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Queensway Dental Practice

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Queensway Dental Practice on 26 March 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 by a specialist dental adviser.

We undertook a comprehensive inspection of Queensway Dental Practice on 5 July 2018 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 regulations 17 and 19 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 Queensway 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 breaches we found at our inspection on 5 July 2018.

Background

Queensway Dental Practice is located in Bletchley, a town in Milton Keynes and provides predominantly NHS treatment to adults and children. The practice also offers some private treatments for adults and children.

Access to the practice is only accessible by climbing a staircase to the first floor of the premises. The premises were therefore not suitable for those who use wheelchairs and those with pushchairs.

Car parking spaces, including some allocated for blue badge holders, are available near the practice in public car parks.

The dental team includes four dentists, one dental hygiene therapist, six dental nurses (including two trainees and two nurses who were due to start working at the practice), two receptionists and a practice manager.

Summary of findings

The practice has four treatment rooms. A new treatment room was being installed at the time of our visit. The provider had recently renovated the reception area to create more space for staff and patients. They had also installed a new phone system to make it easier for patients to get through to the practice when they called.

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.

The practice were accepting new NHS patients at the time of our inspection.

During the inspection we spoke with three dentists, three dental nurses, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday from 9am to 5.30pm, Tuesday from 9am to 7.30pm, Wednesday, Thursday and Friday from 9am to 5.30pm and Saturday from 9am to 2pm.

Our key findings were:

- Systems and processes for incident reporting and investigating had improved. Discussion took place amongst staff, where applicable to prevent risk from recurring.
- Risks presented by legionella had been addressed.

- The sharps risk assessment required review. Not all dentists used the safest type of sharps or had access to a safe re-sheathing device.
- The provider had implemented a structured approach to implementing policy and its review.
- Staff files contained the required information as specified in legislative requirements.
- Staff continuing professional development information was held as well as indemnity information, where applicable.
- The practice were following guidance from the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- The dentists were following guidelines issued by the Faculty of General Dental Practice.
- The practice had not obtained a hearing loop for any patients who may benefit.

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

- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service. This included improving their systems and processes for incident reporting, mitigating risks in respect of legionella, staff recruitment and information held on their records including continuing professional development and indemnity.

We found that the sharps risk assessment required personalisation to include practice specific risks.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspection on 5 July 2018 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 26 March 2019 we found the practice had made the following improvements to comply with the regulations:

- The provider had strengthened their systems for reporting and investigating of significant events. We looked at five incidents reported within the previous 12 months. Records were maintained relating to the incidents and we noted that they were subject to discussion with staff, as appropriate. In one of the incidents, the staff member involved had undertaken learning to improve their knowledge and skills and to reduce the risk of recurrence in the future. The practice had an accident book available to record any incidents when they occurred. We viewed details of one accident reported. The practice did not have any open complaints; the principal dentist told us of the process they would follow to discuss any complaints with staff, to share learning.
 - The provider had taken some action to improve their systems and processes to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk. For example, legionella. We looked at the most recent assessment completed in July 2018. We found that recommendations were implemented. We looked at records that showed that the practice undertook regular water testing and dip slide testing.
 - The provider had a generic sharps risk assessment; this required review to ensure that it was specific to the practice risks. Two of the dentists we spoke with did not use the safest type of sharps and safe re-sheathing devices were not held. The principal dentist told us that the dentists had autonomy to decide their preference for the type of sharps used. We noted that dental nurses did not handle used needles.
 - Staff files we looked at included information on their Hepatitis B immunity status.
 - The provider had implemented a new compliance system to assist the practice manager in policy provision and review. The new system ensured that a structured approach was adopted.
 - We looked at a sample of clinical staff files. We saw that they each included records of their continuing professional development (CPD). For example, radiography, safeguarding and infection and prevention control. Staff members (where applicable) had evidence of suitable indemnity cover which was up to date.
 - Procedures had been established and were operating efficiently to ensure that persons employed were of good character. For example, disclosure barring service checks were held for staff newly appointed to the practice.
 - The provider was not utilising any agency staff.
 - Staff files we examined included the documentation required as specified in legislation. For example, a photograph and satisfactory evidence of conduct in previous employment.
- The practice had also made further improvements and we noted some areas that required review:
- We viewed staff practice meeting minutes which supported that the practice were following national guidance from the Department of Health. The minutes highlighted instruction to staff regarding changing out of their uniforms when leaving the premises and we were assured that staff were not wearing jewellery and nail polish.
 - We looked at record keeping in a sample of patient records and noted the practice were following guidance provided by the Faculty of General Dental Practice.
 - We noted that patient consent was present. Record keeping audits undertaken had identified areas for clinicians where improvements could be made.
 - We looked at the practice's emergency medicines and equipment held. We found that blood glucose strips had expired, portable suction was not located with the kit and the pulse oximeter battery required replacement. A new battery was obtained and replaced immediately.
 - The practice had not obtained a hearing loop for patients who may benefit.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: when we inspected on 26 March 2019.