

Care (Lancashire) Limited Sefton Dental Centre

Inspection Report

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Overall summary

We undertook a focused follow up inspection of Sefton Dental Centre on 24 January 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 carried out by a CQC inspector.

We undertook a comprehensive inspection of Sefton Dental Centre on 26 September 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 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 Sefton Dental Centre on our website www.cqc.org.uk.

As part of this inspection we asked if care and treatment was:

- 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 area where improvement was required.

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 breaches we found at our inspection on 26 September 2018.

Background

Sefton Dental Centre is in Bootle, Merseyside and provides NHS treatment for adults and children. Some private treatment is also available.

There is level access for people who use wheelchairs and those with pushchairs. There is no dedicated car parking for the practice. There is access to a space for disabled drivers which can sometimes be arranged for patients that require this.

The dental team includes three dentists, five dental nurses, one of whom is a trainee, two dental hygiene therapists and two receptionists. A practice manager and a human resources (HR) manager work between this practice and a sister site. The practice has four treatment rooms.

The practice is owned by an organisation 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

Summary of findings

Care Act 2008 and associated regulations about how the practice is run. The registered manager at Sefton Dental Centre is the principal dentist and owner of the organisation.

During the inspection we spoke with the practice manager and HR manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Thursday, from 7.45am to 8pm, and on Friday from 7.45am to 5.30pm.

Our key findings were:

The provider had made improvements to governance systems across the practice, in accordance with the fundamental standards of care. This included:

- Records held in respect of recruitment were now more complete, including information on staff immunity to Hepatitis B. Where evidence of immunity was not available, for example, in cases of trainees who had not completed the Hepatitis B vaccination course, risk assessments were in place to minimise the likelihood of injury from sharps.

- Disclosure and Barring Service (DBS) checks were in place for all staff working at the practice. We saw that recruitment files also held all documents as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2008, including proof of address and career history.
- All staff were now receiving performance reviews. Newer staff at the practice were receiving regular one-to-one meetings to review their induction training and on-going learning needs.
- Systems for reporting, analysing and sharing any lessons learned from significant events were in place.

Further improvements had been made by the provider in relation to:

- Management of radiation and radiation equipment.
- Staff training related to safety at work.
- Infection control
- Audit and continuous improvement
- Prescription pad security
- Engagement of staff through feedback surveys.

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 providing well-led care and was complying with the relevant regulations.

The provider had made improvements to the management of the service. This covered the breaches identified at our inspection of September 2018, and further strengthening of other, existing processes. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspection on 26 September 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 24 January 2019 we found the practice had made the following improvements to comply with the regulations:

Systems and processes had been established and were operating effectively to ensure compliance with regulations. In particular, the provider had:

- Introduced regular performance reviews for all staff, which included regular one-to-one meetings for new staff during their induction period.
- Recruitment records were now more complete.
- Systems to support the reporting, recording, investigation and analysis of incidents within the practice, were now in place. These were discussed at practice meetings. Following discussion with staff, any learning points identified were recorded and shared with colleagues.

Recruitment procedures had been reviewed to ensure that checks carried out during the process enabled the provider to establish whether staff were able to properly perform tasks required of them. In particular:

- Evidence of staff immunity to blood borne viruses was sought by the provider and records of this held.
- For any staff who had not provided evidence of immunity, for example, in cases of trainee dental nurses who had not completed the required course of immunisations, risk assessments were in place to minimise the chance of exposure to the risk, in their daily duties.
- We saw essential recruitment checks were carried out and records of these were now held by the practice in respect of all staff.

The practice had also made further improvements:

- A radiation protection advisor had been appointed and X-ray equipment had been reviewed, tested and confirmed as being safe for use. One X-ray set had been identified as ready for decommissioning.
- New local rules for each X-ray set had been prepared and made available for staff using this equipment.
- Staff had received updated training on sharps risks. Positive action had been taken by the practice manager to reduce the risk of staff not following the practice sharps policy, for example, by removal of a sharps bin from the decontamination room, meaning dental nurses were less likely to dismantle sharps themselves.
- Further training had been delivered to all staff including training on The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 2013.
- As a result of consultation with staff and risk assessment, the re-processing of single use items for use on named patients was stopped.
- A schedule for audit was in place; this included audits on antibiotic prescribing, patient records, radiography and infection control. The results of audit were actively being used to drive improvement.
- Systems were in place to safely and securely manage prescriptions pads, including the ability to track and trace prescriptions issued.
- Engagement of staff through feedback surveys had improved understanding of workplace relationships within the practice.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulations, since we inspected on 26 September 2018.