

High Street Dental Practice Partnership

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Inspection Report

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Overall summary

We undertook a focused inspection of High Street Dental Practice on 21 January 2019. 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 led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of High Street Dental Practice on 18 September 2018 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 well led care and was in breach of regulation 17 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 High Street Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 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 18 September 2018.

Background

High Street Dental practice is in Brownhills, Walsall and provides NHS and private treatment to adults and children.

A portable ramp can be used to gain access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available at a short stay car park near the practice.

Summary of findings

The dental team includes three dentists, four dental nurses; including two trainees and two who also work as receptionists. Two practice managers work at the practice on a part time basis. The practice has two treatment rooms that are in use and one which is used as an office and storage area.

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 High Street dental practice was the principal dentist.

During the inspection we spoke with two practice managers who work on a job share basis. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Wednesday 8.30am to 6pm, Thursday and Friday 8.30am to 5pm, and Saturday 9am – 1.30pm.

Our key findings were:

- A five-year fixed wiring test had been completed at the practice and no issues for action identified.
- Gas safety checks had been undertaken and a gas safety certificate was available.
- Emergency lighting had been serviced on 2 October 2018.
- The practice manager had signed up to receive safety alerts from the Medicines and Health Products Regulatory Agency.
- The practice risk assessment had been amended to include required information. Evidence was available to demonstrate that mitigating action had been taken as required. The practice had not developed a risk assessment for individual members of staff who may be hepatitis B non-immunised or non-responder staff. We were told that this was no longer relevant at the practice.
- The practice's sharps risk assessments and sharps policy had been amended to include the use of re-sheathing devices for used dental needles.
- Audits were completed on a regular basis. Audits had documented learning points and the resulting improvements were demonstrated. All audits had completed a full cycle.
- A legionella risk assessment had been completed on 11 October 2018 issues for action had been addressed.
- The practice had introduced a structured staff induction process.
- The practice had established a system for the on-going assessment, supervision and appraisal of all staff.
- The practice was giving due regard to the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. Autoclavable bur stands had been purchased. Discussions had been held with staff regarding cleaning and checking burs; any burs that could not be cleaned were to be disposed of in the sharps bin. The infection prevention and control policy had been amended to record that any used dental equipment that could not be decontaminated immediately was to be kept moist as per HTM01-05 guidelines. Staff had signed to confirm that they had read the revised policy. The practice manager confirmed that random checks were being completed to ensure that this process was being adopted.
- The practice had reviewed its systems for checking and monitoring equipment taking into account relevant guidance, ensuring all equipment was well maintained. Monthly visual checks were completed of portable electrical appliances and documentation seen demonstrated this. The provider was completing quality assurance checks on X-ray equipment. This included monthly checks regarding, for example, collimators in place, no warning lights on and no oil leaks. Step wedge tests were also completed for measurement and analysis of x-ray beam quality.
- The practice did not have a hearing loop in place but had identified alternative methods of communicating with patients who were hearing impaired.
- The practice had protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

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

The provider had made improvements to the management of the service. This included taking action to ensure fire safety issues had been addressed such as servicing emergency lighting and gas and electrical safety checks. Visual checks of portable electrical appliances were being completed. The practice had signed up to receive safety alerts from the Medicines and Health products Regulatory Agency or Central Alerting System. Improvements had been made to infection prevention and control procedures and staff had received information regarding changes made. The practice and sharps risk assessments had been amended and mitigating actions had been taken. Practice staff were completing audits on a regular basis and documenting learning points and details of any resulting improvements. A structured induction process had been implemented and all staff received an annual appraisal. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action





Are services well-led?

Our findings

At our previous inspection on 18 September 2018 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 21 January 2019 we found the practice had made the following improvements to comply with the regulation

The provider had made arrangements to ensure that fire safety issues had been addressed. An external professional had completed a five-year fixed wiring test at the practice on 2 October 2018. No issues for action had been identified and documentation was available to demonstrate this. The practice had authorised an external professional to undertake gas safety checks at the practice on 2 October 2018. A gas safety certificate was available. Emergency lighting had been serviced on 2 October 2018.

The practice had signed up to receive safety alerts from the Medicines and Health products

Regulatory Agency or Central Alerting System. A file of information was kept regarding any alerts received relevant to dental practice.

The provider had amended the practice risk assessment which now included information regarding sharps injuries. Evidence was available that action recorded to mitigate risk had been taken. For example, staff had completed manual handling training and evidence was available that visual inspections of portable electrical appliances were taking place. The practice and sharps risk assessments and sharps policy had been amended to include the use of re-sheathing devices for used dental needles. The practice had not developed a risk assessment for individual members of staff who might be hepatitis B non-immunised or non-responder. We were told that this was no longer relevant at the practice but a risk assessment would be developed for future use if needed.

Infection prevention and control audits were completed on a six-monthly basis. Audits were seen dated April 2018 and October 2018. We were told that the next audit was scheduled for April 2019. Radiography audits were

completed on a three-monthly basis. The sample size had been increased and the aims, outcomes and details of any action to be taken were recorded. Other audits were completed such as dental care records monthly, children's oral health six monthly, prescribing three monthly and treatment plan three monthly. All audits seen contained documented learning points and details of any resulting improvements. All audits had completed a full cycle. A legionella risk assessment had been completed on 11 October 2018. Evidence was available to demonstrate that issues for action had been addressed.

The provider had introduced a structured induction process for staff. Documentation was signed to demonstrate that the staff member completing the induction process was considered to be competent for their role.

The practice had also made further improvements:

The provider had introduced a system for the on-going assessment, supervision and appraisal of all staff. The provider had completed appraisal meetings with dentists. Practice managers completed the appraisal process with all other staff. Appraisal meetings were held annually.

The provider had reviewed the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. Staff had completed training regarding equality and diversity, and disability awareness. The practice did not have a hearing loop but alternative methods of communication with hearing impaired patients had been discussed. A sign was on display in the waiting room informing patients that information could be made available in large print.

The provider had reviewed its protocols for the use of closed circuit television cameras (CCTV) taking into account the guidelines published by the Information Commissioner's Office. A privacy impact analysis had been completed and signage was in place informing patients that CCTV was in use at the practice.

These improvements showed the provider had taken action to improve the quality of services for patients and now complied with the regulation.