

Nationwide Healthcare

South Elmsall Family Dental Centre

Inspection report

51 Barnsley Road
South Elmsall
Pontefract
West Yorkshire
WF9 2RN
Tel: 01977 645002
www.southelmsalldental.co.uk

Date of inspection visit: 22 September 2020
Date of publication: 09/10/2020

Overall summary

We undertook a follow up focused inspection of South Elmsall Family Dental Centre on 22 September 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of South Elmsall Family Dental Centre on 29 January 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 South Elmsall Family Dental Centre on our website .

As part of this inspection we asked:

- 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.

Our findings were:

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 29 January 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 29 January 2020.

Background

Summary of findings

South Elmsall Family Dental Centre 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. Car parking spaces are available near the practice.

The dental team includes six dentists, six dental nurses (three of who are trainees) and five 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 CQC 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 South Elmsall Family Dental Centre is the Clinical Quality and Care Manager.

During the inspection we spoke with two dentists, one dental nurse and the Clinical Quality and Care Manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9:00am to 6:00pm

Our key findings were :

- Action had been taken to ensure the fire alarm and emergency lighting had been serviced. A fixed wire installation test had been carried out.
- Action had been taken to ensure water temperatures reached the recommended temperature to reduce the risks associated with Legionella.
- Recommendations made in the routine and critical examinations for the X-ray machines had been actioned.
- Antibacterial prescribing had been reviewed and was being audited.
- Audits of radiography and disability access had been carried out.
- Systems and processes to manage the risks associated with the carrying out of the regulated activities had been implemented to ensure good governance in the long term.

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 29 January 2020 we judged the practice was not providing safe 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 22 September 2020 we found the practice had made the following improvements to comply with the Regulations:

- We saw actions identified in the fire risk assessment had been actioned. These included ensuring the escape routes were unrestricted and putting up signage as to the location of the emergency medical oxygen cylinder.
- We saw evidence the fire alarm and emergency lighting had been serviced in September 2020. This showed the alarm and emergency lighting were working correctly.
- We saw evidence of a fixed wire installation test which had been carried out in March 2020. This showed the condition of the fixed wiring within the premises was satisfactory.
- The process for recording water temperatures in relation to Legionella had been reviewed. We saw water temperature log sheets which showed the temperatures were within the correct range.

- We confirmed there was hot water supply for hand washing to the accessible toilet and all surgeries. Staff confirmed this was the norm.
- We saw evidence the provider had addressed the recommendations made in the critical and routine examinations of X-ray machines. These included addressing the drift on one of the X-ray arms and updating the local rules to ensure the primary beam was not pointed towards an unshielded window. We noted the provider had registered with a different radiation protection advisor. The local rules had not been adapted to reflect this. We were advised that this had been done.
- We reviewed a selection of dental care records and spoke with two dentists with regards to the prescribing of antibiotics. We saw evidence of a justification for the antibiotics in addition to a dose. These were in line with nationally recognised guidance.

The provider had also made further improvements:

- Since the previous inspection we saw the dentists who only saw privately funded patients had stopped using NHS prescriptions. A system had been implemented to provide these patients with private prescriptions.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 22 September 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 29 January 2020 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 22 September 2020 we found the practice had made the following improvements to comply with the regulations:

- Systems and processes had been implemented to ensure the risks associated with the carrying out of the regulated activities were appropriately managed. For example, the risks associated with Legionella, fire and the use of radiation had been addressed. A team at head office now had oversight of when equipment such as the fire alarm and the emergency lighting required servicing.

- Audits of radiography, antibiotic prescribing and disability access had been carried out. We saw evidence of outcomes and action plans associated with these audits to encourage continuous improvement.
- Staff who did not routinely work at the practice confirmed they received a full site-specific induction.
- Staff were aware of the sharps risk assessment and this reflected the process in place. These included the use of re-sheathing devices and only the operator handling sharps.
- The process for ensuring out of date emergency equipment had been updated. We checked the contents of the medical emergency kit and found these reflected nationally recognised guidance. We noted the medicines were stored in a plastic storage drawer unit. This would be difficult to transport to upstairs surgeries. We discussed this with the registered manager who ordered a storage bag for them which would be more conducive for transporting emergency medicines.

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 22 September 2020.