

Miss Emma Alpin

# Crawcrook Dental Practice

## Inspection Report

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### Overall summary

We undertook a focused inspection of Crawcrook Dental Practice on 21 November 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 Crawcrook Dental Practice on 14 May 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 Crawcrook Dental Practice on our website [www.cqc.org.uk](http://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 14 May 2019.

#### Background

Crawcrook Dental Practice is in Ryton and provides NHS and private treatment to adults and children.

There is level access to the practice and car parking spaces are available near-by.

The dental team includes the principal dentist, six associate dentists, six dental nurses (three of whom are trainees) and four receptionists. In addition, the practice manager and deputy practice manager oversee the day to day running of the practice. The practice has three treatment rooms, one of which is on the ground floor.

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 spoke with both practice managers and the senior dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: 9am - 7pm

Tuesday to Thursday: 9am - 5.30pm

Friday: 9am - 4.30pm

## **Our key findings were:**

- The practice had effective leadership.
- Systems to help manage risk to patients and staff had improved.
- Infection prevention and control procedures were in line with national guidance.
- The provider had improved their staff recruitment procedures, in particular for ensuring clinical members of staff were risk assessed if their immunity status to Hepatitis B was unknown.
- Prescription pads were recorded in line with national guidance.
- The provider had acted to improve the security of the clinical waste bin.
- All hazardous substances were risk assessed and stored appropriately.
- Recommendations from the fire risk assessment had been implemented.
- Complaints were responded to, and dealt with, efficiently.
- Staff training was monitored by way of a training matrix.
- The glucagon (medicine used for a diabetic emergency) was stored in the fridge and the temperature was monitored and logged every day.

# 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 14 May 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 21 November 2019 we found the practice had made the following improvements to comply with the regulation:

- Protocols were in place for completing risk assessments where the immunisation status could not be confirmed for, or where the individual did not have sufficient protection against, the Hepatitis B virus. At our inspection on 14 May 2019, a member of clinical staff was awaiting their blood test results. We were sent evidence they had now had a risk assessment completed to mitigate any risks.
- Systems for monitoring of staff training were established effectively. We received evidence of training matrices for staff. On 21 November 2019, we saw evidence of training certificates in infection control and radiography for all dental nurses and most dentists.
- The clinical waste bin was locked and stored securely.
- Infection prevention and control protocols were reviewed and all staff attended a 'refresher training course'. A dental nurse was appointed as 'lead in infection prevention and control' to oversee compliance. Sterilisation equipment was tested in accordance to manufacturer's guidance. Instruments were sterilised appropriately and appeared to be clean. Drawers were tidy. Two audits had been completed since our inspection on 14 May 2019. These showed the provider was complying with national guidance in infection and prevention control.

- All hazardous substances within the dental practice had been risk assessed in line with Control of Substances Hazardous to Health regulations (2002).
- At our inspection on 14 May 2019 we noted complaints were not responded to, or dealt with, appropriately. During our visit on 21 November, we discussed a recent complaint and this was dealt with appropriately. Staff had attended a 'complaints handling' course to further their knowledge.
- Recommendations from the fire risk assessment had been completed, including appropriately storing of hazardous products, self-closing devices placed on doors, annual servicing of emergency lighting and fire alarm, and displaying signs on all fire doors.
- Prescription pads were now recorded appropriately in line with national recommendations. A memo was sent to all staff following our inspection on 14 May 2019 and a 'log' was created. We reviewed this at our inspection on 21 November 2019. In addition, all prescription pads were stored securely when the surgery was closed and a reminder to do this was added to the staff' day list.
- Systems were now in place for quality assurance testing of the X-ray developer chemicals. We viewed results from the tests at our inspection on 21 November 2019.
- The practice had also made further improvements:
- There were systems in place to record the fridge temperature, in line with the manufacturer's recommendation for the glucagon medicine. We viewed these records at our inspection on 21 November 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 21 November 2019.