

Reece Associates-Dental And Facial Aesthetics LLP

Reece Associates LLP

Inspection Report

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Overall summary

We undertook a focused inspection of Reece Associates LLP on 20 May 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 second CQC inspector.

We undertook a comprehensive inspection of Reece Associates LLP on 30 October 2018 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 Reece Associates LLP 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 and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

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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 breach we found at our inspection on 30 October 2018.

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 30 October 2018.

Background

Reece Associates LLP is in Sutton Coldfield 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 outside the practice but there are no dedicated car parking spaces for patients who are blue badge holders.

The dental team includes four dentists, eight dental nurses (two of whom are trainees), four dental hygienists, one dental hygiene therapist, two practice managers, one decontamination assistant and one receptionist. The dental nurses also carry out reception duties. There is

Summary of findings

also a visiting sedationist who provides sedation services for patients when needed. The practice has six treatment rooms. There was a separate decontamination room which was due to undergo refurbishment shortly.

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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Reece Associates LLP is the practice manager.

During the inspection we spoke with one dentist, three dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday 8.30am - 5.30pm

Thursday 10.00am - 8.00pm

Friday 9.00am - 2.30pm

The practice is also open one Saturday per month between 9am and 1pm.

Our key findings were:

Staff had made many improvements to address the shortfalls that we identified during our inspection on 30 October 2018. These included:

- Improvements in the practice's recruitment procedures, staff training and immunisation records.
- The storage and dispensing of medicines was in line with current guidance.
- Recommended equipment maintenance checks and risk assessments had been completed.
- Recommended audits were completed and at appropriate intervals.

However, there were areas where the provider could make improvements. They should:

- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment and appraisal of all staff. The practice should ensure that there is a nominated lead for infection control at the practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

The provider had made many improvements to the service. This included the completion of training in safeguarding, appropriate storage of medicines, prescriptions and improvements in recruitment processes.

No action



Are services well-led?

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 staff training and improvements in audit processes. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services safe?

Our findings

At our previous inspection on 30 October 2018 we judged the practice was not providing safe 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 20 May 2019 we found the practice had made the following improvements to comply with the regulation:

- We reviewed 17 recruitment files and found that the practice's recruitment procedures included all the necessary recruitment checks. This included the relevant qualifications, dental indemnity checks and Disclosure and Barring Service records. A recruitment policy was available and reflected current legislation.
- We reviewed staff records and there was evidence of immunity to the Hepatitis B virus for staff participating in clinical roles. One locum staff member did not have evidence of their exact titre levels but there was a written statement from their physician which stated that they had completed the immunisation course. The registered manager had requested information regarding titre levels from them and was awaiting receipt of this. Risk assessments were present for staff who were undergoing an immunisation course or who were awaiting their results.
- There was evidence that all staff who participated in taking X-rays were up to date with their training.
- Medicines were stored in accordance with the manufacturer's instructions.
- An external specialist had completed a risk assessment for the prevention of Legionella on the premises.
- NHS prescription pads were stored securely and there was a system in place to monitor the use of prescriptions and medicines within the practice.
- Quarterly maintenance checks were being completed for the ultrasonic cleaning bath.

- All staff had completed training in safeguarding to the recommended level.
- Emergency lighting was present in the event of a fire and had been serviced in November 2018.
- Staff who participated in sedation had completed Immediate Life Support training.
- We reviewed records of staff training and qualifications for staff involved in carrying out sedation at the practice and these were satisfactory. The practice's systems included checks before and after treatment. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. The staff assessed patients appropriately for sedation. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 20 May 2019.

However, there remained some minor areas identified at our previous inspection which the provider had not yet fully addressed but was working towards further improvements:

- The practice had not yet nominated an infection control lead but was aiming to do this within a few weeks of our visit.
- There were outstanding actions on the Legionella risk assessment that the registered manager was working towards completing. They had already reviewed and completed the actions that were marked as higher priority.
- Refurbishment of the decontamination room had not yet been completed due to unforeseen circumstances. The practice was hoping this would be completed before September 2019 and had held discussions with the appropriate contractors.

Are services well-led?

Our findings

At our previous inspection on 30 October 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 20 May 2019 we found the practice had made the following improvements to comply with the regulation:

- Infection control audits were complete and carried out biannually which is in line with current guidance. The latest audit showed the practice was meeting the required standards.
- Staff training had been delivered and staff we spoke with were aware of RIDDOR reportable incidents, the Serious Incident Framework and Never Events.
- Staff training, learning and development needs were reviewed at appropriate intervals and there was an effective process for the ongoing assessment and supervision of staff. We saw evidence that staff had completed training in areas that were relevant to their roles.
- Staff we spoke with were aware of the Duty of Candour regulation.
- We reviewed a range of policies and risk assessments and these had been reviewed and updated since October 2018.

- Staff we spoke with were aware of the identification and management of sepsis. This had been discussed during staff meetings and information was displayed in the practice. Flow charts were available in the reception area as an aide memoire for staff.
- The registered manager had set up and started the appraisal process although no formal meetings had taken place since our previous inspection. We saw evidence of pre-appraisal information and questionnaires that had been sent to staff. Some staff had already completed these forms and returned them to the registered manager.
- Staff meetings were held regularly, and minutes were available for reference.

The practice had also made further improvements:

- The provider had reviewed their responsibilities to the needs of people with a disability, including those with hearing difficulties. They had introduced a hearing induction loop in the practice and interpretation services were available to patients who did not speak English. An audit had been completed in November 2018 and was due to be reviewed annually.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 20 May 2019.