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Midland Road Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this practice on 5 November 2015. Breaches of legal requirements were found.

We undertook this focused inspection to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Midland Road Dental Surgery on our website at www.cqc.org.uk

Our findings were:

Are services well-led?

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

Background

Midland Road Dental Practice is a general dental practice situated in a converted house in the centre of Bedford. The practice offers mostly NHS and some private treatment to adults and children.

The premises consist of a reception area and waiting room on the ground floor, and two treatment rooms along with a dedicated decontamination room on the first floor.

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 were:

- The practice was maintaining accurate, complete and contemporaneous records in respect of each patient.
- Risk assessments had been carried out to identify and assess areas of risk to the health and safety of staff, patients and visitors to the practice.
- Clinical audit had been used effectively to highlight areas of concern within clinical practice.

There were areas where the provider could make improvements and should:

- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.

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 well-led?

No action

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

Referral letters were kept centrally and regularly reviewed to ensure that a response was received within a reasonable timeframe. Referrals were chased up when correspondence was not received by the practice within that timescale.

Risk assessments in the use of sharps and the control of substances hazardous to health had been completed.

Clinical audit regarding the quality of X-rays taken highlighted areas for improvement.

Midland Road Dental Surgery

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.

We undertook an announced focused inspection of Midland Road Dental Surgery on 4 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 5 November 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service Well-led. This is because the service was not meeting some legal requirements.

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

Are services well-led?

Our findings

Governance arrangements

The practice used a computer based audit tool to complete relevant risk assessments concerning the health and safety of patients, staff and visitors to the practice. Some risk assessments were held on the system whereas others were available in hard copy form.

The practice completed a risk assessment concerning the use of sharps, in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. This was completed on 10 November 2015, and reviewed on 16 May 2016. Dentists took sole responsibility for disposing of sharps at the point of use and used the holders on the top of the sharps bin to unscrew the needle directly into the sharps bin.

The policy regarding treatment of inoculation injuries was available in each treatment room and included contact numbers for the local occupational health determent and accident and emergency from which services advice could be sought.

The practice was also trialling a system of safer sharps whereby a plastic tube could be drawn up over the needle and locked into place after use.

The practice had taken steps to meet the Control of Substances Hazardous to Health 2002 regulations (COSHH). The practice had completed a COSHH checklist on 1 June 2016 this confirmed that measures had been taken in this regard. The practice had individual risk assessments in place for substances within the practice that were deemed hazardous. This included information on who would be at risk, and what personal protective equipment should be worn when dealing with those substances.

The practice did not have a comprehensive log of individual datasheets to accompany the risk assessments although the principal dentist assured us that this would be undertaken.

During our last inspection paper files were noted to be a fire risk in an unused room of the practice. We inspected the area during this visit and found that the fire risk was no longer apparent.

Learning and improvement

The practice was using clinical audit as a tool to highlight areas of clinical practice that could be improved. Infection control audits were carried out six monthly, and did not highlight any areas for improvement. An audit that had been completed on 22 June 2016 could not be accessed on the computer due to a fault. In response to this the practice immediately repeated the audit in hard copy so that it was available to reference.

The practice carried out audit on the quality of X-rays being taken. Two separate audits had been completed one for each dentist in April and May 2016. The results were analysed and areas for improvement were identified. A date for re-audit was also listed so that improvements could be recognised.

The practice showed us some dental care records to illustrate the detail of the clinical records kept. We saw that details of examinations were recorded including an assessment of the soft tissues of the face and neck and the function of the jaw joint.

Dentists made an assessment of gum health; these had been recorded using the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to patients' gums.

We saw evidence that options for treatment were explained to the patients, and a record made when consent to treat was granted by the patients.

Referrals made from the practice were documented within the patient record, and a hard copy was retained centrally. This meant that referrals could be tracked and the timeliness of response could be assured. Correspondence from the referral service was also logged centrally, and the details documented in the dental care record.