

Chester Cosmetic Centre Ltd

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Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of Chester Cosmetic Centre Limited on 10 September 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 remotely by a specialist dental adviser.

We undertook a comprehensive inspection of Chester Cosmetic Centre Limited on 17 June 2019 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 Chester Cosmetic Centre Limited 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 breach we found at our inspection on 17 June 2019

Background

Chester Cosmetic Centre Limited is in Upton, near Chester. The practice provides private dental care for adults and children.

There is ramp access for people who use wheelchairs and those with pushchairs. Car parking is available outside the practice.

The dental team includes a principal dentist, two associate dentists, visiting dentists who provide

Summary of findings

periodontal treatment and orthodontic treatment, two dental hygienists, and three dental nurses, one of whom is a trainee. The dental team is supported by a practice manager. The practice has three treatment rooms.

The practice is owned by a company 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 Chester Cosmetic Centre Limited is the principal dentist.

The practice is open:

Monday and Wednesday 9.00am to 5.00pm

Tuesday 9.00am to 6.30pm

Thursday 8.30am to 4.30pm

Friday 9.00am to 1.00pm.

Our key findings were:

- Systems to help them manage risk to patients and staff had improved.
- The provider had improved their staff recruitment procedures.
- Protocols for sharp's injuries were detailed with appropriate contact information.
- Staff were provided with information regarding Gillick competency and the requirements of the Mental Capacity Act 2005.
- Medical emergency drugs and equipment was available in line with recognised guidance. The provider had improved their systems to monitor these.
- The provider had reviewed and acted to improve the security of the clinical waste bin.
- A colour-coded protocol for environmental cleaning was now in place for staff reference.
- Improvements were found in the practice's radiography audit processes.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

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

At our previous inspection on 17 June 2019 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 10 September 2019 we found the practice had made the following improvements to comply with the regulation:

- Recruitment systems were reviewed. An effective system was in place to carry out recruitment procedures to eliminate the risks to staff and patients. The provider had recruited one person since our inspection on 10 September 2019. The practice manager had an index checklist to ensure all essential checks were completed appropriately. We saw evidence that the provider had obtained a Disclosure and Barring Service (DBS) check, references, photo identification, evidence of qualifications, evidence of General Dental Council (GDC) registration, indemnity insurance and employment history. The Disclosure and Barring Service check that was not carried out for the employee at our inspection on the 10 September had now been completed.
- Protocols were in place for completing risk assessments where the immunisation status could not be confirmed or where the individual did not have sufficient protection against the Hepatitis B virus. At our inspection on 17 June 2019, a member of clinical staff had not started their Hepatitis B vaccination course. We were sent evidence they had now had done so, and a risk assessment completed to mitigate the risk of working clinically.
- Systems for monitoring of staff training were established effectively. We received evidence of completed training matrices for staff. We saw evidence that the safeguarding training for a member of clinical staff was

not of the recommended level. This was an oversight by the provider who assured us they would review this. We were sent evidence of the safeguarding training certificate at the appropriate level the following day.

- Systems for checking medical emergency medicines and equipment were apparent. At our previous inspection, the practice checks had not identified one of the recommended medical emergency medicines was not available, there was insufficient medical oxygen in the practice and that the bottle in the portable suction unit was half-full of a cloudy liquid. The missing / insufficient items were ordered and suction bottle cleared; evidence was sent to us following the inspection.
- Clinical waste bins were now secured with metal chains.
- A cleaning protocol was in place with reference to cleaning tasks and a colour-code guide for equipment.

The practice had also made further improvements:

- Contact details for medical assistance in the event of a sharps injury were available for staff, in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Staff were provided with information regarding Gillick competency and of the requirements of the Mental Capacity Act 2005. A sign sheet was created to ensure staff had read this. The practice manager informed us they were discussing this in their staff meeting in November 2019.
- The provider reviewed the practice's staffing arrangements to take into account the guidance issued by the General Dental Council, in ensuring all dental care professionals were adequately supported by a trained member of the dental team when treating patients in a dental setting. The provider sent us evidence of a completed risk assessment to mitigate the risk to the dental hygienist whilst working without chairside support.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 10 September 2019.