

Mr. Jonathan Preece

Newport Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Newport Dental Practice on Monday 16 October 2017.

The inspection was led by a CQC inspector who had access to telephone support from a dental clinical adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 28 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

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

When one or more of the five questions is 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(s) where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Newport Dental Practice on our website www.cqc.org.uk.

We also reviewed the key questions of safe and effective as we had made recommendations for the provider relating to these key questions. We noted that improvements had been made.

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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 28 June 2016.

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?

The provider had made improvements to the management of the service. Risks to the health, safety and welfare of patients had been addressed. This included completing a health and safety risk assessment for the practice, re-siting of sharps bins, and provision of a sign on the door where oxygen was stored. Dentists provided evidence that they had completed the required amount of radiography training. Evidence was available to demonstrate that fire safety systems had been maintained in line with manufacturer's requirements. Dental care records were now securely stored.

The provider had made improvements to assess and monitor the quality of services provided. A comments box was provided in the reception area. Radiography audits were completed by dentists working at the practice and update training was completed by staff as required regarding medical emergencies. The improvements provided a sound footing for the on going development of effective governance arrangements at the practice.

No action





Are services safe?

Our findings

At our previous inspection on 28 June 2016 we judged the practice was providing safe care in accordance with the relevant regulations. We had made recommendations to the provider relating to this key question. At the inspection on 16 October 2017 we noted the practice had made the following improvements:

- Products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations were now securely stored.
- Prescription pads were now securely stored. The practice was pre-stamping a small number of prescriptions for daily use. This practice was ceased following a discussion with staff during this inspection. The practice manager confirmed that a new procedure would be implemented which advised staff not to pre-stamp prescriptions.

- The practice had reviewed their infection control procedures. Further consideration had been given to the layout of the decontamination room to reduce the risk of cross contamination. Two ultrasonic cleaning baths had been moved from the dental treatment rooms to the decontamination room. We were told that the third ultrasonic cleaning bath was only used if those ultrasonic cleaning baths in the decontamination room were already in use and it was not used when patients were in the treatment room.
- The practice had reviewed their waste handling procedures; waste was now segregated and stored in accordance with relevant regulations. We saw that clinical waste was now stored in a locked room and clinical waste bags were sealed and labelled appropriately.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 28 June 2016.



Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 28 June 2016 we judged the practice was providing effective care in accordance with the relevant regulations. We had made recommendations to the provider relating to this key question. At the inspection on 16 October 2017 we noted the practice had made the following improvements:

- Training had been provided to improve staff awareness of the requirements of the Mental Capacity Act 2005 to ensure that all staff were aware of their responsibilities under the Act as it relates to their role.

- The practice had reviewed the availability of information leaflets at the practice regarding treatments. We were told that post-operative information and information regarding high concentration fluoride toothpaste was available for patients. Following this inspection the provider confirmed that they had also ordered a supply of leaflets regarding the promotion of oral health and hygiene.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 28 June 2016.



Are services well-led?

Our findings

At our inspection on 28 June 2016 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 16 October 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The provider had completed a general health and safety risk assessment at the practice. This was being reviewed on an annual basis. Staff had signed to confirm that they had read this risk assessment.
- Sharps bins had been relocated and were not easily accessible to patients.
- Appropriate signage was available on the doors where oxygen was stored.

- Evidence was provided to demonstrate that dentists had completed the required amount of radiography training.
- Evidence was available to demonstrate that firefighting equipment was serviced and maintained in accordance with manufacturer's requirements.
- Dental care records were now securely stored in accordance with the Data Protection Act 1998.
- A comments box was available in the waiting area. We were told that comments received were discussed with staff during practice meetings on a quarterly basis.
- Radiography audits were available for dentists working at the practice and these had documented learning points and resulting improvements were demonstrated.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 28 June 2016.