

Mr. Paul Ager

# 61 Dental

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 7 February 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

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

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. On the day of inspection not all medical emergency equipment was available as recommended by nationally recognised guidance. These were ordered immediately.
- The provider had systems to help them manage risk to patients and staff. Improvements could be made to the process for monitoring the risks associated with fire and Legionella.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.

# Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

## Background

61 Dental is in Gatley and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists, three dental nurses, a dental hygienist, a dental hygiene therapist and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with one dentist, two dental nurses 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 to Thursday from 8:30am to 5:30pm

Friday from 8:30am to 1:00pm

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.
- Review the system for identifying, disposing of and replenishing out-of-date medical emergency equipment.
- Take action to ensure ongoing fire safety management is effective.

# 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 effective?	No action	✓
Are services well-led?	No action	✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment. We noted the recording of water temperatures had been sporadic and not at the monthly intervals as stated in the risk assessment. We discussed this with staff who assured us this would be completed monthly.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw that fire safety checks were carried out. However, these were sporadic and not at the frequency described in the risk assessment. We were assured by staff that this would be addressed, and checks would be carried out at intervals stated within their fire risk assessment.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety, including in relation to sharps safety and sepsis awareness.

On the day of inspection, we noted some items of the medical emergency equipment were not available as described in recognised guidance. These were the child sized self-inflating bag and one size of mask for this bag. In addition, two sizes of masks for the self-inflating bag and one size of airway had passed their expiry date. We discussed this with staff, and we were assured that the process for checking the equipment would be reviewed. The missing and replacements for the out of date items were ordered immediately.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.

The provider had risk assessments to minimise the risk that can be caused from substances hazardous to health.

### **Information to deliver safe care and treatment**

# Are services safe?

Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

We saw the provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

### **Consent to care and treatment**

Staff obtained consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed a good understanding of supporting vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every six months following current guidance and legislation.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that any omissions the inspection highlighted were addressed immediately.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The provider had a system of clinical governance in place which included policies, protocols and procedures which were accessible to all members of staff and were reviewed on a regular basis.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff involved patients, the public, staff and external partners to support the service.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits. We looked at audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. However, the dental care record and radiograph audits had not been completed for both dentists. We discussed this with staff and were assured that both dentists would be audited in future.