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Ashby Fields Dental Centre

Inspection Report

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Overall summary

We undertook a focused inspection of Ashby Fields Dental Centre on 3 December 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.

We undertook a comprehensive inspection of Ashby Fields Dental Centre on 1 April 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 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 Ashby Fields Dental Centre on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

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 1 April 2019.

Background

Ashby Fields Dental Practice is in Daventry, a town in western Northamptonshire. It provides NHS treatment to patients exempt from payment and private treatment to adults and children.

Services provided include general dental services, implants, orthodontics and cosmetic procedures.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available in a free public car park in front of the premises.

The dental team includes five dentists, three dental nurses, two trainee dental nurses, one dental hygiene therapist and four receptionists, (one of the receptionists also works as a dental nurse). Two practice managers share administrative duties.

The practice has five treatment rooms; all of which are on ground floor level.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist and one of the practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 9am to 6pm, Tuesday, Wednesday and Thursday from 9am to 5.30pm, Friday from 9am to 5pm.

Our key findings were:

- The provider demonstrated their commitment to improvement and had made significant efforts to strengthen their governance arrangements.
- Systems and processes were in place to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. Systems to identify risks relating to the health, safety and welfare of service users and others were in place and working effectively.
- Incident reporting procedures were in place and working effectively. As a result, staff shared learning when things went wrong.
- A system had been implemented to enable management to monitor staff training requirements.
- Staff appraisals had been completed.
- Management ensured staff completed learning in relation to the Mental Capacity Act 2005 and that they understood how this related to their role.
- Safeguarding procedures had been reviewed by management and all staff had completed training to the expected level.
- Risks presented by legionella, fire and sharps use had been suitably mitigated.
- Staff had been re-trained in infection control processes regarding laboratory work.
- There were suitable risk assessments in place to minimise the risk that can be caused from substances that are hazardous to health.
- Systems had been strengthened in relation to legislative checks required for agency staff.
- Management had monitoring systems which included checks to ensure that clinical staff had valid indemnity.
- We saw that rectangular collimators were fitted to X-ray machines to reduce radiation dose to patients.
- Guidance regarding basic periodontal examination (BPE) from the British Society of Periodontology had been reviewed.

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



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 1 April 2019 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 3 December 2019 we found the practice had made the following improvements to comply with the regulation:

- An effective policy and procedure framework were in place regarding incident reporting. We saw that 22 incidents had been recorded in the events log. The log included details of the incidents, action taken and learning points shared amongst the team. For example, following a patient complaint regarding a fee, investigations were undertaken with those involved and learning points identified to prevent a future recurrence. Incidents were subject to discussion in staff meetings and all staff had access to the computer to view the learning outcomes from reported incidents.
- Management had implemented an effective tool to enable them to monitor staff training requirements and this identified when training was due for update in respect of each staff member. Management prompted staff when training was due, and copies of certificates obtained, once completed.
- We noted that appraisals which had been overdue at the point of our last inspection had been completed for staff members. We saw that dentists and the dental hygiene therapist had also received appraisals. We were provided with an example of how undertaking an appraisal with one of the dentists had benefited the individual as well as the practice.
- The provider had ensured staff training and understanding of the Mental Capacity Act 2005 and how it related to their roles. Policy had been updated to reflect the Act and this had been subject to discussion in a staff meeting in November 2019. The principles of the Act were displayed in each surgery to act as a reminder for the clinical team.
- Safeguarding processes had been reviewed and we noted that all staff had received training at the expected level. Safeguarding procedures had also been discussed with staff in practice meetings held in April and June 2019.
- A new legionella risk assessment had been completed in October 2019. Management had worked closely with the contracted assessment provider and others to ensure that they fully understood and were mitigating any risks presented. Staff training had also been completed.
- A fire risk assessment had been undertaken by a contractor in April 2019. Recommendations made had been implemented. A recent timed fire drill had been undertaken and staff responsiveness had been reviewed to ascertain if any further improvements could be made to the process.
- A more detailed sharps risk assessment had been undertaken specific to the practice's sharps use. Measures had been taken to reduce risk such as matrix bands being dismantled after the sterilisation process. Clinicians had access to the safest type of needles if they chose to use them. Those who chose to use traditional needles had safeguards in place.
- Staff had been re-trained in infection control processes regarding laboratory work. This ensured it was disinfected prior to it being sent to a dental laboratory or before treatment was completed.
- We found that there were now suitable risk assessments in place to minimise the risk that can be caused from substances that are hazardous to health. This included products used when undertaking the cleaning of the general areas of the premises.
- Systems had improved in relation to ensuring legislative checks were in place for agency staff when they worked in the practice. The practice had received assurance from the agency provider that suitable checks were in place and temporary staff were able to produce all documentation through use of the agency app.
- The monitoring system implemented by management included information that showed when staff indemnity was due for renewal. We were shown evidence of this.

The practice had also made further improvements:

Are services well-led?

- We saw that rectangular collimators were fitted to X-ray machines to reduce radiation dose to patients.
- Guidance regarding basic periodontal examination (BPE) from the British Society of Periodontology had been reviewed by the principal dentist and discussed amongst the clinical team.

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 3 December 2019.