

Oak Dental Care Ltd

Oak Dental Care Limited - Southport

Inspection Report

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Overall summary

We undertook a focused follow-up inspection of Oak Dental Care Ltd, Southport on Tuesday 27 November 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 by a specialist dental adviser.

We undertook a comprehensive inspection of Oak Dental Care Ltd, Southport on 26 June 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 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 Oak Dental Care Ltd, Southport on our website www.cqc.org.uk.

As part of this inspection we asked:

- Are services 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:

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 26 June 2018.

Background

Oak Dental Care Ltd, Southport, is based in a residential area of Southport, Merseyside. The practice provides private treatment to adults and children.

There is ramp access to the building and level access internally for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear of practice, with street parking available to the front of the practice.

Summary of findings

The dental team includes one dentist, two dental nurses, one of whom acts as the receptionist, and one dental hygienist. Another dental hygienist from another practice within the group does work from the practice when required. The practice has two treatment rooms.

The practice is owned by a company, Oak Dental Care Ltd 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 Oak Dental Care Ltd, Southport was the dentist. A second registered manager is also in place, who works at the other branches of the organisation.

Our key findings were:

- The practice was clean and tidy; detailed cleaning schedules supported by cross checking, introduced since our last inspection, had brought improvements required in the cleaning of the practice, including clinical rooms.
- Staff were following recognised guidance in the management of infection control. This included the removal of fabric chairs from treatment rooms, improved oversight and management of the decontamination process and equipment to support this, and management of dental unit water lines.
- A toilet on the ground floor, which was out of use, had been decommissioned, reducing risk of Legionella caused by a dead-leg in the water supply system.

- All items of medical emergency equipment were available, including items we had identified as being missing at our previous inspection.
- Local rules in relation to the safe operation of X-ray equipment had been reviewed. Since this inspection, the practice has also updated the template they were using that provided prompts and guidance for drawing-up of local rules.
- Evidence of recruitment checks in relation to all staff was in place. Changes had been made which meant that newly appointed team leaders had oversight of staff training records to ensure that all staff remained up to date with both required training and highly recommended training.
- Appraisals were in place for all staff.
- Local rules for X-ray equipment were in place for each surgery and the equipment used. The required declaration to the Health and Safety Executive, in relation to the safe management of radiation equipment, had been made by the provider.

The provider had also made further improvements.

- Staff had access to information on products that could be hazardous to health, for example cleaning products. An appropriate folder had been put together for management of this information.
- The governance in relation to issue of prescriptions had been improved, with cross checking systems in place that also supported medicines audit.

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 establishing clear roles and responsibilities for all the practice team, to facilitate improvements in governance and oversight. This had resulted in improvements to:

- cleaning, maintenance of infection control measures
- management of Legionella risk, dental unit water line management protocols,
- access to emergency equipment,
- record keeping in respect of staff training,
- appraisal of staff and staff recruitment records,
- management of radiation equipment,
- control of substances hazardous to health (COSHH),
- management of prescriptions.

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 26 June 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 27 November 2018 we found the practice had made the following improvements to comply with the regulations.

Regarding Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the provider had carried out assessments of the risks to the health and safety of service users and was doing all that was reasonably practicable to mitigate those risks. We found:

- All items of medical emergency equipment were available, including items we had identified as being missing at our previous inspection.
- The practice was clean and tidy; detailed cleaning schedules supported by cross checking, introduced since our last inspection, had brought improvements required in the cleaning of the practice, including cleaning in clinical rooms.
- Staff were following recognised guidance in the management of infection control. This included the removal of fabric chairs from treatment rooms, improved oversight and management of the decontamination process and management of dental unit water lines.
- A toilet on the ground floor, which was out of use, had been decommissioned, reducing risk of Legionella caused by a dead-leg in the water supply system.
- Newly appointed team leaders had oversight of staff training records to ensure that all staff remained up to date with both required and highly recommended training.

Regarding Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 the provider had reviewed systems and processes to ensure they enabled the provider to assess, monitor and improve the quality and safety of the services being provided. We found:

- Local rules in relation to the safe operation of X-ray equipment had been reviewed. Since this inspection, the practice has also updated the template they were using that provided prompts and guidance for drawing-up of local rules.
- The required declaration to the Health and Safety Executive, in relation to the safe management of radiation equipment, had been made by the provider.
- Evidence of recruitment checks in relation to all staff was in place.
- Records to demonstrate that staff had received required training were in place and were being managed by team leaders. Staff appraisals were in place for all nurses and the dental hygienist.
- Systems had been introduced to ensure that all staff had access to safety alerts and clinical practice updates, for example, from The Medicines and Healthcare Products Regulatory Agency and from National Institute for Health and Care Excellence. These were shared and discussed at practice meetings as appropriate.
- Records to demonstrate that environmental cleaning was monitored, were in place
- Protocols for staff to follow, to support the manual cleaning of dental instruments and management of dental unit water lines were in place.

The practice had also made further improvements:

- Staff had access to information on products that could be hazardous to health, for example cleaning products. An appropriate folder had been put together for management of this information.
- The governance in relation to issue of prescriptions had been improved, with cross checking systems in place that also supported medicines audit.

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 27 November 2018.