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# St Helens Family Dental Clinic

## Inspection Report

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### Overall summary

We undertook a follow-up desk-based inspection of St Helens Family Dental Clinic on 18 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of St Helens Family Dental Clinic on 12 November 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 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 St Helens Family Dental Clinic on our website [www.cqc.org.uk](http://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 area where improvement was required.

#### 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 12 November 2019.

#### Background

St Helens Family Dental Clinic is in St Helens town centre and provides private treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, three dental nurses, one of these being a trainee, one receptionist and a practice manager. The practice has three 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 practice manager and received information from the principal dentist. We looked at practice records and received updated information about how the service is managed.

# Summary of findings

The practice is open Monday and Thursday from 9am to 7pm, Wednesday and Friday from 9am to 5.30pm and on Tuesday from 9am to 4pm.

## **Our key findings were:**

- The provider had commissioned a new Legionella risk assessment, which covered all areas of the practice. All recommendations in this assessment had been met.
- Water temperature testing records were in place to support control of Legionella.
- The practice whistleblowing policy had been updated to include contact details of organisations staff could report concerns to. For example, the Care Quality Commission and the General Dental Council.
- Critical acceptance testing for all X-ray sets at the practice was in place and documents to support this were available for inspection.
- Staff had been given training in relation to recognising symptoms that could relate to sepsis.
- A system to manage and track referrals of patients to secondary care was now in place.
- An electrical safety certificate had been issued, confirming the safety of fixed wiring in the practice.
- All staff had received update training in basic life support and cardio-pulmonary resuscitation. A matrix was now in use to provide better oversight of staff training needs and when refresher training was due for staff.

# 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 12 November 2019 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 18 February 2020 we found the practice had made the following improvements to comply with the regulation:

The provider had commissioned a new Legionella risk assessment, which covered all areas of the practice. All recommendations in this assessment had been met. Water temperature testing records were in place to support control of Legionella. A scheme of delegation was in place, outlining responsibilities for staff and a log book was in place to ensure all records were maintained. We saw that additional checks were in place to ensure that all temperatures recorded were in the range required for the control of Legionella.

At our last inspection we found the practice had a whistleblowing policy in place, but that this lacked detail and direction for staff who had any concerns. The practice whistleblowing policy had been updated to include contact details of organisations staff could report concerns to. For example, the Care Quality Commission and the General Dental Council.

At our previous inspection we found there was no documentation in place in relation to critical acceptance testing for one of the X-ray sets at the practice. When we carried out this follow-up inspection, we saw critical acceptance testing for all X-ray sets was now in place and documents to support this were available for inspection.

All staff had received update training in basic life support and cardio-pulmonary resuscitation. A matrix was now in use to provide better oversight of staff training needs and when refresher training was due for staff. We saw that all staff had been given training in relation to recognising symptoms that could relate to sepsis.

A system to manage and track referrals of patients to secondary care was now in place. This was reviewed regularly to ensure that no patients were overlooked, and that those who had not received an appointment or correspondence were supported to ensure they were seen by specialists, as required.

An electrical safety certificate had been issued, confirming the safety of fixed wiring in the practice. This covered upgrade work carried out at the time of our previous inspection. All work was signed off as being satisfactory.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 18 February 2020.