

1A Group Dental Practice Partnership Mydentist - Millfield - Peterborough

Inspection Report

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Overall summary

During our announced comprehensive inspection of this practice on 20 July 2015 we found breaches 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 12- Cleanliness and Infection Control, Regulation 16 Complaints, Regulation 17- Governance and Regulation 18- Staffing.

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- Millfield Rd- Peterborough on our website at www.cqc.org.uk

Are services safe?

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

Are services effective?

We found that this practice was providing effective 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 regulations. Incidents and complaints were better managed, staff training had increased and action had been taken in response to a number of identified risks.

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 20 July 2015. The management of incidents had improved, recruitment procedures were more robust and recommendations from the fire risk assessment had been implemented to protect patients and staff. Decontamination procedures were implemented consistently by staff and equipment repairs were conducted more swiftly.

Are services effective?

Overall we found that the provider had taken sufficient action to address the shortfalls identified in our previous inspection of 20 July 2015. Staff's understanding of the legislation associated with gaining patients' consent had improved, and the number of qualified dental nurses had increased. However the area manager acknowledged that more qualified staff needed to be made available and told us action would be taken to address this.

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 20 July 2015. An interpreter had been employed two days a week at the practice to meet the needs of patients who did not speak English, and patients' complaints were managed more robustly.

Are services well-led?

Overall we found that the provider had taken sufficient action to address the shortfalls identified in our previous inspection of 20 July 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 - Millfield - Peterborough

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Mydentist-Millfield-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 20 July 2015 had been made.

We inspected 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 had access to remote advice from a specialist advisor.

During our inspection we spoke with the temporary manager, the area manager, the regulatory officer, a dental nurse and one of the dentists. 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. Although no new incidents had incurred since this visit, the temporary practice manager told us that specific new incident recording forms had been introduced and that all staff had read and signed the incident reporting policy. 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. Incidents were now a standing agenda item at the practice's monthly staff meetings.

We spoke with two staff who were aware of the practice's policy and told us they felt confident in reporting concerns.

All incidents were 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.

The following day to our inspection, the provider sent us the results of an incident simulation exercise which showed us that the practice had recorded, managed and then discussed the incident at staff meeting.

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. We also viewed the provider's 'Hiring managers checklist', which prompted managers recruiting staff to ensure that relevant references had been obtained. All practice managers now received specific recruitment training to ensure that they completed the process in line with the provider's policy.

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 recommendations following a fire risk assessment of the

building in January 2014 had not been implemented. During this inspection we noted that fire drills were now undertaken every six months; a new fire assembly point had been identified; x-ray warning signs had been placed upon relevant doors and isolation switches had been clearly marked.

At our previous inspection we found that clinical waste was not being stored safely. During this inspection we noted that the external clinical waste bin was now locked and chained to the wall for security.

At our previous inspection we found that the temperature of one of the treatment rooms and waiting areas was very warm, which had resulted in a staff member fainting. Since then, a portable air conditioner unit had been placed in the treatment room and the provider was in the process of installing a ventilation system to keep the premises cool throughout. This had taken longer than expected as permission was needed from the property's owner.

Infection control

At our previous inspection in July 2015 we found that the practice's decontamination procedures were not being implemented consistently by staff. In response to this, the temporary practice manager had put up a laminated poster at each stage of the decontamination process, describing in detail what staff had to do, (for example the exact amount of detergent needed, the temperature of the water etc.). She told us this had been effective in ensuring that staff followed the same procedures throughout the whole decontamination cycle.

At our previous inspection we found that the capacity for the ultrasonic bath was small for the turnover of instruments within the practice. During this inspection we noted a new sonic bath had been purchased, and staff we spoke with told us they had access to plenty clean instruments.

At our previous inspection in July 2015, we noted that the practice did not have a record of all clinical staff's Hepatitis B vaccinations. We checked files for five staff, all of which contained evidence of their status.

We noted that a treatment room work top had been mended and new medical grade vinyl had been laid throughout in all three treatment rooms. A broken dental chair had been mended.

Equipment and medicines.

Are services safe?

At our previous inspection we found that the temperature of the fridge where medicines were stored was not recorded. During this inspection, records showed refrigerator temperature checks were carried out to ensure medicines requiring refrigeration were stored at appropriate temperatures.

At our previous inspection, staff told us of the lengthy waits they experienced to get faulty items of equipment mended or replaced. During this inspection the area manager told us that the provider had changed its maintenance contractors and used more locally based companies. Staff were now able to determine the urgency of the repair,

rather than the provider's head office. Staff told us this had led to an improvement in timescales and provided us with specific examples of where equipment had been repaired or replaced quickly.

At our previous inspection we found that not all staff had completed essential training for their role. We checked the training records for three staff and found that they had undertaken training in health and safety, fire awareness, information governance, medical emergencies and infection control amongst other things since our previous inspection. Records for five staff showed they had received an annual appraisal of their performance.

Are services effective?

(for example, treatment is effective)

Our findings

Staffing

At our previous inspection we found that all three dentists at the practice were supported by trainee, rather than qualified, nurses. The regulation officer told us there was now a permanent qualified member of staff at the practice, and in addition to this the practice manager was a qualified dental nurse. She stated that since November 2015, the provider employed three additional 'floating' qualified nurses, who worked at practices across the region when needed. However despite this, it still meant that sometimes dentists worked at the practice with unqualified staff. We

spoke with a dentist who told us he preferred working with qualified staff as it meant better patient safety. The regional manager told us they would review this situation immediately.

Consent to care and treatment

At our previous inspection not all staff were aware of their responsibilities under Gillick guidelines (this helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). The temporary manager told us that all staff had been issued with the guidelines since our last inspection. We spoke with a dental nurse and one dentist, both of whom showed a good knowledge of the guidelines and how they would use them in the dental setting.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Tackling inequality and promoting equality.

At our previous inspection in July 2015 we found that the practice was not particularly responsive to the needs of patients who did not speak English. This was particularly important as it operated in a diverse and multi-cultural area of Peterborough. Following our inspection, the practice had employed an interpreter for two days a week who spoke a range of languages common amongst the practice's patient population. Patients who did not speak English were encouraged to make an appointment on either day the interpreter was available at the practice. Staff told us this had been hugely successful and as a result the amount of missed appointments had greatly reduced as patients better understood the need for their treatment.

At our previous inspection we found that patients' complaints had not always been managed well. The temporary practice manager showed us a new complaints folder she had implanted in the practice which gave staff clear guidance on how complaints should be dealt with. We viewed the paperwork in relation to the one complaint received by the practice since our previous inspection and saw that it had been dealt with in a timely and empathetic way. An action plan had been drawn up in response to the concerns raised and it had been discussed at a recent staff meeting so that learning from it could be shared. The temporary manager told us that feedback from the NHS Choices web site would be discussed at the forthcoming staff meeting on 16 June 2016.

Are services well-led?

Our findings

Governance arrangements

Since our previous inspection in July 2015, we found that systems had been implemented to better monitor incidents and complaints, staff training had increased and action had been taken in response to a number of identified risks. A specific practice policy folder had been implemented and we saw evidence that staff had read and signed the practice's policies to show they had understood and agreed to abide by them.

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 been effective in identifying a number of shortfalls.

The practice was currently without a registered manager but the area manager told us plans were in place to appoint a full-time manager in the forthcoming months. They were awaiting the return of a temporary manager who was on sickness leave at the time of our inspection to determine whether or not she would be applying for the post. Staff told us there had been huge improvements in the management of the practice in recent months.