

Mr John Christopher Bennett

Cestria Dental Practice

Inspection Report

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Date of inspection visit: 16 March 2017
Date of publication: 31/03/2017

Overall summary

We carried out a follow up inspection at Cestria Dental Practice on the 16 March 2017.

We had undertaken an unannounced comprehensive inspection of this service on the 26 January 2017 as part of our regulatory functions where breaches of legal requirements were found.

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

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 Cestria Dental Practice on our website at www.cqc.org.uk.

We revisited the Cestria Dental Practice as part of this review and checked whether they had followed their action plan and to confirm they now met the legal requirements.

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

Cestria Dental Practice is located in Chester-Le-Street and provides NHS and private treatment to adults and children.

Wheelchair users or people with pushchairs can access the practice through a portable ramp at the front of the practice. Car parking spaces are available near the practice.

The dental team is comprised of two dentists, four dental nurses, a dental hygiene therapist, a receptionist and a business manager.

The practice has three surgeries, two on first floor and one on the ground floor, a dedicated room for taking Orthopantomogram (OPG) X-rays, a decontamination room for sterilising dental instruments, a staff room/kitchen and a general office.

On the day of inspection we received 23 CQC comment cards providing feedback. The patients who provided feedback were positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very pleasant and helpful; staff were friendly and communicated well. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Summary of findings

The practice is open:

Monday – Friday 9am – 5pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our keys findings were:

- The practice required further improvement with regards to the infection control validation of equipment process and must ensure staff are suitably trained to undertake the task.
- The practice had reviewed and implemented a new medical emergency drug bag and a new medical oxygen cylinder.
- A new Legionella risk assessment had been completed.
- COSHH products were stored securely and the risk assessments were in the process of being implemented.
- A sharps risk assessment and policy had been introduced.
- A protocol for the safe management of medicines and use of prescriptions was now in place; only the dentists could dispense prescription only medicines.
- All staff had now completed training for safeguarding adults and children. A new folder had been put in place for reference.
- Learning and development needs were monitored by the business manager.
- Actions from the fire risk assessment had been costed and a date had been booked to complete the work.
- All recruitment procedures had been reviewed to bring in line with the practice policy.
- The X-ray audit had been completed and the Infection prevention audit was underway.
- The practice had registered for patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA).

There were areas where the provider could make improvements and should:

- Review the practice's infection control procedures and protocols are suitable giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

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 in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste disposal, dental radiography and management of medical emergencies. All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Evidence of registration with MHRA was now in place.

Rubber dam was now available for use within the practice.

A new protocol had been implemented to ensure the safe storage of prescription only medicines and prescriptions.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

We reviewed the Legionella risk assessment dated February 2017. Evidence of regular water testing was now being carried out in accordance with the assessment.

No action



Are services well-led?

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

There was a management structure in place. The principal dentist and business manager were responsible for the day to day running of the practice.

Governance arrangements were embedded within the practice.

We saw evidence the practice had implemented practice specific audits including infection prevention and control and radiography.

No action



Cestria Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

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

During the inspection we spoke with the principal dentist, a dental hygiene therapist, three dental nurses, a receptionist and the business manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The principal dentist registered during the follow up inspection to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE) that affected the dental profession. Recent alerts were reviewed to see if any were relevant to the practice.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the process they needed to follow to address concerns.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment.

The dentist told us they now had access to a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons would now be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

The practice had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

Medical emergencies

The practice had updated their procedures which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. We saw the oxygen cylinder was serviced on an annual basis.

All emergency medicines past their expiry date had been replaced.

Staff recruitment

The practice had a policy and a set of procedures for the recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The business manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed a sample of recruitment files and these showed that all checks were in place.

Are services safe?

All clinical staff, as appropriate, were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

The staff had undertaken risk assessments to cover health and safety concerns to manage and mitigate risks within the practice: this included fire, waste management and safe storage of materials.

Clinical staff were not always supported by another member of the team when providing treatment to patients. We have taken action to ensure the registered provider considers the General Dental Council (GDC) standards in this regard.

The practice had maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We noted there had been a fire risk assessment completed for the premises in 2013. High risk recommendations, including the installation of emergency lighting were highlighted within the report and these had now been scheduled to be rectified. We saw evidence that fire alarm testing and a fire drill had been undertaken with staff or a discussion about the process reviewed at practice meetings.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown.

There had been a new decontamination lead appointed since our last visit. They had not received any formal training and had undertaken training in their own time to feel more confident about the procedures. We found there had been a gap of four weeks where weekly tests of the decontamination equipment was not carried out. This would ensure the sterilisers were in working order. The ultrasonic bath had failed previous validation testing and this had not been highlighted or reported. We spoke with the dental nurse about this and they had ordered a new testing kit to review. The equipment had not been decommissioned and there was no assurance the equipment was in working order. We discussed this with the registered provider who told us there was another two ultrasonic baths available within the practice which would be tested before use or hand scrubbing would be used until new equipment could be sought.

The practice was in the process of reviewing their infection prevention self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

We inspected the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in February 2017. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients, the use of purified water, monitoring hot and cold water temperatures. Staff had received Legionella training to raise their awareness. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

Equipment and medicines

Are services safe?

We saw evidence of servicing certificates for all equipment. Checks were carried out in line with the manufacturer's recommendations and guidelines.

There was a new robust system in place for prescribing, administration and storage of medicines. Prescription-only medicines were now securely stored and only dispensed upon prescription.

We saw the practice was storing NHS prescriptions in accordance with current guidance.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR (ME) R) 2000.

The practice had an OPG (Orthopantomogram) machine. An OPG machine is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth and gives a 2-dimensional representation of these. Access to this was through the decontamination room and a risk assessment had still not been put in place to ensure safe passage to the X-ray room. We were assured this would be rectified as soon as possible.

Are services well-led?

Our findings

Governance arrangements

The practice was in the process of implementing an effective approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were now in place.

Learning and improvement

We saw the X-ray audit had been completed in March 2017 and the results had been discussed with staff during a practice meeting. The infection prevention and control audit was in the process of being reviewed and completed.