Mr. Gavin Maw

Mr Gavin Maw - Houghton-le-Spring

Inspection Report

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Overall summary

We undertook a focused inspection of Mr Gavin Maw – Houghton-le-Spring dental practice on 7 August 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 with remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Mr Gavin Maw – Houghton-le-Spring on 8 May 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 in accordance with the relevant regulations 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 Mr Gavin Maw – Houghton-le-Spring dental practice on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

• Is it well-led?

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 8 May 2018.

Background

Gavin Maw's dental practice is in Houghton-le-Spring and provides NHS and private treatment to adults and children.

Summary of findings

The practice is situated on the ground floor of a building. The entrance to the practice has a small step. A portable ramp was available for people who use wheelchairs and those with pushchairs.

Limited car parking spaces are available outside the practice.

The dental team includes the principal dentist, two associate dentists, the practice manager and five dental nurses who also perform reception duties. The practice has two 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 principal dentist, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday 8.30am to 6pm

Tuesday 8.30am to 7pm

Thursday 8.30am to 5pm

Friday 8.30am to 4pm.

Our key findings were:

- The provider had systems to help them manage risk. A fire risk assessment of the premises had been carried out since our comprehensive inspection. Appropriate fire detection and fire-fighting equipment were in place with regular checks for these. All hazardous materials were risk assessed in line with the Control of Substances Hazardous to Health Regulations 2002.
- Infection prevention and control systems were reviewed and amended to comply with national guidance. This included systems to segregate and correctly dispose of waste, maintain and service sterilisation equipment and environmental cleaning processes.
- Infection prevention and control audit processes were effective.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The principal dentist had assessed the needs of all population groups in line with the Equality Act 2010.
- Policies were dated, reviewed and signed by all members of staff to indicate they had been read and understood.
- The inspection frequency of the practice's pressure vessels was reviewed and an inspection of the compressor had been completed since our comprehensive inspection.
- The practice's protocols for medicines management were amended to ensure all medicines were stored safely and securely.

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

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

The provider had made improvements to the management and running of the service. This included providing staff time for clinical and non-clinical work, as well as establishing clear responsibilities for all the practice team.

Following the first inspection, the practice team discussed the processes and protocols within the practice and implemented measures to address the areas that needed reviewing. There were clearly designated roles for all staff. We saw a structured approach was adopted with checklists for all work undertaken.

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

Are services well-led?

Our findings

At our comprehensive inspection on 8 May 2018 we judged the provider was not providing well-led care. We told the provider to take action as described in our requirement notice. At the inspection on 7 August 2018 we found the practice had made the following improvements to comply with the regulation:

- A fire risk assessment of the premises had been carried out by a competent person. This recommended specific actions and we were shown all actions were completed, except for installing the emergency lighting. We were shown evidence that this will be completed within the next few weeks. We saw the practice manager had a file for recording all fire equipment tests, fire drill logs and storing all maintenance certificates. This showed that fire detection equipment was regularly tested and firefighting equipment was regularly serviced. We saw a fire drill had been completed following the inspection in May 2018; this was timed and documented with details of who evacuated the premises. Fire safety training was underway for all staff.
- Risk assessments for all hazardous materials were carried out in line with the Control of Substances Hazardous to Health Regulations 2002. We found the practice manager had maintained a folder with all products' risk assessments and the safety data information.
- Staff reviewed the guidance in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health. They had implemented changes to ensure compliance with the guidance.

The practice manager carried out an infection prevention and control audit since our last visit. The results were analysed and changes were implemented within the practice. A reminder was placed on the computer to ensure the audit was repeated in six months.

The practice's arrangements for transporting, cleaning, checking, sterilising and storing instruments had improved. Secure leak proof containers were used to transport instruments; these containers were colour-coded for clean and unclean instruments. Nail brushes had been discarded. We were shown all sterilised instruments were packaged appropriately. A date stamp was present to identify when to re-sterilise these. Staff training was carried out following our comprehensive inspection to ensure all staff were performing adequate manual cleaning. Flowcharts and protocols containing information on decontamination processes were displayed in the sterilisation room. We were shown a manual cleaning log was implemented for staff to complete following cleaning. This showed adequate cleaning was performed, and would indicate when items, such as heavy-duty gloves, required replacing. To ensure the correct measurement of cleaning solution was dispensed, indicators were used. A thermometer was now available for measuring the temperature of water during the manual cleaning process.

At our previous inspection, we found two unlabelled spray bottles within the surgery which contained disinfectant used for laboratory work. These were now correctly labelled to avoid confusion and inappropriate use.

We were told the washer disinfector was scheduled for a service at the end of August and has not been in use since our comprehensive inspection. Following the service, the equipment will be re-introduced into the practice's cleaning protocols.

We saw evidence that the practice manager and the dental nurse who is responsible for the Legionella control measures within the practice had undergone Legionella awareness training.

Environmental cleaning protocols were reviewed. Cleaning logs were now completed to ensure cleaning was to the standard recommended in HTM 01 05. Cleaning equipment was appropriately segregated to avoid cross-contamination. A lone working policy and risk assessment were in place to ensure safety for the cleaner.

We saw evidence that the practice's waste contract now included gypsum.

- Emergency equipment and medicines were available as described in recognised guidance. The principal dentist had purchased an automated external defibrillator (AED) and staff had undergone training in its use. The expiry date of the glucagon medicine (used for diabetic emergencies) had been reduced in line with manufacturer's instructions for storage at room temperature. Dispersible aspirin and sufficient adrenaline were now available as recommended by national guidance. A complete set of oropharyngeal airways and oxygen masks were purchased. The

Are services well-led?

systems for staff to check the medical emergency kit and ensure appropriate items were available, within their expiry date, and in working order were reviewed and strengthened.

- The principal dentist and practice manager had completed an assessment of the needs of all population groups in line with the Equality Act 2010 and had made reasonable adjustments for patients with disabilities. A portable ramp was available for those who might require it at the entrance of the practice. Hand rails were placed inside the toilet room for support. A safety alarm was scheduled for installation at the end of August. A portable induction hearing loop was purchased to aid those who with hearing difficulties. Interpretation and British sign language services were available for patients who did not have English as a first language. We were told patients were advised against the use of their accompanying family members or friends to translate for them. A poster was displayed in reception with the translation service contact details. Easy read materials were available upon request.
- We saw all practice policies were dated, reviewed and signed by staff to indicate they had been read and understood. These were scheduled for review on an annual basis.

The practice had also made further improvements:

- The practice manager had examined the written scheme of examination for the practice's pressure vessels to ensure the inspection frequency was in accordance to that advised. We were shown evidence that servicing of the compressor was carried out following our visit. We saw a reminder was placed on the computer for the compressor to undergo servicing at six-monthly intervals.
- The practice's protocols for medicines management was reviewed to ensure all medicines were stored safely and securely. A lock was placed to reduce the risk of inappropriate access.
- We saw evidence that staff maintained logs of referrals and prescriptions issued by the practice, for tracking and safety measures.

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 7 August 2018.