

Revive Dental Care Limited

Revive Dental Care - Manchester city centre

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Revive Dental Care - Manchester city centre on 3 December 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Revive Dental Care - Manchester city centre on 17 September 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 12 and 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 Revive Dental Care - Manchester city centre 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. 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 breaches we found at our inspection on 17 September 2018.

Background

Revive Dental Care - Manchester city centre is in Salford and provides NHS and private treatment to adults and children.

Due to the nature of the premises wheelchair access is not possible. Car parking spaces are available near the practice.

Summary of findings

The dental team includes three dentists, three dental nurses (two of whom are trainees), one receptionist and a practice manager. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Revive Dental Care - Manchester city centre had recently left the organisation and the practice manager was in the process of applying to be the registered manager.

During the inspection we spoke with one dentist, one dental nurse 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 to Friday from 9am to 5pm

Our key findings were:

- A Legionella risk assessment had been completed and most actions addressed.
- Disclosure and Barring Service (DBS) checks had been obtained and evidence of Hepatitis B titre levels were also available for all members of staff.
- Recommendations from the routine testing of the X-ray machines had been actioned.
- The medical emergency drugs and equipment reflected nationally recognised guidance.
- A practitioner specific X-ray audit had been carried out.
- Records relating to patient complaints were now stored in a separate folder.

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

- Review the Legionella risk assessment and ensure cold water temperatures are tested and recorded from the sentinel outlets.

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 ensuring medical emergency drugs and equipment reflected nationally recognised guidance, carrying out a Legionella risk assessment and completing the recommended actions and completing a practitioner specific X-ray audit. Single use root canal files were disposed of after each session. DBS checks had been obtained for all members of staff and all Hepatitis B titre levels were now present. Recommendations from the routine testing of the X-ray machines had been actioned. Complaints from service users were now stored separately from their dental care records.

No action



Are services well-led?

Our findings

At our previous inspection on 17 September 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 3 December 2018 we found the practice had made the following improvements to comply with the regulations:

- A Legionella risk assessment had been carried out. We were shown evidence that hot water temperatures were being recorded monthly as recommended in the risk assessment. The risk assessment had also advised that cold water temperatures should be recorded. These had not been done. In addition, we saw that the practice manager had completed Legionella awareness training and would discuss the findings at the next staff meeting.
- We were shown evidence that the recommendations made with regards to the X-ray machines had been actioned. This involved reducing the dose emitted from the X-ray machines.
- The contents of the medical emergency kit had been reviewed. When we checked the emergency kit this reflected nationally recognised guidance.
- Single use root canal files were disposed of after each patient and not reprocessed.

- The recruitment process had been reviewed and we were shown DBS checks for all members of staff. In addition, we saw Hepatitis B titre levels for the members of staff which were missing at the previous inspection.
- Records relating to patient complaints were stored in a separate folder and had been removed from patient's dental care records. In addition, the complaints policy was more visible in the waiting area.
- A practitioner specific X-ray audit had been carried out. This had results and an action plan associated with it.

The practice had also made further improvements:

- Improvements had been made to the security of NHS prescription pads. These were now locked in the surgeries when the surgery was not in use.
- Clean boxes had been obtained to transport sterilised instruments back to the surgeries.
- We checked a selection of dental instruments and these were visibly clean when we inspected them.
- All staff had completed level two safeguarding training.

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 3 December 2018.