

Philip Jonathan Noble

P & J Noble Dental Practice

Inspection Report

146 Chew Valley Road
Greenfield
Oldham
OL3 7DD
Tel: 01457 870462
Website: www.pjnoble.co.uk

Date of inspection visit: 7 March 2019
Date of publication: 27/03/2019

Overall summary

We undertook a follow up focused inspection of P & J Noble Dental Practice on 7 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of P & J Noble Dental Practice on 12 December 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 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 P & J Noble 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. 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 12 December 2018.

Background

P & J Noble Dental Practice is in Greenfield, Oldham and provides NHS and private treatment to adults and children. The practice is also contracted to provide NHS orthodontic treatment.

The premises has steps to the front and rear of the premises making it inaccessible to wheelchair users. A car park is available behind the premises, including spaces for blue badge holders.

The dental team includes the principal dentist, an associate dentist and an orthodontist who attends as required, four dental nurses, a dental hygienist, a practice manager and a receptionist. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at P & J Noble Dental Practice is the principal dentist.

During the inspection we spoke with one dentist 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 and Tuesday 9am to 1pm and 2pm to 7pm,

Wednesday 9am to 1pm and 2pm to 6pm,

Thursday and Friday 9am to 1pm and 2pm to 5pm.

Our key findings were:

- The autoclaves and washer disinfectors had been serviced and validated. A system had been implemented to ensure equipment was maintained appropriately.
- A system had been implemented to receive patient safety and medicines alerts from the MHRA.
- The sharps risk assessment had been updated to include the risks from other sharp instruments.
- Advice had been sought about members of clinical staff who were low responders to the Hepatitis B vaccination.

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. These included implementing systems to receive patient safety alerts, the washer disinfectors and autoclaves had been serviced and calibrated and a system had been put in place to ensure regular servicing was carried out, the sharps risk assessment included the risks associated with matrix bands and orthodontic wires and the issue with the water temperatures at some taps had been resolved. Risk assessment had been carried out on hazardous substances and there were systems in place to receive patient safety alerts through the MHRA.

No action



Are services well-led?

Our findings

At our previous inspection on 12 December 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 7 March 2019 we found the practice had made the following improvements to comply with the regulation:

- Advice had been sought from staff's GPs and occupational health about the low responders to the Hepatitis B vaccination. The GPs and occupational health department had advised that current guidance states that they will have lifelong immunity to the Hepatitis B virus.
- The autoclaves had been pressure vessel tested and validated. The washer disinfectant had been serviced and validated. All equipment had passed. The provider had implemented a system to ensure all equipment is maintained according to manufacturer's guidance or nationally recognised guidance or regulation.
- The issue with the hot water had been addressed. We saw evidence of recent water temperature testing. All these temperatures were below 60 degrees centigrade.
- The sharps risk assessment had been updated and included the risks associated with the use of matrix bands and orthodontic wires. In addition, the provider had started to use disposable matrix bands to further the risk of sustaining a sharps injury.

- A system had been implemented to ensure materials and medicines did not pass their expiry date. A weekly surgery check was carried out and a log maintained. We checked stocks of local anaesthetic and found them to be in date.
- We saw evidence that the water collection vessel was cleaned to prevent the build-up of a biofilm. We saw the water collection vessel on the day of inspection and it was visibly clean.
- We were shown the Control of Substances Hazardous to Health (COSHH) folder. This included risk assessments for the materials which were contained within it.
- We were shown the most recent infection prevention and control audit. This showed the provider was meeting the required standards. There was an action plan associated with this audit and time frames set against any issues which had been identified.
- A radiography audit had been carried out. We saw there was an action plan associated with this audit. We noted that the audit was not practitioner specific. We discussed this with the principal dentist and practice manager and they told us that this would be addressed.
- The provider had implemented system for receiving and acting on safety alerts. We were shown a recent safety alert which had been released.

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 7 March 2019.