

Mr. John Russell

Haughton Green Dental Practice

Inspection Report

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Date of inspection visit: 19 February 2020
Date of publication: 16/03/2020

Overall summary

We undertook a follow-up desk-based inspection of Haughton Green Dental Practice on 19 February 2020. 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.

We undertook a comprehensive inspection of Haughton Green Dental Practice on 19 November 2020 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 safe or well led care and was in breach of regulations 12 and 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 Haughton Green Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- Is it safe?
- 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 safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 19 November 2020.

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 19 November 2020.

Background

Haughton Green Dental Practice is in Denton, Manchester and provides NHS care and treatment for adults and children.

Summary of findings

The practice is not suitable for those patients who use wheelchairs due to the dental treatment rooms being located on the first floor, which is accessed via a staircase. The practice is accessible at ground floor level for those with pushchairs. Car parking spaces are available at the rear of the practice.

The dental team includes three dentists, four dental nurses, two of whom are trainees, one dental hygiene therapist and a practice receptionist. The practice is supported by a practice manager and has two treatment rooms.

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 principal dentist and the practice manager. Documentation was provided by the practice, in support of and to confirm the improvements made.

Our key findings were:

- Infection control processes and management of these had improved.
- All staff had received further training in the processes for decontamination of dental instruments in accordance with recognised guidance and good practice.
- Infection control audits were in place and were scheduled to take place every six months.
- All recommended emergency medicines and equipment was available for use.
- A Legionella risk assessment had been carried out by a competent person.
- Essential safety checks in relation to the premises were now in place. A gas and electrical safety check had been carried out and documents were in place to confirm that fixed wiring and gas appliances were safe.
- Reception staff had received sepsis awareness training.
- Systems and processes to support good governance had been improved.
- A system had been introduced to ensure all staff had read, discussed and understood any patient safety alerts and clinical practice updates.
- Audit of patient record cards was in place; antibiotic audits were carried out weekly to check prescribing remained within current guidelines.
- Radiography audits were carried out monthly.
- An effective system of recording significant events was in place.
- The provider had updated their registration with the Care Quality Commission, confirming that the practice carried out surgical procedures.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 19 November 2019 we judged the practice was not providing safe care and 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 19 February 2020 we found the practice had made the following improvements to comply with the regulations:

- Infection control processes and management of these had improved. All staff had received further training in the processes for decontamination of dental instruments in accordance with recognised guidance and good practice.
- Infection control audits were in place and were scheduled to take place every six months. We saw systems in place to ensure these audits were carried out. Any identified actions required were discussed at practice meetings and an action plan to address these was produced.

- All recommended emergency medicines and equipment was available for use. The list for checking these items had been updated, having referred to the Resuscitation Council UK guidance.
- A Legionella risk assessment had been carried out by a competent person. All recommendations from this had been addressed. Water temperature checks were now being carried out monthly, in line with the risk assessment.
- Essential safety checks in relation to the premises were now in place. A gas and electrical safety check had been carried out and documents were in place to confirm that fixed wiring and gas appliances were safe.
- Reception staff had received sepsis awareness training.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 19 February 2020.

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 19 November 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 19 February 2020 we found the practice had made the following improvements to comply with the regulations

- Systems and processes to support good governance had been improved. We saw that a practice diary system was in place to provide reminders of when essential governance tasks were due, for example, building safety checks, clinical and governance audits, and a calendar of practice meeting dates had been implemented to improve communication.
- A system had been introduced to ensure all staff had read, discussed and understood any patient safety alerts and clinical practice updates.

- A template had been introduced for clinicians to follow in respect of completion of patient dental records.
- Audits of patient record cards was in place; antibiotic audits were carried out weekly to check prescribing remained within current guidelines.
- Radiography audits were carried out monthly. Results of these were discussed between the dentists and where necessary, techniques to bring about improvement in consistency of imaging were discussed and recorded.
- An effective system of recording significant events was in place. These were discussed with staff. Where possible and practicable, any improvements identified were introduced to prevent similar incidents occurring in the future.
- The provider had updated their registration with the Care Quality Commission, confirming that the practice carried out surgical procedures.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 19 February 2020.