

Westerhope Limited

The Dental Care Clinic

Inspection Report

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Overall summary

We undertook a follow up focused inspection of The Dental Care Clinic on 12 December 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of The Dental Care Clinic on 28 May 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 regulations 17 and 19 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 The Dental Care Clinic on our website 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.

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 28 May 2019.

Background

The Dental Care Clinic is in Newcastle upon Tyne and provides NHS and private treatment to adults and children.

There is level access to the practice and car parking spaces are available near-by.

The dental team includes the principal dentist, ten associate dentists, 16 dental nurses, a treatment co-ordinator and two dental hygienists. Reception duties are carried out by the dental nurses and the treatment co-ordinator. A practice manager and a deputy practice manager oversee the day to day running of the practice. The practice has eight treatment rooms over two floors.

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 The Dental Care Clinic was the practice manager.

During the inspection we spoke with the principal dentist and the practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday 8.30am to 7.20pm

Wednesday 8.30am to 5.10pm

Thursday 8.30am to 6.20pm

Friday 8.30am to 4.20pm

Our key findings were:

- The practice had effective leadership with improved systems to allow for continuous improvement.
- Risks to patients and staff were reviewed, assessed and managed in relation to fire, Legionella, hazardous substances, electrical appliance safety, lone working, radiation protection, and carrying out domiciliary care.
- The provider had improved their staff recruitment procedures and systems to monitor staff training.
- Medical emergency drugs and equipment were now available in line with recognised guidance. The provider had improved their systems to monitor these.
- Improvements were found in the practice's implant audit processes.
- Prescriptions were monitored in line with national recommendations.
- The provider had assessed the needs of patients with disabilities to comply with the requirements of the Equality Act 2010.
- The practice reviewed their infection control procedures and protocols for the use of a closed-circuit television system.

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 28 May 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 12 December 2019 we found the practice had made the following improvements to comply with the regulations:

- Recruitment systems were reviewed. An effective system was in place to carry out recruitment procedures to eliminate the risks to staff and patients. The practice manager had an index checklist to ensure all essential checks were completed appropriately. This would be reviewed by two staff members for any prospective employee, to ensure nothing was missed. The provider had recruited three members of staff since our inspection on 28 May 2019. We saw evidence that the provider had obtained all relevant recruitment documents. The Disclosure and Barring Service checks that had not been carried out for employees prior to employment, at our inspection on the 28 May 2019 had now been completed.
- Protocols were in place for completing risk assessments where the immunisation status could not be confirmed or where the individual did not have sufficient protection against the Hepatitis B virus. At our inspection on 28 May 2019, evidence of immune status was not sought for two members of clinical staff. Risk assessments had since been completed for these staff. In addition, risk assessments were completed for the three newly recruited members of staff who were undergoing their immunisation course.
- Systems for monitoring of staff training were established effectively. We saw evidence of training matrices for staff, and continual professional development documents in staff files.
- Systems for checking medical emergency medicines and equipment had improved. At our previous inspection, oxygen face masks were not available in all the five recommended sizes, and the glucagon medicine (used to treat low blood sugar) was stored in the fridge without a system to monitor the temperature. The glucagon injection carried on domiciliary visits had not been date adjusted. The missing items were ordered and a temperature check sheet was in place for the fridge. A new check system was in place, and the practice manager would ensure checks carried out by staff were accurate by monthly spot checks. In addition, they were carrying out three-monthly checks of the British National Formulary and Resuscitation Council (UK) for relevant changes. We viewed records for all the above.
- Oral care in domiciliary settings was provided in line with guidance from the British Society for Disability and Oral Health. Risk assessments had been completed for carrying out oral care in domiciliary settings and transporting medical oxygen in a vehicle. Appropriate signage was also present for this. Sharps containers were now carried with domiciliary equipment for used sharps.
- At our inspection on 28 May 2019, the provider had not ensured the recommendations outlined in the compressor service report were actioned. This included changing the compressors. At our inspection on 12 December 2019, we saw two new compressors had been installed.
- A prescription tracking system was in place to account for each prescription, and logs were retained on the computer. The practice manager made all the dental team aware that if any sheet was deemed missing it must be reported to management immediately. Three-monthly audits were also completed.
- Audit systems had improved for dental implant treatment. We viewed audits for two clinicians. These were completed with results, analysis and action plans.
- Protocols for radiation protection had improved. Rectangular collimation was in use and the practice manager had arranged for actions recommended by their medical physics expert to be completed.
- Local anaesthetic cartridges were moved from their original location and stored securely.
- At our inspection on 28 May 2019, the provider had not ensured the recommendations outlined in the Legionella risk assessment were actioned. Staff had now undergone training and water temperatures were checked and recorded appropriately.
- A fire officer completed a fire risk assessment of the entire property and fire risk systems had been reviewed. Fire extinguishers were sited on the top floor of the building.

Are services well-led?

- All hazardous substances were risk assessed in line with the Control of Substances Hazardous to Health regulations (2002). A system to review these was in place.
- A lone working policy had been developed. The provider introduced a policy that no staff would work alone, however a risk assessment would be completed if required.
- The practice manager had systems in place to ensure all relevant safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England were received and acted upon.
- The practice's infection control procedures and protocols were reviewed and improved, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. The practice staff were now completing all the recommended tests for the steriliser, reviewed their use of water purifier tablets, removed dental materials that had expired and introduced systems to ensure review, and clearly labelled secure containers were available for clean instruments.
- The provider had assessed the needs of patients with disabilities to comply with the requirements of the Equality Act 2010.

The practice had also made further improvements:

- The provider had installed a closed-circuit television system within the practice. At our inspection on 28 May 2019, there was no documentation in place to support this. During our inspection on 12 December 2019, we saw the practice manager had created a policy and completed a data protection impact assessment.

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 12 December 2019.