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# Poundswick Lane Dental Practice

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of Poundswick Lane Dental Practice 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 carried out by a CQC inspector.

We undertook a comprehensive inspection of Poundswick Lane Dental Practice on 28 June 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 Poundswick Lane Dental Practice on our website [www.cqc.org.uk](http://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?

#### **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 28 June 2018.

#### **Background**

Poundswick Lane Dental Practice is in Wythenshawe and provides NHS and private treatment to adults and children.

A ramp is provided for people who use wheelchairs and those with pushchairs. There is a small car park available with additional on street parking available near the practice.

The dental team includes nine dentists, nine dental nurses (two of whom are trainees), a dental hygienist and a receptionist. The practice has five treatment rooms.

# Summary of findings

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 practice manager, and dental nurses including the senior dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday 9am to 6pm

Thursday and Friday 9am to 5pm

Saturday by prior arrangement.

## **Our key findings were:**

- The practice had infection control procedures which reflected published guidance. The processes for manually cleaning instruments could be improved.
- The practice had thorough staff recruitment procedures. Staff files had been reviewed and now contained all the required information, including vaccination immunity.
- The practice had effective leadership and a culture of continuous improvement.
- Emergency equipment and medicines were available as described in recognised guidance.
- The safety and use of radiography had been reviewed.
- The practice had improved safeguarding training processes.
- The practice had systems to identify and manage risk effectively. Improvements had been made in relation to hazardous substances, Legionella and fire safety.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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.

The provider had made improvements to the management of the service. This included establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

We saw how the principal dentist and practice manager had worked together with support from staff to prioritise the areas of concern to ensure that appropriate action was taken to address them. They had introduced systems to prevent the re-occurrence of the concerns.

The practice had systems to identify and manage risk effectively. Risk assessments and action plans were in place and we saw evidence of improvement, for example, in the areas of radiography, staff immunity, emergency medical equipment, Legionella, hazardous substances and sharps safety.

Staff files had been reviewed and now contained evidence to demonstrate effective recruitment procedures.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 28 June 2018 we judged the practice was not providing well-led care and told the provider to take action as described in our requirement notice. At the inspection on 15 November 2018 we found the practice had made the following improvements to comply with the regulation:

- Emergency equipment and medicines were available as described in recognised guidance. The processes for checking these had been improved. Staff regularly familiarised themselves with the contents of the kit and discussed emergency scenarios.
- The provider had improved the processes for staff to report any issues or incidents. We saw evidence of an incident that had occurred since the last inspection. This was well documented and included correspondence with an external organisation and their response.
- A new comprehensive fire risk assessment had been carried out in September 2018 and all recommendations acted on. For example, fire extinguishers had been replaced with the appropriate type and additional extinguishers fitted to comply with the Regulatory Reform (Fire Safety) Order 2005. Emergency lighting and evacuation signs had been installed. Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested. Fire safety training had been completed by several members of staff.
- The sharps risk assessment had been reviewed and further improvements made by holding a sharps awareness meeting with all staff and introducing a safe procedure for removing matrix bands. Flowcharts were displayed in all clinical areas describing the action to take after a sharps injury.
- The practice had obtained the immunity status of clinical staff. Some staff members were waiting to receive booster vaccinations against Hepatitis B. Risk assessments were in place for these individuals.
- The provider had reviewed the routine test results for the radiography equipment which had highlighted recommendations relating to dosage, positioning of patients during X-ray exposure in the ground floor surgeries, and film speeds. The local rules had been reviewed and were in place. Information was displayed next to the control panel of each machine to prompt the operator about instructions specific to each machine and room; these included diagrams of correct patient positioning where appropriate.
- A recruitment policy was now in place. We looked at the recruitment records for two new members of staff, this showed the recruitment process had been followed. New staff files were in place to ensure consistency. The practice occasionally used agency staff, they had obtained written confirmation of the checks in place for these individuals from the agency.
- Staff carried out radiography and infection prevention and control audits. They had clear records of the results of these audits and the resulting action plans and improvements. For example, the most recent radiography audit showed a decrease in radiographs affected by coning. Coning is an error in taking a radiograph where the film is incorrectly aligned with the X-ray beam.
- Infection prevention and control procedures had been reviewed and improvements made in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. For example, instrument transport boxes and lids were clearly marked to identify whether the contents were dirty or sterilised, and records were kept of manual cleaning procedures and heavy-duty glove changes. We noted during the inspection that the manual cleaning sink had not been filled to the correct level to ensure that instruments were fully immersed during cleaning to reduce the risk of splashing. When the water level was increased to the correct level, the detergent used for cleaning foamed, reducing visibility of the items to be cleaned and increasing the risk of a sharps injury. We discussed this with the practice manager to review the process and type of detergent used.
- The practice had introduced a system to obtain training certificates for staff to ensure they were up to date with training identified as essential by the practice, and 'highly recommended' training in accordance with General Dental Council professional standards.

## Are services well-led?

We saw how the principal dentist and practice manager had worked together with support from staff to prioritise the areas of concern to ensure that appropriate action was taken to address them. They introduced systems to prevent the re-occurrence of the concerns. Staff welcomed the inspection process and were proud of the improvements that had been made. They were knowledgeable about issues and priorities relating to the quality and future of services.

The practice had also made further improvements:

- A policy for the use of closed-circuit television(CCTV) had been introduced and a privacy impact assessment carried out. This was in line with the General Data Protection Regulation.
- The consent policy had been reviewed and now included information relating to the Mental Capacity Act and Gillick competence.
- An effective system was in place for receiving and acting on safety alerts.

- The practice had implemented the recommendations from the Legionella risk assessment. Cold water temperatures were measured and recorded monthly.
- Electrical safety testing was carried out in July 2018. This highlighted that elements of the fixed wiring systems were unsatisfactory. We saw evidence that all the recommendations were acted on and a new satisfactory certificate had been issued. Annual gas safety checks were in place.
- Staff had removed clutter and inappropriate items including boxes and air conditioning units. Cleaning equipment and hazardous substances were stored appropriately.
- The practice stored and kept records of NHS prescriptions as described in current guidance.
- The complaints policy now included the contact details of the national private dental complaints service.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulation when we inspected on 15 November 2018.