

A & D Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out a focused inspection of A & D Dental Practice on 26 February 2018

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

We carried out this inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 24 August 2017. We received further concerns after the inspection and returned to complete a short notice focussed inspection on 27 November 2017. This inspection was to check the issues identified at both inspections had been addressed. We carried out this inspection 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, caring and responsive care in accordance with relevant regulations. Following the focussed inspection we judged the practice was not providing effective or well-led care in accordance with regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our reports of those inspections by selecting the 'all reports' link for A & D Dental Practice on our website www.cqc.org.uk.

We also reviewed aspects of the key question of safe as we had made recommendations for the provider relating to this key question. These particularly related to issues concerning infection control, medical emergencies, electrical safety and radiography. We noted that improvements had been made.

Our findings were:

Are services effective?

We found this practice was providing effective 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 27 November 2017.

Are services well-led?

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

Summary of findings

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 24 August 2017.

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 effective?

The provider had made improvements with regard to the domiciliary service and obtaining consent, particularly in respect of patients who lacked mental capacity. This included routinely completing mental capacity assessments, obtaining documentary evidence where a third party had power of attorney and introducing a screening tool to ensure all of the relevant information was collected before undertaking any treatment.

No action



Are services well-led?

The provider had made improvements to the management of the service. This included reviewing policies and procedures and introducing new policies and procedures to ensure staff had comprehensive guidance for delivering the service. The improvements provided a sound footing for the on going development of effective governance arrangements at the practice.

No action



Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 27 November 2017 we judged the practice was not providing effective care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 26 February 2018 we noted the practice had made the following improvements to meet the requirement notice:

- Staff were able to demonstrate an awareness of the requirements of the Mental Capacity Act 2005 as it related to their role. This included introducing a mental capacity assessment for all patients receiving a domiciliary service. The practice staff actively investigated if there was a third party with Power of Attorney, and recorded documentary evidence of this in the patients' dental care records. We viewed patient records which demonstrated these identified improvements had been put into practice.

- The practice had reviewed its systems, processes and protocols for patient assessments to take into account relevant nationally recognised evidence-based guidance. This included introducing an initial assessment tool which was used when the referral or enquiry was first received.
- The policies and procedures for obtaining patient consent to care and treatment had been reviewed to reflect current legislation and guidance. In addition all staff had completed refresher training in respect of the Mental Capacity Act.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 27 November 2017.

Are services well-led?

Our findings

At our inspection on 24 August 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 26 February 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The provider had reviewed their systems and processes to enable them to monitor risks and to take appropriate action to mitigate risks, relating to the health, safety and welfare of patients and staff. This included ensuring there was a full set of emergency equipment available, and that key equipment such as the automated external defibrillator (AED) were maintained and ready for use at all times. All staff had been trained in basic life support and using the AED by October 2017. We saw certificates in all staff files to evidence this training had been completed. A system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) had been established with relevant information shared with all staff members.
- The audit and governance systems had been reviewed and we saw documentary evidence for a series of audits completed between December 2017 and January 2018. For each audit there was an analysis and where necessary an action plan to identify how improvements would be completed.

The practice had also made further improvements:

- There had been a review of the protocols and procedures for the use of X-ray equipment at the practice. This took account of the Guidance Notes for

Dental Practitioners on the Safe Use of X-ray equipment. A rectangular collimator had been purchased and installed onto the X-ray machine to reduce the potential dosage of radiation received by patients.

- The practice's systems and processes for environmental cleaning had been reviewed to take into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices. This included: the purchase of a new ultrasonic cleaner to clean dental instruments. A maintenance and service contract with an external company to ensure the ultrasonic cleaner was operating correctly in line with the manufacturer's instructions. The introduction and recording of daily testing of the ultrasonic cleaner to ensure it was working correctly each day it was in use. We also saw that a full range of personal protective equipment was available for staff during the completion of infection control procedures.
- We saw that electrical equipment within the practice had been assessed and steps taken to ensure that equipment was well maintained. Equipment brought to the UK from Europe had been adapted so it could be used safely.
- The practice had reviewed the protocols and procedures for domiciliary visits with the introduction of a specific policy and procedure which took account of current national guidance.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 24 August 2017.