

The Dental Touch

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Inspection report

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Overall summary

We undertook a follow up desk-based review of The Dental Touch on 7 December 2020. This review 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.

We undertook a comprehensive inspection of The Dental Touch on 18 September 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 regulations 17 good governance and regulation 19 fit and proper persons employed 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 The Dental Touch 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 18 September 2019.

Summary of findings

Background

The Dental Touch is located in Kingsdown, Bristol and provides private treatment for adults and children, and NHS treatment to children.

There is level access for people who use wheelchairs and those with pushchairs. There are short stay parking spaces, including designated disabled parking spaces available near the practice.

The dental team includes three dentists, one dental nurse, one dental hygienist, and one 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Dental Touch is the senior partner.

During our review, we spoke with the registered manager and we looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 9am to 6pm
- Tuesday and Thursday 8am to 4pm
- Wednesday 8am to 5pm
- Friday 8am to 2pm

Our key findings were:

- There were systems in place to ensure equipment was maintained in line with manufacturer's instructions.
- The systems to manage fire safety had improved.
- Improvements had been made to ensure the equipment and medicines used for medical emergencies were safe to use and in date.
- The provider had a system in place to ensure prescriptions could be tracked and monitored.
- The provider had implemented systems for reviewing and investigating when things went wrong.
- The provider had procedures in place to ensure they met the Mental Capacity Act 2005 requirements when treating patients in their best interests.
- The provider had an effective system for ensuring suitable staff were recruited.

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 18 September 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. When we reviewed the improvements required on 7 December 2020, we found the practice had made the following improvements to comply with the regulations; 17 good governance and 19 fit and proper persons employed, of the Health and Social Care Act.

- There were systems in place to ensure equipment was maintained in line with manufacturer's instructions. We saw evidence of an electrical installation safety certificate and actions reviewed. A new digital X-ray processor had been installed in November 2020, the OPG was not in use and had been removed in November 2020. We saw in-house X-ray functional checks had been completed and plan to be carried out on a six-monthly basis. Rectangular collimators had now been fitted to all X-ray equipment used. The air conditioning unit had been serviced in January 2020. The provider had sought guidance from the manufacturers of the sterilisers, and they were now able to validate the sterilisers on a regular basis.
- The systems to manage fire safety had improved. We saw evidence of emergency lighting checks and a fire drill that had been completed in October 2019. The provider had a plan to carry out the next fire drill in January 2020. An action plan for the fire risk assessment was in place. We saw evidence that the basement room was now less cluttered with combustibles.
- Improvements had been made to ensure the equipment and medicines used for medical emergencies were safe to use and in date. We saw evidence of checks in place for medicines and some equipment. However, not all equipment was monitored through this system, such as airway devices, self-inflating masks and face masks. The provider implemented a new system to ensure these were incorporated into all the medical emergency medicines and equipment checks. We also saw the refrigerator was now monitored to ensure it was always at the correct temperature for the medicine that was held in there.
- The provider had a system in place to ensure prescriptions could be tracked and monitored.
- The provider had implemented systems for reviewing and investigating when things went wrong. The provider confirmed there had been no incidents in the last 12 months. We saw the procedure in place to deal with incidents and how these would be reported on and shared with the staffing team for learning.
- The provider had procedures in place to ensure they met the Mental Capacity Act 2005 requirements when treating patients in their best interests.
- Staff were able to provide feedback through regular team meetings and the provider was in the process of planning to implement an online staff questionnaire to gain anonymous feedback to help improve the practice.
- The practice had an effective system for ensuring suitable staff were recruited. We saw an updated recruitment policy that reflected current legislative requirements. The provider confirmed this was used when recruiting new staff into the practice.
- The provider had a system in place to ensure clinical staff had received the Hepatitis B virus vaccination, and that the effectiveness of the vaccination was checked. We saw evidence of one staff member's immunity status following the last inspection. The provider had a procedure to follow if a staff member had not completed their immunisations or was a non-responder to the vaccine.

The practice had also made further improvements:

- There were systems in place to ensure substances that could be hazardous to health were risk assessment, according to legislative requirements. We saw examples of completed risk assessments for substances used in the practice and gained assurance from the provider that all assessments had been completed.

Are services well-led?

- The provider had a system in place to centrally monitor urgent and routine patient referrals to other dental or health care professionals to ensure they were received in a timely manner and not lost.
- There were procedures in place to ensure the Accessible Information Standard requirements were complied with. This included having contact details available for patients requiring British Sign Language and translation services. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations 19 fit and proper persons employed; and 17 good governance of the Health and Social Care Act 2008.