

Den Dental Group Practice LLP

Clock Tower Dental Practice

Inspection Report

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Overall summary

Our findings were:

Are services safe?

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

Are services effective?

This was not checked at this inspection.

Are services caring?

This was not checked at this inspection.

Are services responsive?

This was not checked at this inspection.

Are services well-led?

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

We carried out an inspection of this service under Section 60 of the Health and Social Care Act 2008 on 15 January 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service. Breaches of legal requirements were found. As a result we undertook a desk based focused inspection on 20 February 2016 to follow up on whether action had been taken to deal with the breaches.

During our previous inspection on the 15 January 2015 we found the following:

- An effective system was not in place to carry out clinical governance and audits. Actions highlighted from audits had not been taken in a timely way. This included shared learning from significant events.
- X-ray audits had not been carried out at the practice as required by the IR(ME)R 2000 regulations.
- The practice did not have a radiation protection file which included details of the Radiation Protection Supervisor (RPS) and the new appointment of the Radiation Protection Advisor (RPA).
- Infection control audits had not addressed any shortfalls as determined by the 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05). This includes the processes and practices which are essential to prevent the transmission of infections.
- The practice had not carried out or logged the recommended procedures contained in the Legionella risk assessment.
- Action had not been taken in response to the fire risk assessment, such as confirming which doors were fire doors.
- Patient records had not been stored securely or retained for an appropriate amount of time.

We conducted a desk based focused inspection. This means the provider was able to send us evidence of the

Summary of findings

action taken to address the issues previously found rather than visiting the practice. The provider had actively demonstrated that they had taken action in response to the areas of non-compliance which were identified at the previous inspection on 15 January 2015.

During this desk based inspection we found:

- An effective system was in place to carry out clinical governance and audits. Significant events were being discussed at staff meetings including any learning and improvements which had taken place as a result of these.
- X-ray audits had recently been carried out by all dentists at the practice as required by the IR(ME)R 2000 regulations.
- The practice had a radiation protection file in place which included details of the Radiation Protection Supervisor (RPS) and the new appointment of the Radiation Protection Advisor (RPA).
- Work had been completed in order to address shortfalls as a result of infection control audits as determined by HTM 01-05 guidance.
- A recent Legionella risk assessment had been carried out and any actions which needed to be taken were clearly highlighted.
- Action had been taken in response to the fire risk assessment, including the clear marking of fire doors throughout the practice.
- Patients' dental care records were being stored and archived securely.

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

Are services effective?

This was not checked at this inspection.

Are services caring?

This was not checked at this inspection.

Are services responsive to people's needs?

This was not checked at this inspection.

Are services well-led?

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

Clock Tower Dental Practice

Detailed findings

Background to this inspection

We carried out an inspection of this service under Section 60 of the Health and Social Care Act 2008 on 15 January 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service. Breaches of legal requirements were found. As a result we undertook a desk based focused inspection on 20 February 2016 to follow up on whether action had been taken to deal with the breaches.

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor. We did not speak with any stakeholders or patients during this inspection. We reviewed evidence that was sent to us by the provider before carrying out the desk based inspection. This included photographs of fire doors, flooring which had been replaced in the decontamination room and clean and dirty instrument boxes. We also received copies of minutes from staff meetings, completed audits and risk assessments and an action plan of how and when the provider had responded to the areas of previous non-compliance.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider sent us documents which demonstrated that learning and improvement had taken place as a result of significant events. Meeting minutes from May 2015 showed that shared learning had taken place regarding significant events and an example of such an event had been discussed. Further staff meeting minutes from November 2015 showed that an ongoing significant event had been discussed and shared with staff. Patients had commented that they were unable to get through to the practice by telephone and were unhappy with the premium rate number. The practice had responded by changing the main phone line to a local number and recruiting additional reception support in answering the phones.

Infection control

The provider sent us documents which demonstrated that work had been completed in order to address shortfalls as a result of infection control audits as determined by HTM 01-05 guidance. This included correcting the airflow in the

sterilisation room, replacing and sealing the flooring in the decontamination area, clearly marking 'clean' and 'dirty' zones and transporting instruments in 'clean' or 'dirty' sealed boxes.

The provider also sent us evidence which demonstrated that a recent Legionella risk assessment had been carried out and any actions which needed to be taken were clearly highlighted.

Monitoring health & safety and responding to risks

The provider sent us evidence that action had been taken in response to the fire risk assessment, including the clear marking of fire doors within the practice.

Radiography (X-rays)

The provider sent us documents which showed that X-ray audits had recently been carried out by all dentists at the practice as required by the IR(ME)R 2000 regulations. Evidence was also sent to us to demonstrate that the practice had a radiation protection file in place. This included details of the Radiation Protection Supervisor (RPS) and the new appointment of the Radiation Protection Advisor (RPA).

Are services effective?

(for example, treatment is effective)

Our findings

This was not checked at this inspection.

Are services caring?

Our findings

This was not checked at this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

This was not checked at this inspection.

Are services well-led?

Our findings

Governance arrangements

An effective system was in place to carry out clinical governance and audits. The provider sent us a document which showed that an assessment had taken place in November 2015 with regards to the accessibility of the premises under the Disability Discrimination Act (DDA). The practice had also carried out recent audits relating to radiographs. Learning had been identified as a result of the X-ray audits. Actions had been taken in response to the fire risk assessments and the shortfalls identified from infection control audits.

Further evidence which was sent to us by the provider demonstrated that staff meetings to support and share learning with staff were taking place. Records retained from a staff meeting in November 2015 showed that discussions had taken place regarding change in rotas and shift patterns, ordering of new stock, creating study days for staff and implementing a staff recognition award.

The provider sent us evidence to demonstrate that patients' dental care records were being stored and archived securely. Archive boxes had been purchased and dental care records had been sent for archiving offsite. A review of the practice policy on records, privacy and confidentiality had taken place.