

Grace Dental Care Windlestone Road

Grace Dental Care -Windlestone Road

Inspection report

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Overall summary

We undertook a follow up focused inspection of Grace Dental Care -Windlestone Road on 16 September 2020. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements. The inspection was carried out partly remotely by reviewing documents sent by the provider and a site visit.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Grace Dental Care -Windlestone Road on 9 September 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, responsive or well led care and was in breach of Regulations 12, 15, 16, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Grace Dental Care - Windlestone Road on our website.

As part of this inspection we asked:

- Is it safe?

- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 9 September 2019.

Are services responsive?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 9 September 2019.

Summary of findings

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 9 September 2019.

Background

Grace Dental Care - Windlestone Road is in Billingham and provides NHS and private treatment for adults and children.

The premises are not accessible for people who use wheelchairs. Wheelchair users can be seen at the provider's sister practice. On street parking is available near the practice.

The dental team includes three dentists, two dental nurses, and two receptionists. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Grace Dental Care - Windlestone Road is one of the partners.

During the inspection we spoke with one dentist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 5pm.

Our key findings were :

- The risks associated with the carrying out of the regulated activities had been addressed. These included the risks associated with fire and the use of radiation.
- Equipment including gas and electrical systems were maintained appropriately and in line with the relevant legislation.
- The complaints procedure had been reviewed.
- Systems and processes had been implemented to ensure good governance is supported in the long term.

There were areas where the provider could make improvements. They should:

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services responsive to people's needs?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 9 September 2019 we judged the practice was not providing safe care and was not complying with the relevant Regulations. We told the provider to take action as described in our requirement notice. At the inspection on 16 September 2020 we found the practice had made the following improvements to comply with the Regulations:

- A fire risk assessment had been carried out in September 2019 and this had been reviewed in September 2020. Actions identified in the risk assessment had either already been completed or were due to be completed in line with the recommended timescales.
- A general practice risk assessment had been carried out in September 2019 to enable staff to identify any premises and environmental risks.
- A Legionella risk assessment had been carried out in September 2019 and this had been reviewed in September 2020. We reviewed water temperature testing and saw that some hot water temperatures were not reaching 55°C. We discussed this with staff and checked the temperature of a sentinel outlet. This was above 55°C. We were assured staff would receive additional training and support in understanding water temperature checking.
- A gas safety check had been carried out in November 2019. This showed that the gas installation was safe to use.
- A fixed wire installation test had been carried out in October 2019. This showed the condition of the installation was satisfactory and required re-testing in five years.
- A pressure vessel examination had been carried out on the dental compressor in September 2020. This showed it was safe to use.
- Infection prevention and control measures had been reviewed and were now in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. This

included the use of an illuminated magnifying glass to inspect instruments prior to sterilisation, weekly testing of the ultrasonic cleaner and ensuring un-bagged instruments were reprocessed at the end of the day.

- At the previous inspection we noted clinical waste was not stored appropriately. The soft clinical waste had been relocated to a different area of the practice. This area was very small and when we checked, it was overflowing. There was a potential risk of puncturing the clinical waste bags. We discussed with staff alternatives to storage inside the premises. As space within the premises was limited. We were assured that this would be reviewed.
- Staff had completed training in safeguarding vulnerable adults and children to the correct level for their role. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.
- The provider had a recruitment policy. We reviewed staff recruitment records and found the policy had been followed. This included proof of identification, evidence of indemnity, registration with the General Dental Council (GDC), evidence of immunity to Hepatitis B and a Disclosure and Barring Service (DBS) check.
- We saw evidence the X-ray machines had been subject to a routine examination. In addition, we saw that they had also been subject to an annual mechanical and electrical safety check. We saw evidence the provider had registered with the Health and Safety Executive for the use of radiography.
- Emergency medicines were available as described in recognised guidance. We noted during the inspection there was no size 0 and 2 oropharyngeal airways or size 3 and 4 masks for the self-inflating bag. In addition, the oxygen face masks had passed their expiry date. We discussed this with staff who assured us that the process for checking the equipment would be reviewed to ensure all equipment is available as described in nationally recognised guidance. We were later sent evidence the missing items had been ordered. We also noted the glucagon was stored in the fridge. The fridge temperature was not monitored to ensure it remained between 2°C and 8°C. We were assured this would be addressed.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 16 September 2020.

Are services responsive to people's needs?

Our findings

We found that this practice was providing responsive care and was complying with the relevant Regulations.

At our previous inspection on 9 September 2019 we judged the practice was not providing responsive services and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 16 September 2020 we found the practice had made the following improvements to comply with the regulations:

- The system in place to respond to with complaints had been reviewed. There was a complaints policy and procedure displayed in the waiting area. In addition, there were details of how a patient could make a complaint in the patient information leaflet.
- Since the last inspection there had not been any formal complaints raised.

These improvements showed the provider had taken action to comply with the Regulations when we inspected on 16 September 2020.

Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant Regulations.

At our previous inspection on 9 September 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 16 September 2020 we found the practice had made the following improvements to comply with the Regulations:

- Quality assurance processes had been implemented. We saw evidence of audits of infection prevention and control, radiography and disability discrimination. These audits had actions plans and learning outcomes. We saw the action plan from the infection prevention and control audit had actions had been implemented.
- At the previous inspection there were a limited amount of policies and procedures in place. At this inspection we saw evidence of policies relating to infection prevention and control, complaints, recruitment, safeguarding and whistleblowing.

- We saw evidence that staff meetings had taken place to ensure staff understood and followed these. This included a recent meeting which covered the risks associated with COVID-19.
- Systems and processes had been implemented to ensure the risks associated with the carrying out of regulated activities were assessed. These included a system to ensure equipment including gas and electrical systems were maintained appropriately and in line with the relevant legislation. We also saw evidence of risk assessments for hazardous substances.
- The principal dentist now had oversight of staff training. They prompted and encouraged staff to complete 'highly recommended' training as per General Dental Council professional standards when required.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulations when we inspected on 16 September 2020.