

Mr Paul Michael Dixon

# The Chiswick Street Dental Practice

## Inspection Report

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### Overall summary

We carried out this desk based follow up inspection on 27 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out an announced comprehensive inspection at the Chiswick Street Dental surgery on 7 December 2016 and at this time a breach of a legal requirement was found. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Chiswick Street Dental Practice on our website at [cqc.org.uk](http://cqc.org.uk)

After the comprehensive inspection the practice wrote to us and told us that they would take action to meet the following legal requirements set out under the Health and Social Care Act (HSCA) 2008: Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safe Care and treatment; Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Good Governance and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Fit and proper persons employed.

The practice was contacted and a request was made for them to submit evidence to demonstrate that they had made the necessary improvements and were now

meeting the regulation identified as being breached at the last inspection. The practice's action plan and a range of information was submitted by the practice and reviewed by a CQC inspector.

#### **Our findings were:**

#### **Are services safe?**

We found that this practice was now providing safe in accordance with the relevant regulations. The improvements needed had been made.

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

We found that this practice was now providing well-led care in accordance with the relevant regulations. The improvements needed had been made.

#### **Background**

Established in 2011, The Chiswick Street Dental practice is located in a grade 2 listed building and provides treatment to patients of all ages who fund their own care. There are two treatment rooms, a decontamination room for sterilising dental instruments, a staff room/kitchen

# Summary of findings

and a general office. Access for wheelchair users or pushchairs is possible from a side ground floor entrance. There is a spacious reception and a waiting area on both floors of the premises.

The practice is open Monday, Tuesday, Thursday and Friday 08.30 -17.30 and Saturdays from 9.00 – 12.30. The practice is closed on a Wednesday.

The dental team is comprised of the principal dentist, three dental nurses, two part-time dental hygienists and one receptionist. There is no designated practice manager.

The practice provides general dentistry.

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.

## **Our key findings were:**

- The legionella risk assessment had been reviewed and learning actions had been completed. The practice now checked and recorded monthly water temperatures to identify if there may be an increased risk of legionella.
- Staff had completed a GDC study day which included decontamination processes. We were sent confirmation to show the lead nurse was booked on to a lead decontamination course.
- The practice had completed an infection control and prevention audit using a recognised tool. They attained an overall score of 93%.
- Copies of test certificates for the autoclave were available and validation tests were now in place to ensure that the equipment was working properly.
- All clinical waste was removed correctly supported by a waste removal contract.
- X-ray audits had been undertaken and learning outcomes had been identified. Staff had undertaken a course on radiography.
- An AED has been purchased for the use in medical emergencies and staff had been trained on its use.
- The practice has now subscribed to receive MHRA updates.
- Recruitment protocols had been updated and personal files amended to ensure information stored was in line with regulation.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

Following the last inspection the practice had had introduced systems and processes to provide safe care and treatment.

The practice's infection control procedures and protocols fully complied with nationally recognised guidelines.

Gypsum waste generated from a dental laboratory was disposed of in accordance with relevant regulations.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



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

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

We found there were support systems in place to ensure the smooth running of the practice which was the responsibility of the principal dentist.

The provider could demonstrate that audits of various aspects of the service were undertaken at regular intervals to help improve the quality of service. Audits did have documented learning points and the resulting improvements demonstrated.

No action



# The Chiswick Street Dental Practice

## **Detailed findings**



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice now received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The principal dentist confirmed that relevant alerts would be discussed with staff, acted on and stored for future reference.

### Medical emergencies

Emergency equipment and medicines were available as described in recognised guidance. Staff now had access to an automated external defibrillator (AED) in line with current guidance and had received training in its use.

### Staff recruitment

The practice had reviewed their staff recruitment policy and procedures to ensure they employed suitable staff. This reflected the relevant legislation. We found the staff recruitment policy now contained all required information to demonstrate safe recruitment practice. Information such as proof of identity and vaccination status had been included.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Infection control

The practice had reviewed their infection prevention and control policy and procedures. They followed The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Evidence was provided to show all staff had completed infection prevention and control training and the lead nurse was taking on further training to support them in their role.

The dental unit water lines were being maintained to prevent the growth and spread of Legionella bacteria. There was evidence that water temperatures were checked and documented in line with the recommendations of the risk assessment and the assessment had now been fully reviewed.

Checks for the daily and weekly validation tests were now being carried out by the dental nurse to ensure the autoclave and washer disinfectors were in working order in line with HTM 01-05 guidance.

The practice had introduced infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. We saw that gypsum generated by the dental laboratory was now disposed of correctly.

### Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiations (Medical Exposure) Regulations (IR(ME)R) 2000. The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The practice now carried out X-ray audits following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography. The principal dentist updated their IR(ME)R training in January 2017.



# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had reviewed policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The principal dentist kept all staff files, training logs and certificates and these were now stored in an organised way.

Protocols had been updated to ensure that staff recruitment as far as reasonably practicable contained documentation as stated under Schedule 3 of the Health and Social Care Act 2014.

### Learning and improvement

The practice had introduced quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The General Dental Council requires clinical staff to complete continuous professional development. Certificates of training had been provided to demonstrate that staff had completed all recommended training.