

Smethwick Practice Limited

Westpoint Dental Centre

Inspection report

160 Slade Lane
Manchester
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Overall summary

We undertook a follow up desk-based review of Westpoint Dental Centre on 21 December 2021. This review was carried out to assess 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 Westpoint Dental Centre on 24 June 2021 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 Westpoint Dental Centre on our website www.cqc.org.uk.

As part of this review 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 or review 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 24 June 2021.

Background

Summary of findings

Westpoint Dental Centre is in Manchester 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. On street parking is available near the practice.

The dental team includes eight dentists, eight dental nurses (four of whom are trainees), two dental hygienists, a practice manager and three receptionists. The practice has six treatment rooms.

The practice is owned by a company 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 Westpoint Dental Centre is the practice manager.

The practice is open:

Monday 8:30am to 5pm

Tuesday 7:30am to 7pm

Wednesday 8:30am to 7pm

Thursday 7:30am to 7pm

Friday 8:30am to 5pm

Saturday 9am to 1pm

Our key findings were:

- The sharps risk assessment, staff reporting and incident reporting procedures had been reviewed.
- Hazardous substances were risk assessed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.
- The effectiveness of vaccinations against Hepatitis B was checked. Risk assessments were in place for staff whose results were unknown.
- Staff kept records of NHS prescriptions as described in current guidance.
- Radiation protection information and operators instructions were updated.

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 24 June 2021 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 review on 21 December 2021 we found the practice had made the following improvements to comply with the regulation:

- The sharps risk assessment had been updated to include the risk from all sharp items. Further information was included in the sharps injury procedure to make the process clear to staff.
- Hazardous substances were risk assessed. A system was in place to ensure substances were used in line with the manufacturer's instructions.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available and processes were in place to check these. Staff completed training and discussed medical emergency scenarios in staff meetings.
- Incident reporting procedures had been updated to ensure external organisations are notified where appropriate.
- We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The responsible person completed training and systems were introduced to ensure staff carried out water testing. Dental unit water line management substances were used in line with manufacturer's instructions.
- The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. Risk assessments were in place for staff whose results were unknown until these could be confirmed. A plan was in place for these staff to be tested to establish their immunity levels.
- We saw staff kept records of NHS prescriptions as described in current guidance. Systems were in place for staff to identify and report any missing prescriptions.
- Radiation protection information relating to individual settings on X-ray units were updated and made available to operators to refer to.
- Staff received sepsis awareness training and sepsis awareness prompts were provided. This ensured staff triaged patients appropriately.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we carried out our review on 21 December 2021.