

Mr. Douglas Vincent

# Newnham Dental Practice

## Inspection Report

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### Overall summary

During our announced comprehensive inspection of this practice on 4 May 2016 we found a breach of a legal requirement in relation to the Health and Social Care Act 2008, Regulation 17- Good Governance. The purpose of this focused inspection was to check that the practice had taken action to address identified shortfalls and now met the legislation.

This report only covers our findings in relation to this requirement. You can read the report from our previous comprehensive inspection, by selecting the 'all reports' link for Newnham Dental Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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

#### Key findings

Overall, we found that adequate action had been taken to address most of the shortfalls identified at our previous inspection and the provider was now compliant with the regulation. However, there continued to be areas where the provider could make improvements and should:

- Review the practice's system for recording, investigating and reviewing incidents and significant events, with a view to preventing their reoccurrence. We raised this at our previous inspection.
- Review staff's awareness of the Mental Capacity Act and ensure they understand its key principles when dealing with patients who are not able to make decisions for themselves. We raised this at our previous inspection.
- Review staff's training in relation to fire safety and undertake regular evacuation drills so that staff know how to respond in the event of a fire. We raised this at our previous inspection.

In light of these continued concerns we have asked the provider to confirm to us in writing when these improvements have been made at the practice.

# 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?

Overall, we found that the provider had taken sufficient action to address the shortfalls identified in our previous inspection of 4 May 2016. Staff had received training in how to protect vulnerable adults and children, and the practice's safeguarding policy had been updated. The practice now held emergency medical equipment and medicines as recommended by the Resuscitation Council and systems were in place to ensure they were checked regularly.

Recruitment procedures had improved and all staff had received a disclosure and barring check. The risk of legionella had been fully assessed and control measures implemented to ensure patients were protected. Staff who undertook the decontamination of instruments now followed recommended guidance.

No action



### Are services well-led?

Overall, we found that the provider had taken adequate action to address many of the shortfalls identified in our previous inspection of 4 May 2016. For example; staff had received an assessment of their performance, regular staff meetings were now held, patient referrals were monitored and the use of x-rays was justified.

However we also noted that the dentist had failed to fully address a number of minor issues we had raised in our previous report. There was still no specific significant event policy and procedure in place and staff's understanding of incident classification and reporting was limited; the practice had failed to ensure that national safety alerts were received and actioned as needed, staff had not received any fire training, or any other type of health and safety training, and evacuation drills had not been completed.

No action



# Newnham Dental Practice

## Detailed findings

### Background to this inspection

We undertook an announced focused inspection of Newnham Dental Practice on 28 November 2016. This inspection was carried out to check that improvements had been made to address a number of shortfalls we had identified during our inspection on 4 May 2016.

We inspected the practice against two of the five questions we ask about services: is the service safe and well-led.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our inspection we spoke with the practice owner, a hygienist and a receptionist, and reviewed a range of documentation.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

At our previous inspection we found that the practice did not have a policy in place to support the identification, reporting and investigation of incidents. During this inspection we found there was still no specific significant event policy and procedure in place and staff understanding of incident classification and reporting was limited.

At our previous inspection, we found that the dentist did not receive national safety alerts from by the Medicines and Healthcare Regulatory Authority (MHRA). During this inspection the dentist told us he had signed up to receive them, however he was not aware of recent alerts directly affecting dental practice and could not evidence to us that he had been receiving them regularly. The following day to our inspection, the dentist sent us evidence that he was now subscribed to receive these important alerts.

### Reliable safety systems and processes (including safeguarding)

At our previous inspection we found that not all staff had received training in safeguarding, and the practice's safeguarding policy was not robust. During this inspection we viewed staff training certificates that showed that all had undertaken recent training in this area. The practice's policy had been updated and now included the local contact numbers of protection agencies. Staff we spoke with had a clear understanding of the importance of safeguarding issues. Staff had also undertaken training in the Mental Capacity Act, but we continued to find that one dental clinician's knowledge of its key principles was limited.

At our previous inspection we found the practice did not have access to an automated external defibrillator (AED) and that emergency equipment held at the practice did not meet minimum recommendations for dental practices issued by the Resuscitation Council. We also found that a lot of emergency medical consumables were very out of date. Since this inspection, the practice had purchased a new AED and a full set of emergency medical equipment. All the equipment was now checked weekly to ensure it

remained fit for purpose. New first aid and eyewash kits had been obtained. The oral form of Midazolam had also been purchased so that it could be administered quickly if needed, and glucagon was now stored correctly.

### Recruitment.

At our previous inspection we found the practice did not have any recruitment procedures in place and none of the staff had been checked by the Disclosure and Barring Services (DBS). During this inspection we viewed the practice's new recruitment policy which provided guidance in relation to staff pre-employment checks, shortlisting candidates, interviewing and health checks. Files we viewed showed that staff now had DBS checks in place.

### Monitoring health and safety

At our previous inspection we found that the practice's sharps' policy did not meet recommended national guidance. During this inspection we found the policy had been updated to reflect this guidance. Nurses no longer handled syringes and the dentist used a one handed recapping system.

At our previous inspection we noted staff had not received any health and safety training, and no drills were undertaken to ensure staff knew what to do in the event of a fire. During this inspection we found that staff had still not received any health and safety training and no fire drills had been undertaken. The dentist could not provide any mitigating reasons for this.

At our previous inspection we found that the risk of legionella in the practice had not been adequately assessed. Since then, the dentist had commissioned an external consultant to undertake a full assessment of the premises. As a result staff now monitored hot and cold water temperatures every month, and changed the water filter every six month, evidence of which we viewed.

We also viewed updated risk assessments in relation to clinical waste management and latex allergy.

### Infection control

At our previous inspection we found that the practice had not undertaken any infection control audits to ensure that patients were protected. During this inspection we viewed an audit undertaken in August 2016. This showed that the practice had scored 90%, indicating that it met essential quality requirements. An action plan was in place to

## Are services safe?

address most of the identified shortfalls highlighted in the audit. We also noted that cleaning equipment used around the practice now met NHS guidelines and was stored correctly to reduce the risk of cross contamination.

At our previous inspection we identified a number of shortfalls in the practice's decontamination procedures. During this inspection we noted that the dental nurse now checked the temperature of the water used to manually clean instruments to ensure it was below 45 degrees. She also examined the instruments under an illuminated magnifying glass to check for debris. She wore appropriate personal protective equipment. We saw that a poster detailing the correct decontamination procedures had been put on display to guide staff.

### **Equipment and medicines.**

At our previous inspection we found that checks of the sterilisation cycles did not include temperature and pressure checks. During this inspection we viewed TST (Time, Steam and Temperature) test strips that demonstrated that the sterilisers had been checked twice a day.

At our previous inspection we found that medicines were not managed robustly. During this inspection we noted that antibiotics were now dispensed contemporaneously to patients and were no longer held in unlabelled bottles.

# Are services well-led?

## Our findings

### Governance arrangements

At our previous inspection we found that the practice did not hold regular staff team meetings. During this inspection the dentist told us that monthly meetings were now held and we viewed minutes of the meetings held in September, October and November 2016. Standing agenda items included health and safety issues, infection control and patient feedback.

At our previous inspection we found that staff training was not monitored and their performance was not assessed. During this inspection we saw that a list of the courses undertaken by staff was on the noticeboard so that it could be checked regularly by the dentist. Staff appraisals had taken place since our last inspection, although the hygienist had not received one so it was not clear how her performance was monitored.

A log was now kept so that patient referrals could be tracked and monitored and a procedure was in place to show that staff had read and agreed to the practice's policies and protocols.

We viewed a small sample of patients' notes and noted that the justification for taking an x-ray was clearly recorded.

However we also noted that the dentist had failed to fully address a number of minor issues we had raised in our last report. For example, there was still no specific significant event policy and procedure in place and we continued to find that staff's understanding of incident classification and reporting was limited; the practice had failed to ensure that national safety alerts were received and actioned as needed, and staff had not received any fire training, or any other type of health and safety training, and evacuation drills had not been completed.