

Mr. Christopher Wenham

Norton Village Dental

Inspection Report

111 High Street
Norton
Stockton On Tees
TS20 1AA

Tel: 01642 530137

Website: www.nortonvillagedental.co.uk

Date of inspection visit: 1 September 2016

Date of publication: 21/09/2016

Overall summary

We carried out an announced inspection of this practice on 30 June 2015. Breaches of legal requirements were found. After the inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to well led care.

We undertook this focused inspection to check they had followed their plan and to confirm they had now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norton Village Dental on our website at www.cqc.org.uk.

Our findings were:

Are services well led?

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

Background

The practice offers both NHS and private treatments. The NHS contract only extended to children. The staff structure at the practice includes the principal dentist, three dental nurses (one of which was a trainee, one worked as the practice manager and one was the lead nurse), and a dental hygiene therapist.

The practice is open:

Monday 9:00am to 6:30pm

Tuesdays to Thursday from 9.00am to 5.30pm

Friday 9.00am to 5.00 pm.

One Saturday per month the practice is open 10.00 am to 1.00pm.

The practice has two treatment rooms, both on the first floor along with a dedicated decontamination room and patient toilet. The reception and waiting area are on the ground floor. The practice is not accessible to patients with restricted mobility. The practice refers patients to neighbouring practices for treatments that have wheelchair access.

The practice offers a mix of NHS and private dental treatments including preventative advice, routine restorative dental care, private orthodontic treatments and dental implants.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice had reviewed their infection prevention and control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05:

Summary of findings

decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- The practice had established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- The practice had implemented governance arrangements including the effective use of risk assessments, audits, such as those for infection control, and radiographs.
- All staff meetings were now minuted for monitoring and improving the quality of the care received.
- Changes had been made to the premises to ensure they were clutter free and fit for purpose.
- The fridge that stored medicines now had a temperature check record in place.

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?

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

Since the last inspection on 30 June 2015 the practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, the practice had reviewed their policies and procedures and updated them in accordance with the guidelines.

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager and lead nurse were responsible for the day to day running of the practice.

The practice held monthly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control and X-rays. The X-ray audit findings were in line with the guidelines of the National Radiological Protection Board (NRPB).

No action



Norton Village Dental

Detailed findings

Background to this inspection

We undertook a follow up inspection of Norton Village Dental on the 1 September 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our inspection on 30 June 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service Well led. This is because the service was not meeting some of the legal requirements.

The inspection was carried out by a CQC inspector.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the registered provider, the practice manager and the lead dental nurse.

Are services well-led?

Our findings

Governance arrangements

We found that used dental instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, examined under illuminated magnification and sterilised in an autoclave (a device for sterilising dental and medical instruments). All sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

We saw from staff records they had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

All soft furnishings from the treatment rooms had now been replaced and any rips or tears in any of the clinical chairs had been addressed.

The practice had a recruitment policy in place and the process had been followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and seeking references. We reviewed the newest member of staff's recruitment file which confirmed the processes had been followed. All personal information was stored securely in the office.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We recorded all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

The practice manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements.

The practice had a system in place for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the use of equipment and waste management.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder and substances were now stored appropriately. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were introduced a new risk assessment was put in place.

The practice had various policies and procedures for monitoring and improving the services provided for patients. For example there was a health and safety policy and an infection prevention and control policy. Staff were aware of their roles and responsibilities within the practice.

There was an effective management structure in place to ensure the responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Are services well-led?

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly. This helps to ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Learning and improvement

Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited

areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as dental care records, X-rays and infection prevention and control.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.