

Dr Alec Waugh

Dr Alec Waugh and Associates Dental Surgeons

Inspection report

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Overall summary

We undertook a follow up focused inspection of Dr Alec Waugh and Associates Dental Surgeons on 15 November 2022. 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 Dr Alec Waugh and Associates Dental Surgeons on 12 April 2022 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 Dr Alec Waugh and Associates Dental Surgeons on our website www.cqc.org.uk.

When 1 or more of the 5 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 area 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.

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 12 April 2022.

Background

The provider has 2 practices and this report is about Dr Alec Waugh and Associates Dental Surgeons.

The practice is in Newcastle Upon Tyne and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to transport routes and car parking spaces are available near the practice.

The dental team includes 4 dentists, 1 dental nurse, 5 trainee dental nurses, 1 receptionist, 1 practice coordinator, 1 dental therapist and the practice manager/dental nurse. The practice has 5 treatment rooms.

During the inspection we spoke with the principal dentist, the practice manager and the practice manager from the sister practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays, Tuesdays, Thursdays and Fridays from 8.30am to 5.30pm

Wednesdays from 8.30am to 5pm

Saturdays from 9am to 5pm

Closed for lunch (everyday) from 1.15pm to 2pm.

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

- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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 the inspection on 15 November 2022, we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to ensure the practice adhered to The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05) guidance, in relation to the storage of single-use items and the sinks located in the clinical areas. The practice had also sought guidance in relation to improving the air-flow in the decontamination room and the provider confirmed action would be taken to address this.
- A fire safety risk assessment had been carried out by a competent person on 14 April 2022 and a number of recommendations were made. We noted the provider had taken action to address some of these recommendations. We were shown records that demonstrated, where action had not been taken, a plan was in place to ensure this was done within suitable timescales.
- We were shown an updated risk assessment where the risks to staff from the handling and disposal of all forms of sharps had been considered and mitigated.
- The current practice protocols ensured the safety of staff and patients when using the X-ray equipment. We discussed some improvements could be made to the auditing protocols to ensure X-rays were appropriately graded. In the records we were shown, we observed this was not always the case.
- Cleaning equipment was stored as recommended by guidance.
- Records were available to demonstrate that the suction equipment had been serviced and maintained according to manufacturer's guidelines. A system had been introduced to ensure these checks were carried out at the appropriate intervals.
- Systems were introduced to monitor the temperature of the fridge where medicines are stored.
- A lock had been installed on an internal door to ensure written dental care records were stored securely. The provider confirmed they sought guidance from the fire safety engineer in relation to a fire exit being located behind the newly locked door.

The provider had also made further improvements:

- A system had been introduced to log patient referrals. We discussed further improvements could be made to the monitoring protocols to ensure the practice was aware if referrals were received and followed up as appropriate.
- We reviewed patient care records and saw some improvements had been made to ensure clinicians took into account nationally recognised guidance when carrying out patient assessments. We noticed that further improvement was still required in relation to periodontal records. We discussed improvements could be made to the auditing protocols to drive further improvement.
- Improvements had been made to the protocols in relation to the risks to staff working alone.