Goldman & Sacker

Chigwell Smile

Inspection Report

Chigwell Smile
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Overall summary

We undertook a follow up inspection of Chigwell Smile on 7 February 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 Chigwell Smile on 28 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. As a result of that inspection, we found the registered provider was not providing well led care and was in breach of regulation 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 Chigwell Smile on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it well-led?

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 in relation to the regulatory breach we found at our inspection on 28 June 2018.

Background

Chigwell Smile is in Chigwell, Essex and provides NHS and private treatment to adults and children.

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 two dentists, three dental nurses, one dental hygienist and a receptionist. The practice has three treatment rooms.

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 Chigwell Smile is the principal dentist.

During the inspection we spoke with two dentists, one dental nurse and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Summary of findings

The practice is open: Monday to Thursday from 8am to 1pm and from 2pm to 5.30pm. Friday from 8am to 1pm and from 2pm to 5pm.

Our key findings were:

- There were effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care.
- Staff had undertaken training on the requirements of the Mental Capacity Act 2005 and were aware of their responsibilities under the Act and how it related to their role. In addition, staff were aware of Gillick competency and their responsibilities in relation to this.
- Staff had a clear awareness of the need for the practice to establish parental responsibility when seeking consent for children and young people.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Systems were in place to ensure X-ray and decontamination equipment was maintained in line with manufacturers recommendations'.
- Legionella risk assessments were undertaken and any recommended actions completed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action

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

The provider had made improvements to the management of the service. This included more robust systems for monitoring, assessing and improving the quality and safety of the service. Systems were in place to monitor the servicing of equipment used for X-ray and decontamination.

A legionella risk assessment had been undertaken and any recommended actions had been monitored and completed. There was improved staff training which included staff understanding of Gillick competency and their responsibilities in relation to this, parental responsibility and the review and analysis of untoward events.

We saw record keeping and infection control audits had been undertaken in line with guidance and there was improved oversight and peer review of audits by both dentists.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

Are services well-led?

Our findings

At our previous inspection on 14 June 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 7 February 2019 we found the practice had made the following improvements to comply with the regulation:

There was a system of clinical governance in place which included policies, protocols and procedures. The practice undertook staff meetings and training sessions. The last two meetings had been undertaken in August 2018 and February 2019. We noted meeting contained prompts to ensure staff reviewed and discussed all items at each meeting. These included headings such as significant events, training needs, infection control, complaints and staff feedback. We were told this ensured these areas were discussed with staff and the outcomes were embedded in staff understanding. There was scope to ensure meeting were undertaken at more frequent intervals to ensure areas of concerns were not overlooked.

The practice had arrangements in place to ensure the safety of the X-ray equipment. A full survey had been undertaken in June 2018. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out annual radiography audits with the dentists undertaking peer review of each other's outcomes. Rectangular collimation was not regularly used by the dentist when taking an X-ray. The dentist described to us that they found the results were often poor. The dentist told us they were undertaking a risk assessment to mitigate the risk when not using these.

Premises and equipment were clean and properly maintained. Servicing of decontamination equipment had been undertaken in June 2018 and was in line with manufacturers guidelines.

The practice had introduced training for all staff to ensure there was an understanding of untoward or significant events and to ensure these were reported, analysed and used as a tool to prevent further reoccurrences. The practice reported there had been no significant events in the previous six months. Staff understood how incidents should be reported and shared. However, there was scope to include a wider range of incidents and complaints as significant events to ensure any further staff training needs were identified and to prevent such occurrences happening again in the future.

A legionella risk assessment had been undertaken on 22 July 2018. Recommendations had been actioned and completed, and any recommended prevention methods were appropriate and in place.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that the fridge temperatures where the glucagon was stored were not monitored daily. The dentist confirmed they would immediately store the glucagon in the emergency kit and would amend the expiry date to reflect the shorter shelf life when stored at room temperature. Staff knew how to respond to a medical emergency and the whole team had completed training in emergency resuscitation and basic life support in October 2018. The practice team discussed a different emergency scenario at each staff meeting and had undertaken two hands on scenario practice sessions.

Audits for dental care records and radiography had been undertaken in line with national guidance. The dentists had introduced a system of peer review to monitor and improve the quality assurance processes and to encourage learning and continuous improvement. Infection control audits were dated, and staff confirmed these were undertaken bi-annually. We noted these had clearly defined action plans and detailed completion comments. All dentists were following the provider safer sharps processes.

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The practice had also made further improvements:
The practice had reviewed and improved its protocol for the use of rubber dam for root canal treatment. This ensured all staff took into account guidelines issued by the British Endodontic Society.

Staff had all undergone training to ensure they were aware of their responsibilities in relation to Gillick competency.

Are services well-led?

We noted the practice had introduced staff meetings and mandatory staff training to ensure all staff were fully updated and informed. This included staff awareness of the need for the practice to establish parental responsibility when seeking consent for children and young people.

The practice had introduced protocols regarding the prescribing of antibiotic medicines and had reviewed the practice's protocols for completion of dental care records, taking into account the guidance provided by the Faculty of General Dental Practice. This included auditing and peer review by each dentist.

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 28 June 2018.