

Denteam Dental Centre

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Inspection Report

527 Earlham Road
Norwich
NR47HN
Tel: 0160340666
Website: www.denteam.co.uk

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Overall summary

We undertook a focused inspection of Denteam Dental Care on 15 November 2018. 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.

Previously, we had undertaken a comprehensive inspection 17 April 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 in accordance with the relevant regulations 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 Denteam Dental Care on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it well-led?

Background

Denteam Surgery is in Norwich and provides mostly NHS and some private treatment to patients of all ages. It

serves about 78,000 patients and opens on Monday to Thursday, from 8.20am to 5.30pm and on Fridays from 8.20am to 4.30pm. It also opens one Saturday morning a month, from 8.50am to 1pm.

There is level access for people who use wheelchairs and those with pushchairs.

The dental Team includes six dentists, two practice managers ten, dental nurses four receptionists and one hygienist. The practice has six treatment rooms.

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.

During the inspection we spoke with the principal dentist and the two practice managers. We looked at practice policies and procedures, and other records about how the service is managed.

Our findings were:

The provider had made good improvements in relation to the regulatory breach we found at our previous inspection and was now providing well-led care in accordance with the relevant regulations.

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 in accordance with the relevant regulations. We found that comprehensive action had been taken to address the shortfalls we had identified at our previous inspection. For example, staff recruitment procedures had been strengthened to ensure that only suitable people were employed at the practice; missing emergency equipment had been purchased; regular audits of dental records and infection control were undertaken, the assessment of risk had improved and regular staff meetings were held. Staff reported that their morale had improved and there was a much better atmosphere in the practice.

No action



Are services well-led?

Our findings

At our previous inspection on 17 April 2018, we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 15 November 2018, we found that staff had worked hard to implement the following improvements.

- We viewed the recruitment files for two recently employed members of staff and found that appropriate pre-employment checks had been completed. This included disclosure and barring checks, references, and confirmation of their Hepatitis B immunisation status. A record of their interview had been made to show it had been conducted fairly.
- The practice's gas boiler had been serviced on 12 May 2018, and we viewed the safety certificate which confirmed this.
- A sharps risk assessment had been completed and clinicians were now using single use syringe system needles. Labels on yellow sharps boxes had been completed to indicate when they had been assembled.
- A legionella risk assessment had been completed and its recommendations to clean lime scale from taps, remove an external tap hose, disconnect the staff shower and provide hot water warning signage had been implemented. We viewed records which showed that water temperature testing was being completed every month.
- Missing medical emergency equipment and drugs had been purchased, and were checked weekly. The oxygen cylinder was checked each day to ensure it was fit for use.
- Infection control audits were now undertaken every six months. We viewed the audit completed in June 2018 which indicated the practice met essential requirements.
- All cloth covered chairs had been removed from treatment rooms and replaced with plastic ones that could be cleaned more easily. A new dental seat had been ordered to replace a previously ripped one.
- Loose items in treatment rooms drawers had been covered to protect them from bacterial aerosols.
- The practice had a system in place to receive national patient safety alerts and we saw that recent alerts had been put on display in the staff room.
- Antimicrobial and records cards audits had been undertaken and action plans implemented where shortfalls had been identified.
- Staff had a better understanding of significant event reporting. The practice had implemented specific policies about reporting them and we viewed completed incident reports for recent events and complaints that had occurred.
- Some staff had received an appraisal of their performance and plans were in place for the remaining staff to receive them.
- The practice's policies had been reviewed and updated. The practice manager told us that a few policies were now discussed at each staff meeting, and staff signed each one to indicate that they had read and understood them.
- Staff reported that the atmosphere in the practice had greatly improved since our previous visit.

These improvements demonstrated the provider had taken effective action to comply with regulation.