

Dr Rajni Prasad

Rothwell Dental surgery

Inspection Report

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Date of inspection visit: 2 November 2017
Date of publication: 27/11/2017

Overall summary

We carried out a follow- up inspection at Rothwell Dental surgery on the 2 November 2017.

We had undertaken an unannounced comprehensive inspection of this service 31 July 2017 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice manager wrote to us to say what they would do to meet the legal requirements in relation to the breaches. This report only covers our findings in relation to that requirement.

We reviewed the practice against two of the five questions we ask about services: is the service safe and well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rothwell Dental Surgery on our website at www.cqc.org.uk.

We revisited Rothwell Dental Surgery as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We carried out this announced inspection on 2 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

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

To get to the heart of patients' experiences of care and treatment, we always ask the following questions:

- Is it safe?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

Rothwell Dental surgery provides NHS and private treatment to adults and children.

There is level access at the rear of the building for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

Summary of findings

The dental team includes two dentists, three trainee dental nurses, three dental hygiene therapists and a practice manager who is also a qualified dental nurse.

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 dentist, three trainee dental nurses, one dental hygiene therapist 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, Tuesday, Thursday 9am – 5pm

Wednesday 9am – 6pm

Friday 9am – 3pm

Our key findings were:

- The decontamination process now reflected published guidance. We found the zoning had improved. Decontamination of instruments was now effective. The practice had decluttered work surfaces and floors. Clinical waste segregation was embedded.
- The practice had systems to help them manage risk.

- The practice had implemented suitable safeguarding processes for safeguarding adults and children.
- The practice had not implemented staff recruitment procedures.
- The clinical staff were now aware of current guidelines in relation to delivering better oral health.
- Dental care records were now stored securely.
- Governance arrangements were improving to support the smooth running of the practice.
- The practice management and leadership still required improvement.

There were areas where the provider could make improvements. They should:

- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- Review the practice recruitment policy and procedures to ensure they are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Actions from risk assessments including fire and legionella had been addressed and staff were aware of their responsibilities.

The practice had electrical and gas safety certificates.

Staff were qualified for their roles. The practice had recruited two new clinical members of staff since we inspected and essential recruitment checks had not been completed. We were sent evidence immediately after the inspection to show all checks for all staff were now in place.

Prescription pads were tracked and monitored.

Clinical waste was stored in the correct identifiable bags.

The premises had been de-cluttered.

The staff were following national guidance for cleaning and sterilising. Validation processes were now in place.

The practice had a system to receive MHRA alerts and action them if required.

The dentist used rubber dam when providing root canal treatment to patients.

The practice had suitable arrangements for dealing with medical and other emergencies all staff were trained in CPR.

The practice had carried out a sharps risk assessment

No action



Are services well-led?

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

The practice had improved arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and some staff felt supported and appreciated.

There were new governance arrangements within the practice. Staff were now aware of policies and protocols in line with recognised guidance.

Staff were aware of their responsibility under duty of candour but still were not fully aware of the mental capacity act.

No action



Summary of findings

The dental care records were stored securely. Improvements had been made with regards the recording of information within patient dental care records and was this was now monitored.

The practice monitored clinical and non-clinical areas of their work, action plans and learning outcomes were in place and results had been shared with staff.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff were more aware of their responsibilities and understood their role in the process.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had updated their safeguarding policy and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. This was not always to the required level two. The practice manager assured us this would be addressed. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety regulations when using needles and other sharp dental items.

The dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support.

Emergency equipment and medicines were now available as described in recognised guidance. We saw that staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

We found the fridge used to store medical emergency drugs had been replaced and a record was in place to record the daily temperature. We highlighted the records showed the fridge was outside of the recommendations and this had not been actioned. During the inspection we found this was due to the thermometer not being kept in the fridge at all times which had given an inaccurate reading. We highlighted the process and staff awareness to know the safe parameters of storage of medicines.

Staff recruitment

The practice had a new staff recruitment policy and procedure which had not been followed when recruiting two new members of staff. We looked at all staff recruitment files and found DBS checks had only been recently been requested for two trainee dental nurses. A new dentist had not completed a DBS check and other documents were not available in their recruitment record. The practice manager assured us this would be actioned immediately and evidence was sent to the inspector to support all checks were now in process.

Clinical staff, where applicable, were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policy and risk assessments were now in place, up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections. Due to the vaccine shortage a generic risk assessment was available for staff until they could complete their vaccinations.

A dental nurse worked with the dentists and dental hygiene therapists when they treated patients.

Are services safe?

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Staff had completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards and a detailed action plan was in place to ensure all actions were addressed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A new risk assessment had been completed and the practice was awaiting the report. .

We saw cleaning schedules for the premises. The practice was clean when we inspected.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

There was electrical and gas safety certification in place.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

The practice had implemented policies, procedures and risk assessments to support the management of the service and to protect patients and staff.

The practice had information governance (IG) arrangements. Staff had received training in IG and were now fully aware of the importance of these in protecting patients' personal information. The principal dentist had completed the information governance toolkit required.

Closed circuit television (CCTV) cameras were located in the practice. The practice had a policy, risk assessment and registration with the Information Commissioner's Office (ICO).

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

The staff used templates to record current dental needs, past treatment and medical histories. We found these were now adapted for each patient to ensure they recorded the information and risk for that patient. The dentist assessed patients' treatment needs and was now aware of recognised guidance including delivering better oral health.

Leadership, openness and transparency

Staff were fully aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice had a consent policy. Staff were not fully aware of their responsibilities under the Mental Capacity Act 2005. Staff were aware of Gillick competence and the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays and infection prevention and control. There were action plans or learning outcomes in place, where appropriate.

There was some evidence available to show that staff were up to date with their training and development arrangements. We found gaps in staff training. There was no process in place to ensure they were following the General Dental Council continuous professional development criteria.

The practice monitored urgent or non-urgent referrals to make sure they were dealt with promptly. We discussed this process could be more detailed to ensure a full audit trail was in place.