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Poynton House Dental Surgery

Inspection Report

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Overall summary

We undertook a follow up inspection of Poynton House Dental Surgery on 21 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 second CQC inspector.

We undertook a comprehensive inspection of Poynton House Dental Surgery on 16 July 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 well led care and was in breach of regulations 12, 17 and 19 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 Poynton House Dental Surgery 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. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to all three of the regulatory breaches we found at our inspection on 16 July 2018.

Background

Poynton House Dental Surgery is in Market Drayton 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 in their dedicated car park.

The dental team includes four dentists, five dental nurses, two dental hygienists and one receptionist. The existing

Summary of findings

practice manager was due to go on maternity leave shortly and one of the dental nurses would be given this role in their absence. The practice has four treatment rooms.

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 one dental nurse and the practice manager (who was also a qualified dental nurse). The principal dentist was due to be present but extenuating circumstances led to their absence on the day of our visit. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 5pm from Monday to Thursday. It is open between 9am and 4pm on a Friday.

Our key findings were:

- A written induction programme had been introduced and implemented since our previous visit.
- The practice had made improvements in their processes relating to safety alerts, staff immunisation records, induction programmes and fire safety.
- Dental care record keeping had improved.
- Radiography audits were not undertaken at regular intervals to help improve the quality of service.
- Infection control and record keeping audits did not have documented learning points and the practice was unable to demonstrate the resulting improvements.
- There was no system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their reoccurrence.
- The practice did not have any formal policies, processes or systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.
- Actions from the fire and the Legionella risk assessment had not been carried out.
- Record keeping was not consistently in line with current guidance.
- Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision of all staff employed.
- Recruitment procedures were not consistently documented. This included obtaining and suitably documenting staff's photographic identity and evidence of indemnity insurance.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed.

Full details of the regulations the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

We found that this practice was not providing well-led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The provider had made limited improvements to the management of the service. The changes made did not provide sufficient assurance for the ongoing development of effective governance arrangements at the practice.

The provider had made improvements relating to record keeping and the introduction of new policies at the practice.

There were still shortfalls around staff training, staff recruitment records, audits, and risk management.

Requirements notice 

Are services well-led?

Our findings

At our previous inspection on 16 July 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 notices.

At the inspection on 21 February 2019 we found the practice had not made sufficient improvements to comply with the regulations:

- We reviewed the personnel files and noted there was no evidence of dental indemnity insurance for one dentist. The certificate was forwarded to us two weeks after this visit and it showed that the dentist's current indemnity had commenced from 1st January 2019 but was not held on record at the practice.
- There was no evidence that the practice had made the mandatory notification to the relevant authority for using X-rays.. This had been identified in July 2018 but the notification was not made until after our visit in February 2019.
- The practice did not have any formal policies, processes or systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.
- A written policy had been introduced but not all staff were aware of the requirements of the Duty of Candour regulation. The practice manager told us that staff had since read this information and signed to state they understood it. This regulation would also be discussed in the next staff meeting.
- The Fixed Wiring Electrical Testing had been completed on 9 February 2019. We brought this to the attention of the practice in July 2018 and the practice manager told us they requested an engineer to attend on a weekend only and this was the first available date.
- A fire risk assessment had been completed by an external specialist in September 2018. There was a list of recommendations but there was no evidence the actions had been completed by staff to improve fire safety. Staff were unaware these actions required completing and told us they would ensure these would be completed by 26 March 2019.
- A Legionella risk assessment had been completed by an external specialist in July 2018. This report recommended monthly temperature checks of the water to ensure the water temperature remained within the recommended parameters. There was no evidence that these checks had been completed. Staff told us they would complete these by 29 March 2019.
- Infection control audits were completed every six months (July 2018 and January 2019). These did not have documented learning points with action plans.
- No audits for radiography had been carried out since the previous inspection. Current guidance recommends these are carried out annually and staff had told us these would be completed within one month of our previous visit in July 2018. After this visit, staff told us this would be completed by 15 March 2019.
- There was no system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their reoccurrence.
- We found the record keeping had improved since our last visit. Further improvements were required for them to be in line with current guidance. A record keeping audit had been completed in November 2018 which identified several shortfalls and staff had planned to re-audit in April 2019 to ensure that improvements had been made. No learning points or action plans had been documented subsequent to the November 2018 audit.
- Not all staff had completed training in safeguarding children and vulnerable adults to the required level. Four staff members completed this training within a few days of our visit in February 2019. However, three staff members still had not completed this training to the required level.
- At our previous inspection, we found that the recruitment processes were not in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice had undertaken recruitment processes for one person since our previous visit. However, we found that there was no photographic identification for this person. The practice manager forwarded us a checklist of documents they would seek for recruitment processes in future.
- A written induction programme had been introduced and implemented since our previous visit.

Are services well-led?

- We saw evidence that all clinical staff now had evidence of immunity to Hepatitis B and risk assessments were now present for the non-responders to Hepatitis B vaccinations.
- The practice manager told us that all dentists now had personal development plans.
- We saw evidence that fire drills had been carried out monthly since September 2018.
- A Disability Access audit had been completed in January 2019.
- The infection control policy had been updated to include all relevant information.
- We were shown written consent documents that were given to patients to help them give informed consent prior to any dental treatment.
- New policies had been introduced since our previous visit. Some of the existing policies had not been reviewed in over 12 months. The policy for safeguarding vulnerable adults and children had not been reviewed since November 2017. Following our visit, the practice manager forwarded us a copy of the policy which stated it was reviewed four days after our visit.
- The practice's complaint procedures were now accessible to patients in the form of a leaflet that was available in the waiting room. Information was not available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This was added to the leaflet after our visit in February 2019.
- The protocol for managing any injuries from contaminated sharp instruments had been updated and now included all relevant information.
- At our previous inspection, we found that one dentist was unfamiliar with the Delivering Better Oral Health toolkit. Staff told us there was a hard copy of this guidance in the practice and that the dentist had been advised to read this information.
- Staff we spoke with were aware of RIDDOR reportable incidents, the Serious Incident Framework and Never Events.
- There was a formal mechanism of disseminating information about safety alerts to staff. We reviewed the processes and saw documentation in the file for reference.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met** The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: · Radiography audits were not undertaken at regular intervals to help improve the quality of service. · Infection control and record keeping audits did not have documented learning points and the practice was unable to demonstrate the resulting improvements.

This section is primarily information for the provider

Requirement notices

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

· There was no system in place to ensure that untoward events were appropriately documented, investigated and analysed to prevent their reoccurrence.

· The practice did not have any formal policies, processes or systems to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

· Actions from the Legionella risk assessment had not been carried out.

· Actions from the fire risk assessment had not been carried out.

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

· Record keeping was not consistently in line with current guidance.

There was additional evidence of poor governance. In particular:

This section is primarily information for the provider

Requirement notices

· Staff training, learning and development needs were not reviewed at appropriate intervals and there was no effective process for the ongoing assessment and supervision of all staff employed.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19 Fit and proper persons employed Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons. The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular: · Recruitment procedures were not consistently documented. This included staff's photographic identity documents and evidence of indemnity insurance.