

Mr. Paul Wiltshire

Hanham High Street Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Hanham High Street Dental Practice on 6 November 2017.

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

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 30 and 31 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

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

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

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with Regulation 17 Good Governance 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 Hanham High Street Dental Practice on our website www.cqc.org.uk.

We also reviewed some of the key questions of safe and effective as we had made recommendations for the provider relating to these key questions. We noted that improvements had been made. These are detailed under the well-led section of the report.

Our findings were:

Are services well-led?

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

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 30 and 31 May 2017.

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?

The provider had made improvements to the management of the service. This included actions regarding the fire risk assessment, the good working order of the medical emergency equipment, maintaining patient confidentiality, improving the monitoring of prescriptions, improving recruitment procedures, and improvements had been made to ensure compliance with legal obligations with IRMER.

No action



Are services well-led?

Our findings

At our inspection on 30 and 31 May 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 6 November 2017 we noted the practice had made the following improvements to meet the requirement notice:

- Following the last inspection the provider needed to improve its systems to ensure fire safety was acted upon and actions from the fire risk assessment were addressed. On this inspection we found the provider had made these improvements. They had installed emergency lighting and had now trained three members of staff as fire marshals on 25 August 2017. These members of staff then provided in-house training for the remaining members of staff on 6 September 2017. This included; the causes of fire, use of the fire extinguisher, fire evacuation procedure and meeting points. Future training would be provided on an annual basis. In addition to this a fire drill had been completed on 31 July 2017. We saw Portable Appliance testing had been completed on 14 August 2017 and the gas boiler had been serviced in August 2017.
- Following the last inspection the provider needed to improve how it monitored medical emergency equipment to ensure it was in working order and reflected the Resuscitation Council UK guidance. On this inspection we found the oxygen cylinder was now at full capacity and all equipment and medicines were available and weekly checks were carried out. We also confirmed that all members of staff had completed medical emergency training in the last year.
- Following the last inspection the provider needed to improve how they recruited staff to ensure they met with current legislation requirements. On this inspection we reviewed five recruitment records and found proof of identification, employment history, Disclosure and Barring Service (DBS) checks, evidence of qualifications, signed contracts and references had been sourced for staff recruited. We noted that there was no written evidence of why employment ended where they had worked previously with children and vulnerable adults. One risk assessment was outstanding where the DBS check had been sourced after the staff member had been recruited. Three members of staff required gaps of employment to be confirmed. We have either seen evidence or it has been confirmed that these checks have now been undertaken.
- The provider needed to improve how it monitored prescriptions from delivery to use. On this inspection we saw there was now an effective system for monitoring prescriptions. The provider had also secured refrigerated medicines and recorded checks of the temperature. Although it was noted that the actual temperature was not noted in their records which could further improve this process.
- The provider needed to improve how it complied with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000. On this inspection we found there was an effective system in place to ensure X-rays which were being developed were not mislaid; dental nurses logged when they processed an X-ray and X-ray viewing windows were now used to provide further security of X-rays when held within patient notes. We were informed that collimators were now used when required.
- The provider needed to improve how they recorded X-ray justification and quality. On this inspection we saw the provider had improved how they recorded information within patient notes including X-ray grading and justification for not completing bite wing X-rays. The provider was in process of completing an X-ray audit which showed they were grading the X-rays and they were justified. This could be further improved by other clinicians carrying out each other's audits.
- The provider now had a process for ensuring staff were aware of the Control of substances Hazardous to Health assessments. We saw written confirmation of this within the practice policy declaration which was signed by all staff.
- The provider needed to improve how it made staff aware of the Mental Capacity Act and Gillick competence. On this inspection we saw there was information available for all staff on the Mental Capacity Act and Gillick competency. This could be further improved by including a written protocol within their policy for consent.

Are services well-led?

- The provider needed to improve how they could respond to patient comments on NHS choices. We were informed that the practice manager was now able to respond to comments and assured us that all future comments would be reviewed and responded to by the practice.
- The provider needed to improve how reception ensured patient confidentiality within the downstairs reception/ waiting area. On this inspection we saw the practice manager had carried out five spot checks on reception staff since the last inspection. We observed that appointment books were kept out of view to patients and patient information discussed on telephone calls was kept to a minimum to ensure patients could not be identified to patients waiting within the waiting area.

The practice had also made further improvements:

- The last inspection identified that a rubber dam was not routinely used for root canal treatment which did not follow current guidelines. Following the last inspection the provider had reviewed its protocol for using rubber dams for root canal treatment. We saw the provider now had rubber dam equipment available and records confirmed that a rubber dam had been used on patients, where necessary.
- The last inspection identified that patient records did not always include all relevant information according to current guidance. Following the last inspection the provider had changed its process on record keeping and now kept a more in-depth record following each patient

review. A dental nurse had also completed a clinical record card audit in October 2017. There were actions for the provider to address and we saw improvements had been made on these.

- The last inspection identified that not all staff received an appraisal. Following the inspection there was now a procedure in place to ensure appraisals were undertaken for all administration staff and dental nurses. We saw appraisals were now due for five members of staff and we were informed that these would be completed by the end of November 2017. The dentists did not receive an appraisal, this should be an area for improvement. We noted that the two dentists recruited had not received an induction. We were informed that they had now received one.
- The last inspection identified that when antibiotics were used they were not always recorded within the antibiotic recording book. Following the previous inspection prescribed antibiotics were logged within the patient records which reflected the same within an antibiotic log book.
- The last inspection identified that some records relating to staff members were not kept securely. The practice manager confirmed that they had reviewed all files held to ensure that where there was staff or patient information held, this was kept securely.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 6 November 2017.