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Norwood Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 23 June 2015 as part of our regulatory functions where a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We carried out a follow- up inspection on 26 April 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. We revisited the Norwood Dental Care practice as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Norwood Dental Care on our website at www.cqc.org.uk.

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?

At our previous inspection we had found that the practice did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

We carried out an inspection on the 26 April 2016. Action had been taken to ensure that the practice was safe because there were now effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

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

Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. They had also not ensured that their audit, risk assessment and governance systems were effective.

We carried out an inspection on the 26 April 2016 . Action had been taken to ensure that the practice was well-led because there were now effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The providers had now ensured that their audit, risk assessment and governance systems were effective.

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

Norwood Dental Care

Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 26th April 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 23 June 2015 had been made. We reviewed the practice against two of the five questions we ask about services: is the service safe and is this service well-led? This is because the service was not previously meeting two of the legal requirements.

The inspection was led by a CQC inspector who was accompanied by a dental specialist advisor. During our inspection visit, we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff records, maintenance records and policies. We also spoke with staff and carried out a tour of the premises.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. The practice manager told us this would mainly be through team meetings if an incident ever occurred and staff we spoke with confirmed this. There had been two adverse incident recorded over the past 12 months, they had been dealt with appropriately.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incident over the past 12 months.

Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients affected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had children and vulnerable adult safeguarding policies. The policies were dated January 2016 and scheduled to be reviewed in January 2017. The policies included details of what should be considered abuse and how to report abuse. Staff had completed safeguarding training. They were able to explain their understanding of safeguarding issues. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

There was a whistle blowing policy that had been drafted in January 2016. Staff we spoke with were aware of the practice whistle blowing policy. A copy of the policy was displayed in the staff kitchen area.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols, procedures for using equipment safely, health and safety process, procedures and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with radiography, display screen equipment, legionella, use of equipment and infection control.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included procedures for clinical waste management and personal protective equipment. The practice had followed the guidance on decontamination and infection control issued by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care dental practices. The lead nurse was the infection control lead.

There was a flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included cleaning instruments suitably and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in an ultrasonic bath, placing in the autoclave, pouching and then date stamping.

Staff told us about the daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave and ultrasonic were working effectively. We saw records that confirmed these checks were carried out.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins. Bins were collected regularly by a specialist clinical waste company. The bins were appropriately stored safely away from public access while awaiting collection.

Are services safe?

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE.

A Legionella risk assessment had been completed in October 2015 [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The water lines were flushed daily and weekly.

There was a cleaning plan, schedule and checklist, which was regularly checked by the practice staff.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) had been completed in June 2015. PAT is the name of a process where electrical appliances are routinely checked for safety.

Radiography (X-rays)

Two of the dentists, who worked at the practice on different days, were the Radiation Protection Supervisors (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. Critical exams had been undertaken August 2015. X-ray equipment had been serviced in April 2016. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in April 2016 and another was scheduled for October 2016.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including whistleblowing, employment and infection control. There was a management structure in place with identified leads on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Staff told us meetings were held to discuss issues in the practice and update on things affecting the practice. We saw notes of meetings that confirmed this. For example significant events were discussed during a January 2016 team meeting.

The quality audits undertaken at the practice included infection control, dental records and radiography audits.

Leadership, openness and transparency

Staff we spoke with said they felt the practice manager was open and transparent. Staff told us they were comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care and we saw there was time allotted to discuss training at all team meetings.

Management lead through learning and improvement

Staff told us they had good access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through their own surveys and through the NHS Friends and Family Test. For example the March 2016 patient satisfaction surveys had asked patients about satisfaction with response to queries, courtesy and friendliness of staff and overall quality of the service. The majority of patients that responded to the survey were positive about the service they were receiving.