

## Dalton Dental Care Limited

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## Inspection Report

17 Broad Lane  
Dalton  
Huddersfield  
West Yorkshire  
HD5 9BU  
Tel: 01484 425221  
Website:

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### Overall summary

We undertook a follow up focused inspection of Dalton Dental Care Limited on 29 April 2019. 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 Dalton Dental Care Limited on 21 January 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 Dalton Dental Care Limited 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 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 21 January 2019.

#### Background

Dalton Dental Care Limited is in Huddersfield and provides NHS and private treatment to adults and children.

Due to the nature of the premises access for wheelchair users is not possible. Wheelchair users or those who cannot manage steps would be signposted to either the local community dental service or an accessible local dental practice. Car parking spaces are available near the practice.

The dental team includes four dentists and six dental nurses (one of whom also works as the practice manager). The practice has three 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Dalton Dental Care Limited is the principal dentist.

During the inspection we spoke with the practice 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 5:30pm

## **Our key findings were:**

- Improvements had been made to the process for ensuring medical emergency equipment reflects nationally recognised guidance.
- Improvements had been made to the systems and processes for managing the risks associated with fire, Legionella and the use of radiation.
- Improvements had been made to the recruitment process.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services well-led?**

We found that this practice was providing well-led care and was complying with the relevant regulations.

The provider had made improvements to the management of the service. This included providing additional staff time available for management and administration, establishing clear roles and responsibilities for all the practice team. The improvements included:

- Implementing a system to ensure medical emergency equipment reflected nationally recognised guidance.
- Implementing checks on smoke alarms and firefighting equipment.
- Addressing the risks associated with Legionella.
- Addressing the risks associated with the use of radiation.
- Obtaining photographic identification for all staff and evidence of immunity to Hepatitis B for the staff whom it was missing for at the initial inspection.
- Updating the Control of Substances Hazardous to Health (COSHH) folder.
- Reviewing the process for the storage and re-processing of re-usable dental instruments.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 21 January 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 29 April 2019 we found the practice had made the following improvements to comply with the regulation:

- We checked the medical emergency equipment and found it reflected nationally recognised guidance. A system had been put in place to ensure these items were checked regularly to ensure they were present and within their expiry date.
- We were shown evidence that staff had completed fire marshal training and a fire drill had been carried out as part of this training. We were shown weekly checks were carried out on the smoke alarms and firefighting equipment. In addition, they were due to get emergency lighting installed within the next week.
- Recommendations highlighted in the Legionella risk assessment had been actioned. These included cleaning and disinfecting the cold-water tank, getting the boilers serviced and replacing the taps in the kitchen and toilet. In addition, a new Legionella risk assessment had been carried out.
- Advice had been sought from the Radiation Protection Advisor about the critical examination and acceptance test for the newly installed X-ray machine. The risk assessment for the X-ray machine had been updated accordingly.

- The COSHH folder had been reviewed and updated. We checked this folder and found it had both material safety data sheets and risk assessments for all hazardous substances.
- We were shown photographic identification for all employed members of staff. In addition, we were shown evidence of immunity to Hepatitis B for one member of staff for whom it was missing for at the initial inspection. They were unable to get evidence of immunity to Hepatitis B for the second member of staff. This member of staff was carrying out non-clinical duties until evidence of immunity was available.
- The process for the storage of sterilised dental instruments had been reviewed and updated. We saw that a system was in place to ensure that where instruments were not bagged after sterilisation, these were re-processed at the end of each day. This is in line with guidance laid out in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.

The practice had also made further improvements:

- A fixed wire installation test had been carried out. An appointment had been booked to address any problems which had been identified in this test.

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 29 April 2019.