

T S Lalli Limited

# Crescent Dental Care

## Inspection Report

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### Overall summary

We undertook a focused inspection of Crescent Dental Care on 20 December 2018.

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 remotely by a specialist dental adviser.

We undertook a comprehensive inspection of Crescent Dental Care on 28 August 2018 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 Crescent Dental Care on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is the practice 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.

#### **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 28 August 2018.

#### **Background**

Crescent Dental Care is in Dunston, Tyne and Wear and provides NHS and private treatment to adults and children.

There is step-free access to the practice and on-street car parking is available nearby. The dental practice is combined with a wellness centre providing chiropody, physiotherapy and holistic care.

The dental team includes the principal dentist, two associate dentists, four dental nurses (two of whom are trainees), two dental hygiene therapists and a practice manager. The dental nurses also carry out reception duties. The practice has three treatment rooms all situated on the ground floor.

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 Crescent Dental Care is the principal dentist.

# Summary of findings

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Wednesday, Thursday 8.30am to 6.30pm.

Friday 8.30am to 4.30pm

Saturday 9am to 12.30pm.

## **Our key findings were:**

- The practice had improved their systems to help them manage risk.
- The practice had effective leadership.
- A culture of continuous improvement was evident.
- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available.
- The provider undertook risk assessments for lone working staff and for staff whose immune status to the Hepatitis B vaccine was unknown.
- Safety alerts were received for medical drugs and equipment.
- The provider undertook thorough staff recruitment procedures for all staff employed.
- Clinical staff provided patients' care and treatment in line with current guidelines
- The practice had closed-circuit television on the premises; a policy and data protection impact assessment had been created.
- The provider had carried out a disability access assessment of the premises and they had met the needs of those who had hearing or sight problems.
- Staff were using translation services when required.
- Staff training was monitored; this process was reviewed to be more effective.

# 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.

Improvements were made to the overall management of the service and in particular to the risk management systems within the practice. We found improvements in recruitment procedures, completion of risk assessments and provision of medical emergency drugs and equipment.

The practice manager had set aside protected staff time for management and administration duties and clear roles and responsibilities for all the practice team were established. We saw the practice manager had incorporated further team training in order to address the issues identified in our first visit.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 28 August 2018 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 20 December 2018 we found the practice had made the following improvements to comply with the regulation:

- Management and governance systems were reviewed and made to be more effective. Protected time was provided for the practice manager to ensure they could carry out their duties appropriately. Staff were assigned roles and responsibilities and were contributing to the overall running of the practice.
- The practice's whistleblowing policy was updated to include details of internal and external contacts for staff to refer to.
- Recruitment procedures were completed adequately for staff, in particular for recently employed staff.
- The provider had sought advice in relation to their X-ray equipment. They had acted upon all the recommendations made by their radiation protection advisor (RPA), including the use of rectangular collimation.
- Protocols for obtaining immunisation status of clinical staff were in place. The provider had completed risk assessments for clinical staff whose immune statuses could not be confirmed.
- Medical emergency drugs and equipment were available as recommended by national guidance. The practice manager had ordered a high concentration oxygen mask, midazolam in the correct form and defibrillator pads following our first inspection. Staff underwent training in medical emergency scenarios including training on loading a medicine ampoule, common medical emergencies to refresh the whole team and the use of medical oxygen cylinder.
- A lone working policy and risk assessment was created for the cleaner. Procedures were in place to ensure their safety.

- An infection prevention and control audit was undertaken, results were analysed and an action plan was in place.
- Safety alerts were received for medical drugs and equipment and we discussed recent alerts with the practice manager. These were available to all staff and were discussed at practice meetings.
- Staff training was monitored and we were shown a training matrix which addressed the training requirements of all staff. We identified some gaps in training, including in medical emergencies and infection prevention and control. The practice manager assured us they were aware of these and courses were booked for staff. They confirmed the training matrix would be reviewed every six months to ensure any discrepancies were acted upon.

The practice had also made further improvements:

- All dentists used dental dam for root canal procedures, taking into account the guidelines published by the British Endodontic Society.
- Dental professionals confirmed they would review patients' medical histories prior to their care or treatment each visit. A new medical history form was completed for every course of treatment.
- The dental hygienist appointment timings were reviewed and adjusted as appropriate.
- A referral log was implemented to monitor referrals appropriately. If any referral was not responded to within eight weeks, the practice staff would follow this up.
- A closed-circuit television (CCTV) system was in operation and appropriate signs were displayed to notify people of this. A CCTV policy was created for the practice. The practice had undertaken a data protection impact assessment in line with General Data Protection Regulation (GDPR) requirements and taking into account the guidelines published by the Information Commissioner's Office.
- Gypsum was added to the clinical waste contract for an appropriate method of disposal taking into account the guidance issued in the Health Technical Memorandum 07-01.

## Are services well-led?

- The practice manager had advised all staff that interpreter services should be used for patients who did not have English as a first language, in line with national guidance. We saw information for local interpreter services was held by the practice.
- The practice had made reasonable adjustments for patients with disabilities and had assessed the needs of all groups of patients in accordance with the Equality Act 2010.

In addition to previous measures, visual aids and a hearing loop were now available for those who may require them.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: Good Governance when we inspected on 20 December 2018.