

Clough Dental Surgery

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Inspection Report

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Overall summary

We undertook a follow up focused inspection of Clough Dental Surgery on 23 September 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 Clough Dental Surgery on 15 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 X 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 Clough Dental Surgery 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.

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 15 July 2019.

Background

Clough Dental Surgery is in Sowerby Bridge and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes three dentists, six dental nurses (two of who are trainees), two dental hygienists and a practice manager. The practice has three treatment rooms.

The practice is owned by a partnership 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 Clough Dental Surgery is the principal dentist.

Summary of findings

During the inspection we spoke with 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, Wednesday, Thursday and Friday from 9:00am to 5:30pm

Tuesday from 8:30am to 6:30pm

Our key findings were:

- Improvements had been made to the systems and processes for managing the risks associated with the carrying out of the regulated activities. These included the risks associated with fire and Legionella.
 - The medical emergency equipment and medicines reflected nationally recognised guidance.
 - Improvements had been made to the overall governance arrangements to ensure ongoing compliance with the regulations.
- There were areas where the provider could make improvements. They should:
- Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health (COSHH) Regulations 2002, to ensure risk assessments are undertaken.

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 15 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 23 September 2019 we found the practice had made the following improvements to comply with the regulation:

- The system and process for ensuring that medical emergency equipment and medicines reflected nationally recognised guidance had been improved. We checked the medical emergency equipment and medicines and found that these reflected national guidance.
- The systems and processes for checking fire equipment had been improved. We were told that monthly emergency lighting tests were carried out and the practice manager had been given training about how to do this. In addition, a fixed wire installation test had been carried out which showed the condition of the wiring was satisfactory.
- Improvements had been made to the systems for managing the risks associated with Legionella. We saw evidence of monthly water temperature testing and the pipes coming out of the boiler had been insulated to maintain water temperatures within the accepted range.
- Some improvements had been made to the COSHH folder. We saw that material safety data sheets were

available for all substances used within the practice. We asked if any risk assessments had been carried out on the individual substances. Staff told us that there had not. We were assured that these would be completed.

- Improvements had been made to the infection prevention and control processes. The vacuum autoclave had been taken out of use until an engineer could come and provide training to staff on the validation processes for it. Sanitary disposal facilities had been put in the staff toilet and we were told that they were in the process of obtaining one for the patient toilet.
- Radiography audits had been completed for all of the clinicians individually. There were action plans in place for these audits and they showed that they were meeting the approved standards of the quality of radiographs.
- We saw current medical indemnity insurance for all clinical staff working within the practice.
- Sharps injury protocols were displayed in each surgery and in the decontamination room.
- A complaints procedure was displayed in the waiting area. We noted there were no details of external organisations in this procedure for patients to use of they were not satisfied with the response from the practice. We were told this would be addressed.
- We saw evidence and staff told us that they had received appraisals. At the appraisals they discussed their strengths, areas for improvement and any further training which they required.

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 23 September 2019.