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Wednesfield Dental Practice

Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of Wednesfield Dental Practice on 10 March 2020. 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.

We undertook a comprehensive inspection of Wednesfield Dental Practice on 9 July 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 Wednesfield Dental Practice 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) 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 9 July 2019.

Background

Wednesfield Dental Practice is in Wolverhampton and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available immediately outside the practice in their own car park, but there are no designated spaces for blue badge holders.

The dental team includes five dentists, seven dental nurses (two of whom are trainee dental nurses), one receptionist and a compliance manager. There is also an area manager who oversees all management and compliance. The practice has three treatment rooms and a separate room for carrying out decontamination.

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.

Summary of findings

During the inspection, we looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday: 9am to 5pm

Saturday/Sunday/Bank holidays: 9am to 12pm
(emergencies only).

Our key findings were:

- Improvements had been made in the practice's systems for completed audits, training and recruitment.

- Improvements had been made in the management of medical emergencies.

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

- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England. This had improved since our previous visit but the alerts were not being checked daily.

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 9 July 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 March 2020 we found the practice had made the following improvements to comply with the regulation:

- We were sent evidence to show that all staff had completed training to an appropriate level in the safeguarding of children and vulnerable adults.
- The practice had improved their recruitment processes. We saw evidence of an amended recruitment policy that referred to the need for Disclosure and Barring Service (DBS) checks when recruiting new staff. The area manager informed us that two staff members had been recruited since our previous visit and that all essential recruitment checks had been completed. We saw evidence of risk assessment templates which would be used for staff that had started at the practice who were awaiting a new DBS check.
- The area manager informed us that all clinical staff now had evidence of adequate immunity for vaccine preventable infectious diseases, or that were currently undergoing a course of immunisation. We were sent a template for a risk assessment where there were any gaps in assurance relating to this.
- We saw evidence that training in medical emergency resuscitation and basic life support had been completed by staff who were not up to date at our previous visit.
- We were sent evidence that an audit in infection prevention and control had been completed in December 2019. We reviewed this and found that staff had compiled an action plan and learning outcomes. The area manager told us that the next audit was due to be carried out in June 2020 which is in line with current guidance.

The practice had also made further improvements:

- The area manager informed us that dentists were now routinely using rubber dam for root canal treatment in accordance with guidelines issued by the British Endodontic Society. They had compiled a new policy on

the use of rubber dam and this stated that dentists must record in the patients' notes that rubber dam was used. If not used, the policy stated that the dentists must state their reasons why as well as recording the use of alternative precautions used to protect the patients' airways.

- The area manager sent evidence that the business contingency plan now included details of alternative dental practices where patients could be referred to in the event of the temporary closure of Wednesfield Dental Practice.
- The area manager informed us that they had purchased a compliance system to allow them to ensure that essential safety checks are completed in a timely manner. These checks included gas and electrical safety checks.
- The area manager informed us that all outstanding actions from the electrical 5 year fixed wiring safety check had been completed. An invoice was forwarded to us which detailed work carried out subsequent to the safety check (in May 2017).
- Staff were now using a compliance system to remind them to participate in fire drills. We saw evidence that a fire drill had been carried out in December 2019 and another was planned in June 2020.
- The area manager confirmed that mandatory safety checks had been completed on all three X-ray units in the practice.
- The area manager confirmed that rectangular collimation was now used on all three X-ray units at the practice.
- We saw evidence of a risk assessment for handling sharp instruments at the practice and this included a list of specific sharp items that were used at the practice.
- We saw evidence that the sharps injury protocol included contact details of an organisation that staff could contact if required outside normal opening hours.
- We saw evidence of daily and weekly checklists of the medical emergency medicines and equipment to ensure that they remained in date and all were available.
- The area manager confirmed that all staff held indemnity insurance.
- The area manager informed us that staff had reviewed all the risk assessments that are related to substances that are hazardous to health. We were told that they would be reviewed each time new products are

Are services well-led?

introduced to the practice or annually, whichever is sooner. We saw evidence of a new risk assessment for a product that had been introduced at the practice in November 2019.

- The area manager informed us that all agency staff that were required to work at the practice would receive a structured induction programme.
- The area manager confirmed that all receptacles used for storing used sharp instruments were dated and replaced after three months. Photographic evidence of one container was sent to us to confirm this.
- An antimicrobial audit had been completed in February 2020 to ensure dentists were prescribing according to national guidelines.
- The area manager informed us that staff were now recording all incidents and significant events to support future learning. An example of a significant event was forwarded to us and this showed that all relevant details had been documented.
- We received evidence that confirmed that safety alerts were checked, documented, shared with staff and acted upon, as required. The area manager informed us that these were checked weekly. However, it is advised that they are checked daily in the event of an urgent alert being raised.

- The area manager forwarded the practice policy regarding the management of medical emergencies during domiciliary care visits. This detailed when staff were required to compile risk assessments and how they would manage this risk when undertaking dental treatment away from the dental practice.
- The area manager forwarded us evidence of a policy that was now held in the practice for staff perusal on the Mental Capacity Act 2005.
- The area manager confirmed that the dentists were all using customised templates to ensure that they recorded all essential information as part of the patient's dental examination.
- The area manager informed us that all staff at the practice had received training in the Duty of Candour regulation and a summary of the key points was displayed in the practice staff room.
- The area manager informed us that all staff at the practice had received an appraisal between August 2019 and October 2019.

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 March 2020.