

Dr Robert Stecewicz

# St Helens Family Dental Clinic

## Inspection Report

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### Overall summary

We undertook a follow-up focused inspection of St Helens Family Dental Clinic on 12 July 2018. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care and to confirm that the provider was now meeting the legal requirements.

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

We undertook a comprehensive inspection of St Helens Family Dental Clinic on the 4 April 2018 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?
- Is it well-led?

At the comprehensive inspection we found the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12 'Safe care and treatment', and Regulation 17 'good

governance'; not providing safe and well-led care. You can read our report for that inspection by selecting the 'all reports' link for St Helens Family Dental Clinic on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

#### **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 to address the shortfalls identified and respond to the regulatory breach we found at our inspection on 4 April 2018.

##### **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 address the shortfalls identified and respond to the regulatory breach we found at our inspection on 4 April 2018.

# Summary of findings

## Background

St Helens Family Dental Clinic is in the centre of St Helens and provides NHS and private dental care and treatment for adults and children.

There is a ramp at the entrance to the practice to facilitate access for wheelchair users and for pushchairs. Car parking is available near the practice.

The dental team includes two dentists, three dental nurses, one of whom is a trainee, a dental hygiene therapist and a receptionist. The team is supported by a practice manager. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

Monday and Thursday 9:00am to 7.00pm

Tuesday 9.00am to 4.00pm

Wednesday and Friday 09.00am to 5.30pm

Saturday 9.00am to 12.30pm

## Our key findings were:

- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available, with the exception of a child sized self-inflating bag.
- The provider had improved their systems to manage risk.
- The provider had staff recruitment procedures in place. We saw these were working well.
- Arrangements were in place for the safe use of X-rays at the practice.

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

- Review 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; specifically obtain a child sized self-inflating bag.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services safe?**

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

The provider had obtained the additional recommended medical emergency equipment, including an automated external defibrillator. We saw that the practice did not have a child sized self-inflating bag. The provider assured us this would be addressed.

We saw that the provider had arranged for fixed electrical installation and gas safety inspections to be carried out at the practice. Actions were identified in the electrical test report and these had been completed.

The provider had made improvements to the recruitment procedures. Two staff had recently been employed at the practice and thorough recruitment checks had been carried out prior to employing them.

**No action**



### **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 their systems and processes for assessing quality and safety at the practice and for ensuring risks were identified and managed appropriately.

We saw improvements to the arrangements for the use of X-ray equipment and for the monitoring of the medical emergency equipment.

Improvements made by the provider clearly demonstrated that these changes would be sustained in the longer term at the practice.

**No action**



# Are services safe?

## Our findings

At our comprehensive inspection on 4 April 2018 we judged the provider was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our enforcement process. At the inspection on 12 July 2018 we found the provider had made the following improvements to ensure care and treatment is provided in a safe way to patients:

The provider had put in place further reasonably practicable measures to reduce the risks to the health and safety of service users receiving care and treatment at the practice.

- The practice now had the recommended medical emergency equipment and medicines, including an automated external defibrillator, with the exception of a child sized self-inflating bag. The provider assured us this would be addressed.
- The provider had carried out Disclosure and Barring Service checks for members of staff where appropriate, including for two recently recruited members of clinical staff.
- The provider had checked the effectiveness of the Hepatitis B vaccination for all the clinical staff and had completed risk assessments where appropriate in relation to staff working in a clinical environment.

- The provider had arrangements in place to minimise the risks associated with the use of the X-ray equipment and X-ray procedures. We saw that routine testing had been carried out on both X-ray machines, and an improved means to isolate the X-ray equipment in the event of a malfunction had been installed.
- The provider had arranged for fixed electrical installation test and gas safety inspections to be carried out at the practice. The electrical test report identified actions. We saw that these had been carried out.

The provider had also made further improvements as follows:

- The provider had reviewed and improved the security of NHS prescription pads in the practice.
- Staff were now carrying out the recommended steam penetration test on the vacuum steriliser.
- The provider's recruitment process now ensured references were obtained prior to employing new staff.

These improvements showed the provider had taken action to address the shortfalls we identified when we inspected on 4 April 2018.

# Are services well-led?

## Our findings

At our comprehensive inspection on 4 April 2018 we judged the provider was not providing well-led care and told the provider to take action as described in our enforcement process. At the inspection on 12 July 2018 we found the provider had made the following improvements:

We found that the provider had improved their systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider had improved their systems and processes to enable them to assess, monitor and improve the quality and safety of the services being provided.

- We saw that the provider received and acted on national patient safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency.
- A process was in place to monitor staff training. We observed that this did not include monitoring of one of the dentists' training. The provider assured us the process would be amended to include this. We saw evidence to show that staff had completed training in safeguarding, (with the exception of a recently recruited trainee), and medical emergencies and life support.
- The provider had put in place whistleblowing arrangements to guide staff should they wish to raise concerns.
- We found that means were in place for recording significant events and accidents.

- Policies, procedures and risk assessments were now customised to the practice's specific circumstances and staff were familiar with them.

The provider had improved their systems and processes to enable them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk and these were now operating effectively, including:

- systems relating to checking of the medical emergency equipment and medicines to ensure they were within their expiry dates,
- arrangements for the safe use of X-rays had been improved. The provider had completed recent refresher training in radiology. We saw that the local rules and working instructions displayed in the treatment rooms were specific to each area.

The provider had improved their systems and processes to enable them to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process, and these were now operating effectively, including:

- records of audits carried out identified learning points and contained action plans where appropriate to encourage improvement.

These improvements showed the provider had taken action to address the shortfalls we identified when we inspected on 4 April 2018.