclosure and Barring Service check has not been received prior to employment.
- Review the practice's recruitment policy and procedures to ensure written gaps of employment, how references should be sourced as well as proof of identification are recorded suitably giving due regard to Schedule 3 Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on, a regulated activity.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff particularly in relation to infection control.
- Review the systems in place for prescription pads to monitor and track their use from delivery to use.
- Review stocks of dental materials and the system for identifying and disposing of out-of-date stock.
- Review what should be reported to the Health and Safety Executive and at what intervals, particularly in relation to radiation.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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?

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

The practice had infection control procedures which needed some improvement to ensure they followed published guidance.

Staff received training in how to deal with medical emergencies. Appropriate medicines were available. There was life-saving equipment but not all equipment was available that should be available, according to resuscitation council UK guidelines and GDC standards for the dental team.

There were recruitment procedures in place however these could be further improved to ensure they met with current legislation.

The provider had appropriate employers liability and indemnity for staff to ensure they were adequately protected against any incidents or accidents that occurred.

No action



Are services safe?

Our findings

Medical emergencies

We reviewed what processes the practice had in place to deal with medical emergencies. This included staff training and medicines and equipment used in an emergency. We saw evidence that five out of six staff had received medical emergency training in various forms including online video training. We did not receive evidence that one of the clinical staff had received medical emergency training. We were told that medical emergencies were discussed at team meetings. We did not see evidence of team meeting minutes to corroborate this.

Emergency medicines were available but not all emergency equipment as described in recognised guidance. The equipment which was not available included an oropharyngeal airway size 0 and there was no small size clear mask for self-inflating bags. We found out of date equipment including extra-large clear masks for self-inflating bags and adult pads for the automatic external defibrillator (AED). The registered manager was going to clarify with the manufacturer whether their type of AED required paediatric pads. The syringes held were within the emergency kit were not dated and so we were unable to establish whether they were still fit for use. We also noted that there were other medicines and equipment that were out of date that had not been removed and disposed of within the same drawer. The practice had a first aid box. We noted that there were out of date items within this box which included bandages and sterile wipes.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. The recruitment policy did not reflect all of the relevant legislation required. For example, it did not include gaining proof of identification, checking for gaps of employment and how references should be sourced. We looked at three out of six staff recruitment files. These showed the practice followed their recruitment procedure but was missing some information which was required through relevant legislation. This included checking gaps of employment and risk assessments of when Disclosure and Barring service checks have not been returned prior to employment.

Monitoring health & safety and responding to risks

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. Clinical staff were qualified and registered with the General Dental Council (GDC).

A dental nurse worked with the dentist when they treated patients. The dental hygienists did not have any chairside support whilst they were treating patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. The policy followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

We were unable to determine whether staff had received infection control training in the last year because the provider had not provided us with this information. There was an induction process for staff which included infection control procedures. However, we found this could be improved because staff were unaware of all their roles and responsibilities. For example, staff did not know how to carry out checks on the vacuum autoclave or carry out water temperature checks.

The records did not show equipment used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. We saw the non-vacuum autoclave had records of daily checks on the indicator test device. The manufacturer of the equipment confirmed there should have also been weekly or at least fortnightly downloads to ensure the efficiency of the machine. The manager could not provide us with any evidence of any downloads carried out on the machine.

The practice had a vacuum autoclave which we were told was rarely used. We saw there were no records or testing equipment available of daily and weekly checks carried out to ensure the efficiency of the machine. The dental nurse confirmed they did not know how to carry these out as they had not needed to use it yet.

We saw parts of the practice appeared clean whereas other areas required some attention. The practice did not have a specific cleaning schedule for the practice, which detailed how each area of the practice would be cleaned. We found the decontamination area was dusty and not clean in areas

Are services safe?

including the skirting boards and cupboards. We saw the treatment room that was in use had cluttered work surfaces. The practice did not have appropriate equipment and colour coding for sanitary areas.

The practice did not have suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Within the treatment room that was in use we found loose dental instruments without packaging and dental instruments that had not been appropriately packaged with an expiry date or were out of date.

We found that although the water distiller appeared clean. There were no records to show when it was cleaned to ensure its efficiency. We found within one of the rooms that was not used regularly that there was a bottle with a decanted liquid with no label or description of what was in the bottle. We were told it was disinfectant spray. We saw the protective bib that was in use appeared to be soiled.

The practice carried out infection prevention and control audits twice a year. The last two audits completed from December 2016 and May 2017 showed the practice was meeting the required standards and there were no actions for the practice to address.

The practice had completed a risk assessment to reduce the possibility of Legionella or other bacteria developing in the water systems. The registered manager informed us monthly checks were required on the water temperatures on sentinel taps. They were unable to provide us with any records of these checks and the dental nurse confirmed they did not know how to carry out these checks.

Equipment and medicines

We saw annual servicing documentation for the compressor, autoclaves and the mains electrical installation certificate. Staff did not carry out checks in line with the manufacturers' recommendations. For example, the non-vacuum autoclave guidance indicates weekly or at least fortnightly downloads to check its efficiency. We were

not provided with any evidence of these checks carried out. There was no evidence or records that the vacuum autoclave had any checks carried out on it to ensure its efficiency.

The practice did not have an effective system in place to ensure dentistry materials were within date and safe to use. We found a large number of dental materials that were out of date within the treatment room that was in use.

The practice stored NHS prescriptions as described in current guidance. The practice did have a system in place to audit prescriptions once they had been allocated to a clinician. However, this could be further improved by ensuring there was an effective trail from when they were delivered to when they were allocated to a clinician. The registered manager informed us they would implement a new system to ensure there was a full audit trail.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. Although we saw the practice had not informed the Health and Safety Executive, when they installed a new X-ray machine in October 2016, as required. The registered manager told us they would be notifying the Health and Safety Executive of the new X-ray installation. They also did not have any specific local rules for one of the treatment rooms. Although we were informed this room was currently not being used to see patients.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits in the last year following current guidance and legislation.

The principal dentist had completed continuous professional development in respect of dental radiography on the 9 June 2017. This training had been completed after our inspection. We did not see any evidence of training completed prior to this.