

Mr Nicholas Spilker

College Dental Surgeries

Inspection Report

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Overall summary

We carried out an announced focussed inspection on 10 May 2017 to follow up on a previous inspection 19 October 2016 to ask the practice the following key questions; Are services safe, and well-led?

Our findings were:

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

Background

College Dental Surgeries is located in Maidstone, Kent and offers general dentistry services on a private basis with the option of a national dental payment plan available. The practice has four dentists, two hygienists, five dental nurses and one receptionist. The team is supported by the practice manager who is also a registered dental nurse.

The practice has four treatment rooms, a separate decontamination room, a spacious reception, two waiting areas, and staff facilities.

The practice is open: Monday – Thursday 8.30am to 5.30pm and Fridays 8.30am to 12.30pm

One of the partners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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 were:

- Infection control procedures were carried out in accordance with current guidance
- The practice had carried out the required checks on staff as required.
- Radiography was carried out in compliance with Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.

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.

At the last inspection we found that there were some gaps in processes for infection control and radiography. At this inspection we saw that all of the areas identified had been addressed and rectified in line with current guidance.

At the last inspection we found that staff files did not hold all of the required documentation such as Disclosure and Barring service checks (DBS) or the Hepatitis B vaccination status of some staff. At this inspection we saw that all staff had a new DBS check and the vaccination status of all staff was available.

No action



Are services well-led?

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

At the last inspection we found that audits conducted did not reflect our findings regarding processes within the practice. We found that infection control audits had not highlighted gaps in the processes. We saw that there had been minimal auditing activity in relation to the quality of X-rays taken. We noted that the information supplied was a collection of data; a list of X-rays taken and their grades. There had been no analysis of this information to determine the percentages of each grade taken as required by legislation.

At this inspection we saw that audit cycles had been started for both infection control and the quality of X-rays. The information collected was undergoing analysis and had identified the need for further auditing with regard to patient dental care records.

No action



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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection was carried out on 10 May 2017 by a CQC inspector who had remote access to a specialist dental adviser.

During the inspection, we spoke with the principal dentist, a dentist on duty, dental nurses and the practice manager and reviewed policies, procedures and other documents.

Are services safe?

Our findings

Staff recruitment

At this inspection we saw that all of the staff recruitment files had been updated. This included a new Disclosure and Barring Service check (DBS) and each member of staff Hepatitis B vaccination status.

Infection control

At the last inspection we noted there were gaps in the practice's processes to reduce the risk and spread of infection.

At this inspection we saw that all staff had received further infection control training. The practice were seen to be following guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice now had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

We saw that environmental cleaning was being carried out in accordance with national guidance.

We saw that the decontamination room and all of the treatment rooms had a clear dirty to clean flow and that there was strict conformity to the new processes that had been implemented.

At the last inspection we noted that one treatment room was cluttered and unorganised. This treatment room had carpet which was within the one metre catchment zone of the dental chair.

At this inspection, we saw that the treatment room in question had been refurbished, all of the clutter had been removed, and all of the drawers were tidy and organised. The carpet had been removed and new flooring with coved edges to facilitate effective cleaning had been laid.

Radiography (X-rays)

At this inspection we saw that audits were now being conducted with regard to the quality of X-rays taken. The new audits demonstrated that the number of grade 3 images (poor quality) was within the accepted 10% as determined by current legislation. The audit identified that justification and finding were not always recorded and this had prompted another audit of dental care records. Staff confirmed that they were working towards ensuring that this information was recorded routinely by prompts on the computer.

Are services well-led?

Our findings

Governance arrangements

At this inspection we saw that the auditing for infection control and the quality of X-rays taken had improved and now reflected current processes. We saw that the infection control audit reflected the new improved practices. The radiography quality assurance audit had identified gaps in

the recording of information in relation to the justification of an exposure and the findings of each X-ray taken. Staff when questioned told us that they were working toward closing this gap by installing prompts on the computer to ensure this information was recorded. The practice was planning a re-audit to look at how this new system was working and offered to share the results with us once available.