

Dr Christopher Paul Caldwell

Main Street Dental

Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of Main Street Dental on 23 December 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 remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Main Street Dental on 21 August 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 Main Street Dental on our website www.cqc.org.uk.

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 23 December 2019.

Background

Main Street Dental is in Frodsham, Cheshire and provides mainly private treatment to adults and children. The practice also holds a small NHS children's contract.

There is level access for people who use wheelchairs and those with pushchairs. Fee paying car parking spaces are available near the practice on the main Frodsham road. Free parking can be found on local roads nearby.

The dental team includes a principal dentist and two associate dentists, five dental nurses, four dental hygienists a dedicated receptionist and a practice manager who is also a dental nurse. The practice has four 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 practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Wednesday 8:30 am to 5:30pm

Thursday 12pm to 7:30pm

Friday 8:30am to 4:30pm

Summary of findings

Our key findings were:

- The system in place to ensure low responders to the Hepatitis B vaccination were appropriately risk assessed was effective.
- Systems to ensure the medical emergency kit was checked in line with recognised guidance was embedded.
- Dental hygienists now work with clinical support. Systems are in place to mitigate risks of lone working.
- Legionella prevention was effectively managed.
- The medicines management system was reviewed and reflected published guidance.
- Systems were in place to ensure clinicians remained up-to-date with guidance.
- The practice updated their systems to ensure the dental instrument cleaning process was maintained if the equipment in use failed.
- Patient safety alerts are now received and acted upon effectively.
- The audit process for dental patient care records and infection prevention and control was reviewed and updated.
- Infection prevention and control procedures reflected published guidelines.

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



Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

The system in place to ensure low responders to the Hepatitis B vaccination were appropriately risk assessed was effective. For example:

- Risk assessments were completed to mitigate associated risk for staff who showed a low response to the vaccination and a recently recruited trainee dental nurse was adequately protected during the vaccination process.
- Leaders were now fully up-to-date with this process and had embedded it amongst the team during post CQC inspection team meetings.

Systems to ensure the medical emergency kit was checked in line with recognised guidance was embedded. For example:

- A staff member had taken responsibility for overseeing this process.
- The emergency kit was re-located to a more convenient location.
- A protocol was in place to ensure if any medicines or equipment was used, it was immediately identified for re-order.

During the comprehensive inspection we were told that not all dental hygienists worked with a dental nurse and no risk assessment was in place to mitigate the risks of dental hygienists working without clinical support. In response to this, the team took the decision to provide clinical support to all dental hygienists. Three additional dental nurses have since been recruited. During the recruitment phase a risk assessment was implemented, which included, to offer patients a chaperone, action to take in the event of a medical emergency and decontamination standards monitoring. In addition, a lone working policy was written to cover all staff if they are ever in the building alone.

Legionella prevention was effectively managed. During our previous inspection we identified areas of limited understanding and non-compliance in respect to recommendations in the legionella risk assessment. The following improvements have taken place:

- Improvements identified to manage legionella systems were discussed as a team after our initial visit in August 2019.
- A new risk assessment was completed and recommendations, such as removal of dead leg water pipes and regular servicing of the outlet in the patient toilet are in the process of being acted upon. Hot water signage is now visible in appropriate locations.
- A staff member was appointed as the responsible individual for overseeing legionella management.
- The flushing of dental unit water lines and hot and cold-water temperature checks are now embedded.
- All staff completed legionella prevention training and the lead person is scheduled for additional training in early 2020.

Medicines management was effective, for example, all prescribed medicines have appropriate labels and a recording system was implemented to log all antimicrobial issued prescriptions.

The practice held a selection of antibiotics, some of which were being prescribed using out of date guidance. To address this, the principal dentist held a clinical meeting in September 2019, set up a social media group and subscribed to a dental magazine to help keep them up-to-date with changes in guidance. One clinician has taken the lead to review guidance and share updated information.

The practice updated their systems to ensure the dental instrument cleaning process could be maintained if the equipment in use failed. In particular:

- An equipment replacement program was set up to ensure the washer disinfectant can be replaced temporarily if it should fail.
- The two vanity sinks in the decontamination room have been replaced by more functional sinks to allow manual cleaning of dental instruments if needed.
- A manual cleaning policy and protocol was implemented to ensure staff can easily follow the correct manual cleaning process if needed.
- A decontamination room refurbishment plan is in place to ensure it reflects published guidance.

The practice registered to receive patient safety alerts during the initial inspection in August 2019. A system is now in place to ensure patient safety alerts and field safety notices are received, logged and checked and records are

Are services well-led?

kept confirming any action taken. The practice manager also registered to receive weekly health and safety updates. All alerts and updates are discussed with the team during practice meetings and if necessary, relevant policies are updated.

The audit process for dental patient care records and infection prevention and control was reviewed and updated. These align to published guidance and accurately reflect areas for improvement. Infection prevention and control improvements had already been recognised during the decontamination room refurbishment planning process. The practice manager has taken the lead to ensure the future effectiveness of these audits.

Since our visit in August 2019, the principal dentist and team acted proactively to make positive changes. Additional staff were recruited, and lead roles adopted by

team members at all levels. Because of the positive changes made, the team now have dedicated time for continuing professional development and training and have time to catch-up in their areas of their responsibility.

The practice had also made further improvements:

- The practice reviewed their infection prevention and control procedures and protocols taking into account published guidelines. For example, the damaged dental stools were replaced, an extractor fan was fitted in the decontamination room and the two vanity sinks removed and replaced.

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 December 2019.