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Lancaster University Dental Clinic

Inspection Report

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Overall summary

We carried out an announced follow up inspection on 10 May 2016 to ask the practice the following key questions which we found the practice required actions; Are services safe, and well-led?

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

CQC inspected the practice on 10 November 2015 and asked the provider to make improvements regarding Regulation 12: Safe care and treatment and Regulation 17: Good Governance. We checked these areas as part of this follow up inspection on 10 May 2016 and found this had been resolved.

On the 10 November 2015 we found that the provider could not demonstrate they took appropriate actions to:

- Assess, monitor and mitigate the risks to the health and safety of patients, staff and visitors.
- Ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.
- Ensure that the equipment used by the service provider for providing care and treatment to a patient is safe for such use and is used in a safe way.
- Ensure that systems are in place for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health associated.
- Ensure there is an effective approach for identifying where quality and/or safety is being compromised and steps are taken in response to issues. These include all audits and risk assessments undertaken within the practice.
- Establish systems to support communication about the quality and safety of services and what actions have been taken as a result of audits, concerns, complaints and compliments.

Summary of findings

- Ensure that audit processes function well and have a positive impact in relation to quality governance, with clear evidence of actions to resolve concerns.
- Establish processes to actively seek the views of patients and should be able to provide evidence of how they have taken these views into account in relation to decisions.

The practice was situated in a listed building within Lancaster University Campus. The practice provides NHS and private dental treatment to both students and staff at the university and to the general public who live in the immediate area of the practice.

The practice is operated by a single handed dentist. Staffing for the practice was managed from the provider's sister practice also in Lancaster. There is a dental hygienist who works at the practice every Tuesday and the dentist provides treatment on a Monday, Thursday and Friday. There are no evening or weekend surgery

hours available. There is always a receptionist and a dental nurse in the practice when care is being provided. The practice manager is based at the providers sister location.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings in this follow up inspection were:

The provider had taken actions to address all the concerns highlighted above and in the report of the 10 November 2016.

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 introduced systems and processes to ensure all care and treatment was carried out safely.

A complaints policy and procedure had been developed which included processes for lessons being learnt and improvements being made when things go wrong.

Infection control procedures were now in place, and the premises and equipment were clean, properly maintained and kept in accordance with current legislation.

Emergency medicine and equipment were appropriate and accessible with procedures in place to ensure they were fit for use.

Are services well-led?

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

The practice manager no longer worked in the surgery as a dental nurse unless this was to cover absences of staff. This allowed them the time to develop their management role.

Clinical and non-clinical audits had been introduced, for example care and treatment records were audited to ensure standards had been maintained.

The practice was developing a process to seek the views of patients with a formal audit.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice had made improvements to was meet the legal requirements and regulations associated with the Health and Social Care Act 2008

The focused follow up inspection took place on the 10 May 2016. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

A complaints policy and procedure had been developed which included processes for lessons being learnt and improvements being made when things go wrong. There were also processes in place to report, review and learn from any significant events if these took place.

Reliable safety systems and processes (including safeguarding)

We found that a practice specific whistleblowing was now in place and staff had signed the policy to say they had read and understood it.

The arrangements for gaining consent from patients had been changed. It was now the responsibility of the dentist or the hygienist to gain patient consent when they had explained the treatment to them.

We saw evidence that all staff had undergone a Disclosure and Barring Service check (DBS). This check was to identify whether a person has a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Evidence of staff checks were kept in their personnel file.

Medical emergencies

Staff had received update training in how to deal with medical emergencies and how to use all equipment in November 2015. A new oxygen cylinder and gauge had been obtained and the cylinder was now in an appropriate carrier to aid easy movement. The practice also had in place appropriate airways and oxygen masks for adults and had acquired a defibrillator.

Staff recruitment

All recruitment of staff was undertaken through the provider's other practice in Lancaster. Following this visit we attended this practice to look at the recruitment of staff.

The practice manager was in the process of developing recruitment policies and procedures in line with regulatory requirements. A private company had been brought in to assist with this. No new staff had been recruited since our inspection on the 10 November 2015.

Monitoring health & safety and responding to risks

Following our inspection on 10 November the practice took action to improve their monitoring of health and safety and responding to risk. Policies had been developed to manage risk in the practice in the areas of infection prevention and control, the control of Legionella and with fire safety procedures.

All fire safety checks were undertaken as required in the practice's risk assessment and a member of staff recorded when these were complete. A designated fire marshal had been identified for the practice. The practice had received help from an outside agency to ensure all fire documents and procedures were up to date.

In November we were told that it was the landlord's responsibility (The university) to maintain a COSHH folder. The practice have now acquired a complete COSHH folder of all substances used in the practice.

Infection control

A new cleaning schedule had been introduced within the practice. This ensures that all cupboards and high surfaces were included in the cleaning regime. One of the dental nurses had been given the responsibility for monitoring and maintaining infection prevention and control procedures in the surgery. The cleanliness of the practice was now audited to ensure that cleanliness was maintained. A full infection control audit had been undertaken and actions identified in the audit were being addressed, for example the dental chair had been recovered to replace the original damaged to the chair.

Instruments were now being decontaminated in line with HTM 1-05 guidance. The practice for decontamination continued in the treatment room as there was no place this could be relocated to. The provider and the landlord were aware of these limitations and negotiations were in place for the relocation of the practice to a more suitable building within the university campus. We saw that appropriate personal protective equipment was used by staff and all instruments were checked under a magnifying glass to ensure they were thoroughly clean. All instruments not in use on the day of treatment were now sterilised, stored and labelled in sterile packaging. Recordings required for the decontamination cycle were now maintained, and water temperatures were checked and recorded.

Equipment and medicines

Are services safe?

Portable appliance testing (PAT) for all portable electrical Equipment had been updated. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that fire drills had been undertaken and the outcome recorded. An electric wiring safety certificate was still not available. We were told the university held responsibility for the updating of this inspection. Although the practice had asked the landlord for a copy of this certificate, this had yet to be provided.

Following our inspection in November staff at the practice conducted a thorough check of all medication kept in the

practice. Unused and out of date medicines were destroyed. A dental nurse now had the responsibility for the ongoing monitoring of medicines in the practice. The medicines fridge had been cleaned and a cleaning and monitoring schedule introduced. A fridge temperature gauge had been purchased.

Results from these checks had shown the practice that suppliers often supplied new products with a 'short shelf life date'. The practice now monitors all supplies to the practice to ensure that they have a longer storage date. If the date was not acceptable items were returned to the manufacturer for replacement.

Are services well-led?

Our findings

Governance arrangements

Following our inspection in November 2015 the practice have introduced formal arrangements for the monitoring and improvement of the service.

All staff had designated roles of responsibility for example, safeguarding, infection control, COSHH and health and safety. (Control of Substances Hazardous to Health (COSHH) 2002 – was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.)

The practice manager was near the completion of reviewing and rewriting all policies for the practice. When these policies had been reviewed staff were asked to sign them to say they had read and understood the new policy. A policy folder had been developed on the practice's intranet and each practice now had a hard copy of all policies on file.

Leadership, openness and transparency

The practice manager no longer worked in the surgery as a dental nurse unless this was to cover absences of staff. This allowed them the time to develop their management role.

During this inspection we talked with two members of staff. Both of these staff confirmed that the practice had improved. There was more organisation and communication between staff. The dental nurses had introduced a comments book so concerns could be

recorded and shared if the nurses did not have face to face meetings. Staff told us that the practice was now more organised, they knew what they were supposed to do and felt happier working for the practice.

Learning and improvement

The practice had introduced a structured plan to audit quality and safety beyond the mandatory audits for infection control and radiography.

Systems had been introduced for formal audits to be undertaken in the practice, for example, the dispensing of prescriptions and entries into clinical records. An audit calendar had been put into place. Processes following audit were in place which ensured the findings from audit were acted upon. This ensured that the practice was able to mitigate risks relating to the health, safety and welfare of patients using the service.

The computer system in the practice had been upgraded so enable all staff both in reception and the treatment room to view all appropriate records. A digital x ray system had been introduced to improve the quality of x rays so to improve the patient experience.

Practice seeks and acts on feedback from its patients, the public and staff. The practice had put in place a patients comment book. Patients were able to record their comments directly into the book and staff recorded any verbal comments they received from patients. The practice was still investigating ways of gaining formal feedback from patients at regular intervals.

Staff we spoke with told us communication had improved both within the practice and with the provider's other practice.