A J Cale Limited

Anthony J Cale & Associates

Inspection Report

55 Racecommon Road
Barnsley
South Yorkshire
S70 6AB
Tel: 01226 203531
Website: www.anthonyjcale.co.uk

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Overall summary

We carried out a follow-up inspection at Anthony J Cale & Associates on 29 September 2017.

We had undertaken an announced comprehensive inspection of this service on the 24 February 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection we wrote to the principal dentist asking them to submit an action plan saying what they would do to meet the legal requirements in relation to the breach. An action plan was not submitted.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anthony J Cale & Associates on our website at www.cqc.org.uk.

We revisited Anthony J Cale & Associates as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 29 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

• Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

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

Background

Anthony J Cale & Associates is in Barnsley and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists, seven dental nurses (one of whom is a trainee) and an office manager. The dental nurses also cover reception duties. A new dentist was due to start the Monday after the inspection. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Anthony J Cale & Associates was the principal dentist.

The practice is open:

Monday and Wednesday to Friday from 9am to 5:30pm

Tuesday from 9am to 7pm

Saturday from 9am to 12:pm

Our key findings were:

- Some improvements had been made to the processes for reducing the risks associated with fire. Further improvements could be made.
- The practice had carried out audits of infection prevention and control and X-rays. The infection prevention and control audit did not have an action plan.
- The COSHH folder had been updated.
- Records relating to service users and people employed were now stored securely.
- Issues relating to the recruitment of staff had not been fully addressed.

We identified regulations that were not being met and the provider must**:**

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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 well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The provider failed to submit an action plan following the comprehensive inspection.

Improvements had been made to the process for reducing the risks associated with fire. All fire extinguishers had been serviced, the back fire escape was now unlocked and a fire drill had been carried out the week prior to this inspection. No regular testing of the fire alarm or emergency lighting had been carried out. Staff had not completed fire awareness training. After the inspection we were sent evidence steps had been taken to address these issues.

An infection prevention and control audit and an X-ray audit had been carried out. The infection prevention and control audit did not have an action plan.

The Control of Substances Hazardous to Health (COSHH) folder had been reviewed and updated and substances were stored in line with the risk assessments.

Records relating to service users and people employed by the registered provider were now stored securely.

Only minor improvements had been made to the recruitment process. These had been done since the follow up inspection was announced.

Requirements notice ✖

Are services well-led?

Our findings

Governance arrangements

Practice policies and procedures were now more organised and easily accessible to staff. The COSHH folder had been reviewed and updated and we found substances hazardous to health were now stored appropriately.

Improvements had been made to reduce the risks associated with fire. All fire extinguishers had been serviced, the back door was now unlocked when the practice was open and staff had conducted a fire drill. A fire drill had been completed in the two weeks prior to this follow up inspection. There was no log to state if the fire alarm or emergency lighting had been checked regularly. There was no fire escape signage above the back fire escape. We also noted the stairs down from the fire escape on the first floor were covered with leaves; this would present a slip hazard in the event of an evacuation. We were later sent evidence that fire signage had been displayed and a log sheet for checks on the fire alarm and emergency lighting had been produced. Staff had completed in house fire training from the registered manager.

Most records relating to service users and people employed by the registered provider were now stored securely. Some dental care records were still stored in the X-ray development room which was unlocked and also some in unlocked surgeries. We were told these would be addressed immediately.

Some minor improvements had been made to the recruitment procedures. At the comprehensive inspection we noted three members of staff did not have a valid Disclosure and Barring Service (DBS) check. At this inspection these staff still did not have DBS checks. We were told these had been applied for the week before. A new dentist had started in May 2017. A DBS check was present and had been applied for two weeks prior to this inspection. There were no references in place for this dentist. A new dentist was due to start the Monday after the inspection. We asked to see evidence of documents relating to the recruitment of this dentist. We were told by the registered manager that the dentist was going to bring these on Monday. No evidence of a DBS check, indemnity, references or Hepatitis B immunity had been sought for this dentist and no risk assessment was in place to mitigate their absence.

Learning and improvement

On the day of inspection we saw an infection prevention and control audit had been completed. This had been completed on 20 September 2017. This audit indicated improvements could be made. There was no action plan associated with this audit.

An X-ray audit had been completed in September 2017 and we saw this was in accordance with current guidance and legislation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • There were no systems or processes that ensured the registered person carried out regular checks on the fire alarm or emergency lighting. • There were no systems or processes that ensured the registered person carried out appropriate recruitment checks on new staff members. The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: • The registered provider failed to ensure the infection prevention and control audit had an action plan associated with it.