

Butt Lane Dental Surgery

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Inspection Report

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Date of inspection visit: 23 October 2019

Date of publication: 14/11/2019

Overall summary

We undertook a follow up desk-based inspection of Butt Lane Dental Practice on 23 October 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 access to remote advice from a specialist dental adviser.

We undertook a comprehensive inspection of Butt Lane Dental Practice on 11 February 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 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 Butt Lane dental practice 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) 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 11 February 2019.

Background

Butt Lane dental practice is in Talke, Stoke on Trent and provides NHS and private treatment for adults and children.

A portable ramp is available to provide access for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the road at the front of the practice and on side roads near the practice. There is a car park within a short walk of the practice.

The dental team includes two dentists, five dental nurses, two dental hygiene therapists, a cleaner, an administration assistant and a receptionist. The practice has three treatment rooms.

The practice is owned by a partnership 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 Butt Lane dental practice is the principal dentist.

During the inspection we checked that the registered provider's action plan had been implemented. We reviewed a range of documents provided by the registered provider.

The practice is open: Monday and Tuesday 11am to 2pm and 3pm to 7pm. Wednesday 8.15am to 12.15pm and 1.30pm to 4.15pm. Thursday and Friday 9am to 1pm and 2pm to 5pm.

Our key findings were:

The registered person had implemented a sharps risk assessment.

The provider confirmed that risk assessments had been completed for each hazardous substance in use at the practice.

The provider had completed an infection prevention and control audit and highlighted issues for action; subsequent action had been taken to address the issues.

The practice had completed an audit regarding antibiotic prescribing.

The registered person had developed a sepsis protocol which included information to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance.

The registered person had introduced a proforma to ensure that dental care records were completed taking into account the guidance provided by the Faculty of General Dental Practice.

The practice had developed a protocol for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

Staff had completed training regarding the requirements of the Mental Capacity Act 2005.

Cloth covered seating in dental treatment rooms and carpet on flooring had been replaced to help maintain high standards of cleanliness and infection control.

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.

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 11 February 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 23 October 2019 we found the practice had made the following improvements to comply with the regulation(s):

As part of this desk-based review we were sent evidence to demonstrate that the registered person had implemented a sharps risk assessment. This included details of all sharp instruments in use at the practice and actions taken to mitigate risk of a sharps injury. This risk assessment had a date of implementation and annual review recorded. Evidence was available to demonstrate that the sharps risk assessment was discussed at a practice meeting in June 2019 to ensure staff were aware of best practice.

The provider informed us that risk assessments had been completed for each product in use at the practice that were hazardous to health. These were kept in a file with the material safety data information for each of these products. We were sent copies of some completed risk assessments as evidence. A copy of the minutes of the practice meeting held in June 2019 demonstrated that control of substances hazardous to health (COSHH) risk assessments were discussed and staff were informed of the location of the COSHH file and its contents.

A further infection prevention and control audit was completed in May 2019 which identified issues highlighted during the inspection of February 2019. Since that date, action had been taken to address the issues raised. For example, the carpet in the treatment room had been removed and a suitable flooring fitted with sealed edges. Coving had also been fitted. Four colour coded mops were now available for use and a new storage area was available which enabled mops to air dry. Cloth covered seats had been replaced with seating that was easily cleanable.

The practice's action plan completed since the last inspection recorded that an audit regarding antibiotic

prescribing had been completed. We were told that the Faculty of General Dental Practice and British Dental Association 2019 prescribing and management of dental infection toolkit would be used every six months to help ensure antibiotic prescribing was appropriate. We were sent a copy of the antibiotic prescribing audit dated May 2019.

The registered person had introduced a system to enable assessment of patients with presumed sepsis in line with National Institute of Health and Care Excellence guidance. Sepsis management had been discussed at a practice meeting and a peer review meeting. Practice meeting minutes recorded that all staff had completed training regarding sepsis.

The registered person had introduced a proforma check list on the computer to remind and facilitate clinicians record keeping using the guidance provided by the Faculty of General Dental Practice. This was discussed at a practice meeting and it was agreed that record card audits would be completed every six months.

The practice had also made further improvements:

The practice had developed a protocol for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society. We were told that dental care records now show solution used to irrigate during Root canal treatment

Staff have completed on-line training regarding the requirements of the Mental Capacity Act 2005 to ensure all staff are aware of their responsibilities under the Act as it relates to their role. Staff had also completed additional training regarding dementia awareness and aspects of consent and best interest.

Cloth covered seating in dental treatment rooms and carpet on flooring had been replaced to help maintain high standards of cleanliness and infection control.

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 23 October 2019.