

New Light DA Ltd

Brownhills dental practice

Inspection Report

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Overall summary

We undertook a focused inspection of Brownhills dental practice on 5 September 2018. 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 Brownhills dental practice on 5 December 2017 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 in accordance with the relevant regulations 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 Brownhills dental practice on our website www.cqc.org.uk.

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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

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 breach we found at our inspection on 5 December 2017.

Background

Brownhills dental practice is in Brownhills, Walsall and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. A free car park which includes spaces for patients with disabled badges is available near the practice.

The dental team includes two dentists (including the principal dentist), four dental nurses, including one trainee dental nurse and two receptionists, one of whom is the assistant manager. The practice has two treatment rooms.

The practice is owned by an organisation 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

Summary of findings

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 Brownhills dental practice is the principal dentist.

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

The practice is open: Monday to Thursday 9.30am to 5pm, Friday 8.30am to 4pm and Saturday by appointment only 9am to 12mid-day.

Our key findings were:

- The practice was giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The practice had systems in place to ensure that emergency medicines and equipment were available and within their expiry date.
- The practice were 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.
- The practice had undertaken a review of stocks of medicines and equipment and implemented a system for identifying, disposing and replenishing of out-of-date stock.
- The provider had reviewed the practice's audit protocols to ensure audits of various aspects of the service were undertaken at regular intervals and where applicable learning points were documented and shared with all relevant staff.
- The practice had systems in place to track and monitor the safe and secure use of NHS prescription pads.
- The practice were unable to demonstrate that they had obtained information about any physical or mental health conditions relevant to a person's capability, after reasonable adjustments are made, to properly carry out tasks they are expected to perform as staff recruitment files were not available at the practice. We were told that this information would be sent to us following this inspection. We did not receive this information by the deadline date given.
- The practice had suitable arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare Products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- The practice had protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- The practice had protocols in place for completion of dental care records which took into account the guidance provided by the Faculty of General Dental Practice.
- The practice had reviewed staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competency, training had been provided to ensure that all staff are aware of their responsibilities under the Act as it relates to their role.
- The practice had purchased a hearing loop and put signage in place informing patients that this equipment was available for use.

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

Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service. This included the provision of safety sharps and changes made to practice to ensure that only dentists disposed of used sharp instruments. Systems have been put in place to monitor and remove all out of date stock items including emergency medical equipment and medicines. Infection prevention and control systems had improved, bur brushes were no longer used during the decontamination process and rusty burs and bur stands removed. Improvements have been made to systems to monitor the quality of services provided including X-ray audits and rubber dam equipment being available and used as appropriate. Staff have completed training regarding the Mental Capacity Act and Gillick competence.

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 5 December 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 5 September 2018 we found the practice had made the following improvements to comply with the regulation(s):

The practice was giving due regard to the Health and Safety Sharp instruments in Healthcare Regulations 2013. We were told that only the dentists were responsible for the safe disposal of sharps and we saw that equipment was available in each treatment room to assist with this. We saw that safe sharps in line with the EU directive on the safe use of sharps were available for use if preferred.

The provider had introduced a new system to check on the expiry dates of emergency medicines and equipment. A list of expiry dates was recorded and available in the area that emergency medicines and equipment were kept. Staff were checking on a weekly basis that these were within their expiry date. Some suggestions for improvement were made to the log sheet as this did not record the full list of equipment and medicines that staff were checking. We were told that this would be addressed immediately.

The provider had made improvements to infection control procedures in line with the guidance detailed in Health Technical Memorandum 01-05. Bur brushes were no longer being used during the decontamination procedure. All burs seen were clean and we were told that the rusty burs and bur stand had been removed. Systems were in place to ensure that unused, un-pouched dental instruments in treatment rooms were re-sterilised at the end of each day and a log was kept to record this.

The provider had introduced a new stock control system and we found no evidence of out of date dental materials in treatment rooms. Stock was ordered on a weekly basis and a formal stock check was completed monthly.

The provider had reviewed the practice's audit protocols. We were shown various audits such as oral cancer risk, medical history, patient consent and radiograph quality. Radiological grading was completed by each dentist and the lead dental nurse completed audits using this information.

The practice were now keeping a log of prescriptions. We discussed the secure storage of prescription pads and noted improvements were required. We were told that this would be addressed immediately.

In addition, the practice had also made further improvements:

The practice had introduced a system for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare Products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). Staff had signed documentation to confirm that they had read any relevant alerts which had been circulated by the principal dentist.

The practice had reviewed its protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society. Rubber dam kits were available in each treatment room.

The practice had reviewed its protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. Dental care record audits showed 100% compliance for all recent audits completed.

Practice staff had completed training regarding the requirements of the Mental Capacity Act (MCA) 2005 and all staff were now aware of their responsibilities under the Act as it related to their role. Staff were also aware of their responsibilities regarding competency principles when treating any young person aged under 16 years. The principal dentist told us that they now had flow charts for staff to follow if they had any queries regarding this.

The practice had reviewed its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010. A hearing loop had been purchased and signage was on display at the reception informing patients of this.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation(s): when we inspected on 5 September 2018.