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Haymans Green Dental Practice

Inspection Report

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Overall summary

We undertook a follow-up focused inspection of Haymans Green Dental Practice on 6 August 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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

We undertook a comprehensive inspection of Haymans Green Dental Practice on 5 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well-led care and was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Haymans Green Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 5 June 2019.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 5 June 2019.

Background

Haymans Green Dental Practice is in the West Derby area of Liverpool and provides NHS and private treatment for adults and children.

Summary of findings

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

The dental team includes four dentists, five full time dental nurses, one of whom provides reception cover, two part-time receptionists and two treatment co-ordinators who also provide reception cover. The practice team is led by a practice manager, supported by an assistant practice manager who is also a treatment co-ordinator. The practice was hosting a foundation dental hygiene therapist. Foundation training is a programme for new or recently qualified dental hygiene therapists. It is designed to support them in their first year in practice, including supervision and monitoring.

The practice has five treatment rooms, three at ground floor level and two on the first floor.

The practice is owned by a partnership 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 at Haymans Green Dental Practice is the principal dentist.

During the inspection we spoke with one dentist, one dental nurse, one foundation dental hygiene therapist, the practice manager and deputy 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 between 8am and 5pm.

Our key findings were:

- The provider had infection control processes and procedures in place that reflected recognised guidance. Audit to support governance in this area was in place.
- All staff had received training in how to respond and deal with medical emergencies.
- Not all required emergency equipment was available and ready for use.
- Some emergency medicines were not available as described in recognised guidance.
- Checks on emergency equipment were still being made against an out of date check list.
- Processes to ensure all staff recruitment checks were in place had been strengthened. These were working effectively.
- No sedation treatment was being provided by the practice. The provider confirmed that this would no longer be carried out at the practice due to low numbers of patients seeking this treatment.
- Medicines management and the management and secure storage of NHS prescription pads had improved.
- Audits were in place that supported and encouraged continuous improvement, for example, an audit of patient records, use of antibiotics and taking of X-ray images.
- Management oversight in some areas of the practice required further development and improvement. For example, in the support of staff in training. Management of highly recommended training for permanent staff had improved; tools to facilitate this were now in place.

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

- Review the availability of medicines and equipment in the practice to manage medical emergencies taking into account the nationally recognised guidelines issued by the British National Formulary and the General Dental Council, and by the Resuscitation Council UK.
- Review the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action 

Are services well-led?

No action 

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 5 June 2019 we judged the practice was not providing safe care and was not complying with the relevant regulation. We told the provider to take action as described in our Warning Notice. At the inspection on 6 August 2019 we found the practice had made the following improvements to comply with the regulation:

- Sedation services were no longer being provided at the practice. We were advised that no further sedation treatment would be provided by the practice due to the very low demand for this service.
- All staff were up to-date with highly recommended training, in line with their roles and responsibilities, for example, basic life support training.
- Medicines management had improved. All medicines required for sedation at the practice had been removed from stock. However, we did find a quantity of injectable Midazolam in the emergency medicines kit. Staff told us they would replace this with the recommended Buccal Midazolam.
- There was an effective system in place to manage, track and trace NHS prescriptions issued by the practice.
- Recruitment checks were in place for all staff and records of these checks were held by the provider. Procedures were in place to ensure those staff awaiting results of Hepatitis B immunity testing, were followed up; risk assessments were in place to support safer working for these staff members.
- Infection prevention and control processes were in place, and audit to support this was undertaken, with further audit planned, in line with recommended timescales. We noted a small number of dental instruments in one of the surgeries that still had colour coded bands on them. These were removed and reprocessed by staff immediately.
- An infection control audit had identified the need to remove a carpet covering in one of the surgeries, a glass desk adjacent to the dental chair, and sundry items that were unnecessary in a clinical area.
- A fire risk assessment had been carried out. This was scheduled for review within three months. The provider had submitted a gas safety certificate to CQC, shortly after our initial inspection of June 2019. The practice could show evidence of maintenance checks on equipment used in the decontamination of dental instruments, for example, the autoclave.
- Not all emergency medicines were available as described in recognised guidance, from the Resuscitation Council UK. When we reviewed these, we saw that the check list being used was out of date. This was replaced with the current list from recognised guidance whilst we were on site. Items that were not available, included Buccal Midazolam and dispersible Aspirin, 300mg. We recommended that medicines not advocated by guidance, be removed from the emergency kit, for example, injectable Diazepam, injectable Midazolam and Atropine Sulphate. Staff told us they would do this immediately, and also ordered the missing items identified.
- Emergency medical kit was available, including a defibrillator that was fully charged, with adhesive pads ready for use. Some emergency kit items were still missing. For example, there was no paediatric bag mask. Also, the kit was kept in several bags, which staff appeared confused by. The missing items identified were ordered by staff whilst we were on site. The practice manager confirmed that they would ensure all items were kept in the one place.

Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 5 June 2019 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our Warning Notice. At the inspection on 6 August 2019 we found the practice had made the following improvements to comply with the regulation:

- Evidence of current Employer Liability Insurance was displayed in the practice, as required. A copy of this was sent to us following our inspection of June 2019.
- Systems were now in place to ensure that safety alerts, clinical updates and medical alerts were received by the practice and could be shared quickly with all staff. Staff understood that they should act on these quickly, requesting help from the provider if needed. They also understood that they should keep records on any alerts acted on.
- Audit of patient dental records had been improved. The practice was using a template to ensure that all areas of patient consultation were recorded, that appropriate treatment options were discussed and that the risks and benefits of these were also made clear to the patient. Dentists in the practice now participated in peer review. For example, review of records of colleagues, rather than reviewing their own patient dental record keeping, to facilitate discussion and improvement in dental record keeping. This had improved the standard of patients' dental record keeping.
- Audit of antimicrobial prescribing had been introduced.
- The system in place to record prescriptions issued and to track and trace these if required, was sufficient and appeared to work well.
- Infection control audits were carried out and a schedule was in place to ensure these were repeated at the recommended frequency.
- Processes were in place to ensure staff were up to date with highly recommended training.
- Staff were now aware of the required temperature range from water sentinel taps, for the safe management of Legionella. Records to support this were in place.
- We found some further work on governance was required, and that greater management oversight and input is needed, to sustain improvements in the longer term.
- For example:
- We found staff were still using an outdated list to carry out checks on emergency equipment and medicines. We directed them to where an up to date list could be found, and this list was printed off on the day of this follow-up inspection. Action was taken to obtain missing items.
- Communication between the provider and those with delegated responsibility required improvement. When asked, staff could not say when work would be carried out to address action points highlighted by infection control audits, including removal of carpet from one of the treatment rooms, and removal of a glass desk and sundry items from the immediate vicinity of the dental treatment chair in that treatment room.
- Staff undergoing training required greater input from their educational supervisor; their time spent with their educational supervisor was not sufficient to fully meet their learning needs. When we asked staff about time spent at the practice by the provider, we were given conflicting answers. Systems to support this arrangement required review.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 6 August 2019. We were confident that the areas highlighted as requiring further attention would be addressed quickly.