

Mr Michael Stainer

Lancaster Dental Clinic

Inspection Report

8 Aldrens Lane

Skerton

Lancaster

LA1 2UD

Tel: 01524 389144

Website:

Date of inspection visit: 10 May 2016

Date of publication: 26/08/2016

Overall summary

We carried out an announced follow up inspection on 10 May 2016 to ask the practice the following key questions which we found the practice required actions; Are services safe, and well-led?

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

CQC inspected the practice on 10 November 2015 and asked the provider to make improvements regarding Regulation 12: Safe care and treatment and Regulation 17: Good Governance. We checked these areas as part of this follow up inspection on 10 May 2016 and found this had been resolved.

On the 10 November 2015 we found that the provider could not demonstrate they took appropriate actions to:

- Assess the risks to the health and safety of service users of receiving the care or treatment; by doing all that is reasonably practicable to mitigate any such risks;

- Ensure that the premises used by the service provider are safe to use for their intended purpose.
- Ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use.
- Assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.
- Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
- Assess, monitor and mitigate the risks relating to infection control, the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;
- Maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity.

The practice was situated close to Lancaster town centre. The practice provides NHS and private dental treatment.

The practice is operated by a single handed dentist. There were two dental hygienists who work on a Monday, Thursday and alternate Wednesdays and Fridays. The dentist provides treatment on a Tuesday to Friday. There

Summary of findings

are no evening or weekend surgery hours available. There is always a receptionist and a dental nurse in the practice when care is being provided. The practice manager is based at this location.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings in this follow up inspection were:

The provider had taken actions to address all the concerns highlighted above and in the report of the 10 November 2015.

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

The practice had introduced systems and processes to ensure all care and treatment was carried out safely.

The complaints and the significant events policies and procedures had been developed which included processes for reporting, lessons being learnt and improvements being made when things go wrong.

The safeguarding policy had been updated to include the local social services protection team's number.

A whistle blowing policy had been implemented.

The practice had developed a recruitment policy. We saw that all staff had received a disclosure and barring check (DBS) and this was recorded in the personnel files. DBS checks are to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Emergency medicines and equipment were appropriate and accessible with procedures in place to ensure they were fit for use.

The fire safety procedures within the practice had been reviewed.

Formal systems for the checking of medicine and equipment were now available in the practice.

Since our inspection in November the practice had made the decision to withdraw conscious sedation treatments for patients.

Are services responsive to people's needs?

We found that the practice was providing responsive care in accordance with the relevant regulations.

Out of hours appointments were now available by special request.

The complaints policy and procedure had been revised to include all information and included a complaints tracking process.

Are services well-led?

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

The practice manager no longer worked in the surgery as a dental nurse unless this was to cover absences of staff. This allowed them the time to develop their management role.

Clinical and non-clinical audits had been introduced, for example care and treatment records were audited to ensure standards had been maintained.

The practice manager was in the process of reviewing all policies within the practice to ensure they were suitable and specific to that practice.

The practice was developing a process to seek the views of patients with a formal audit.

Lancaster Dental Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice had made improvements to was meet the legal requirements and regulations associated with the Health and Social Care Act 2008

The focused follow up inspection took place on the 10 May 2016. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

A complaints policy and procedure had been developed which included processes for lessons being learnt and improvements being made when things go wrong. There were also processes in place to report, review and learn from any significant events if these took place.

A policy for the reporting of and dealing with significant incidents and accidents was now in place. All staff had signed the policy to say they had read and understood it.

Reliable safety systems and processes (including safeguarding)

We found that a practice specific whistleblowing was now in place and staff had signed the policy to say they had read and understood it.

Medical emergencies

Staff had received update training in how to deal with medical emergencies and how to use all equipment in November 2015. The practice had in place appropriate airways and oxygen masks for adults and had acquired a defibrillator.

Staff recruitment

The practice manager was in the process of developing recruitment policies and procedures in line with regulatory requirements. A private company had been brought in to assist with this. No new staff had been recruited since our inspection on the 10 November 2015.

We saw evidence that all staff had undergone a Disclosure and Barring Service check. (DBS) This check was to identify whether a person has a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Evidence of staff checks were kept in their personnel files.

Monitoring health & safety and responding to risks

Following our inspection on 10 November the practice took action to improve their monitoring of health and safety and responding to risk. Policies had been reviewed to manage

risk in the practice in the areas of infection prevention and control, the control of Legionella and with fire safety procedures. All staff had received update training in March 2016.

Following the inspection in November 2015 the practice had worked closely with the fire safety officer from the local fire brigade. A new fire risk assessment was undertaken in January 2016 and an action log had been implemented to address any concerns. All staff received fire safety awareness training in March 2016.

All fire safety checks were undertaken as required in the practice's risk assessment and a member of staff recorded when these were complete. A designated fire marshal had been identified for the practice.

Infection control

A dental nurse had been given the responsibility for monitoring and maintaining infection prevention and control procedures in the surgery.

During this inspection we saw that a company had been contracted to redesign the decontamination room in line with HTM01-05 guidance.

To aid with the decontamination process a magnifying glass with a light had been purchased so staff could ensure all instruments were perfectly clean. A full infection prevention and control audit had been undertaken in April 2016 and an action plan formulated to address any identified concerns.

Equipment and medicines

Since our inspection in November the practice had made the decision to withdraw conscious sedation treatments- (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). Any patients requiring sedation were now referred to an appropriate provider.

The practice of pre-loading of local anaesthetic syringes was stopped following our inspection in November 2015.

Following our inspection in November staff at the practice conducted a thorough check of all medication kept in the practice. Unused and out of date medicines were destroyed. A dental nurse now had the responsibility for the ongoing monitoring of medicines in the practice.

Are services safe?

Radiography (X-rays)

Since the inspection in November 2015 the provider had arranged a contract with an outside agency to ensure that the practice was compliant with the Ionising Regulations (Medical Exposure) Regulations 2000 (IR(ME)R 2000). A radiation protection advisor was now available and the local rules had been developed by a trained and competent person.

The formal audit process for x-rays had been introduced. We saw that an audit of the quality of x-rays had been performed in March 2016. The results showed that 90% of all x-rays were of grade one quality.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice now offer extended opening hours to support patients in arranging appointments by special request.

The system for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients was effective. A documentation trail in place. Information for patients about how to raise a concern or offer suggestions was available in the waiting room.

The complaints procedure included contact details of other agencies if a patient was not satisfied with the outcome of the practice investigation into their complaint.

People with urgent dental needs or experiencing pain were responded to in a timely manner, often on the same day.

Are services well-led?

Our findings

Governance arrangements

Following our inspection in November 2015 the practice have introduced formal arrangements for the monitoring and improvement of the service. All staff had designated roles of responsibility for example, safeguarding, infection control, COSHH and health and safety. (Control of Substances Hazardous to Health (COSHH) 2002 was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.)

The practice manager was near the completion of reviewing and rewriting all policies for the practice. When these policies had been reviewed staff were asked to sign them to say they had read and understood the new policy. A policy folder had been developed on the practices intranet and each practice now had a hard copy of all policies on file.

Leadership, openness and transparency

The practice manager no longer worked in the surgery as a dental nurse unless this was to cover absences of staff. This allowed them the time to develop their management role.

During this inspection we talked with staff who confirmed that the practice had improved. There was more organisation and communication between staff. The dental nurses had introduced a comments book so concerns could be recorded and shared if the nurses did not have face to face meetings. Staff told us that the practice was now more organised, they knew what they were supposed to do and felt happier working for the practice.

Management lead through learning and improvement

The practice had introduced a structured plan to audit quality and safety beyond the mandatory audits for infection control and radiography.

Systems had been introduced for formal audits to be undertaken in the practice, for example, the dispensing of prescriptions and entries into clinical records. An audit calendar had been put into place. Processes following audit were in place which ensured the findings from audit were acted upon. This ensured that the practice was able to mitigate risks relating to the health, safety and welfare of patients using the service.

The computer system in the practice had been upgraded to enable all staff both in reception and the treatment room to view all appropriate records.

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

The practice had put in place a patients comment book. Patients were able to record their comments directly into the book and staff recorded any verbal comments they received from patients. The practice was still investigating ways of gaining formal feedback from patients at regular intervals.

The practice manager was in the process of introducing formal appraisals for all staff. We saw an agenda item for the staff meeting in May, after our inspection, for discussions regarding appraisal implementation. The practice manager confirmed that appraisal of all staff would commence in June 2016.