

Mr. Jonathan Swinscoe

Oak Tree Dental Practice

Inspection Report

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Overall summary

We carried out this focused inspection of Oak Tree Dental Practice to follow up concerns we originally identified during a comprehensive inspection at the practice on 28 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 areas where improvement was required.

At the previous comprehensive inspection, we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Oak Tree Dental Practice on our website www.cqc.org.uk.

This inspection was carried out on 27 February 2018 by a review of documents and other evidence sent to us from the provider as requested at our previous inspection.

We also reviewed the key questions of safe and effective as we had made recommendations for the provider relating to these key questions. We noted that some improvements had been made.

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 adequate improvement to put right the shortfalls and deal with the regulatory breach we found at our inspection on 28 September 2016. The provider must ensure that the newly implemented improvements are embedded and sustained long-term in the practice.

There were areas where the provider could make improvements and should:

Summary of findings

- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 well-led?

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

The provider had made improvements to the management of the service. This included implementing a system for recording and learning from accidents and incidents, ensuring staff received CPR training and monitoring emergency medical equipment and medicines in line with resuscitation council guidelines. Fire safety equipment was serviced, maintained and monitored on a regular basis; fire marshal training has been completed by a member of staff in line with the requirements of the practice's fire risk assessment. Infection control issues identified have been addressed; quarterly foil tests were completed for the ultrasonic cleaner and drawer handles in the decontamination room have been replaced. The practice were using a pre-employment checklist and a pre-employment medical questionnaire is being completed by staff upon employment at the practice.

The provider had failed to address a minor issue we had raised in our previous report; the provider must ensure action is taken to address all outstanding issues.

No action





Are services well-led?

Our findings

At our inspection on 28 September 2016 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. During this inspection on 27 February 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The practice had taken action to ensure their fire safety procedures and protocols were suitable. Records were available to demonstrate maintenance and servicing of emergency lighting, fire extinguishers and the fire system. Staff were recording monthly checks of emergency lighting and smoke detectors to demonstrate that this equipment was in good working order. A member of staff completed fire marshal training in December 2017 in accordance with the recommendations of the practice's fire risk assessment.
- The practice's infection control procedures and protocols were suitable giving due regard to guidelines issued by the Department of Health – Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. Evidence has been provided to demonstrate that drawer handles in the decontamination room have been replaced. Quarterly foil tests were being completed on the ultrasonic cleaner. The practice have developed a policy regarding manual cleaning of equipment during the decontamination process when the washer disinfectant was not used.
- The practice gave due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team regarding the availability of medicine and equipment to manage medical emergencies. Daily checks were now being completed on the emergency oxygen. Staff were also checking other emergency medicines and equipment on a weekly basis in line with the guidance produced by the Resuscitation Council UK. Staff received annual training in basic life support during 2017.
- The practice had implemented systems for the recording, investigating and reviewing of accidents or significant events. Detailed information was recorded in

accident books regarding the most recent accident at the practice. This included details of follow up action. Accidents were discussed at practice meetings to ensure that any learning is shared across the team.

- Systems were in place to ensure that the practice obtained all information in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included completion of a pre-employment checklist to ensure all required information was obtained and a pre-employment medical questionnaire has been developed and was being completed by staff upon employment at the practice.
- We saw that the practice's sharps policy recorded the correct procedure for the disposal of sharps. We were told that dental nurses should not dispose of sharps. We were shown a copy of the practice meeting minutes for December 2016, all staff had been issued with a sharps policy and code of practice document with revised safety training on how to handle and dispose of sharps. Staff were asked to read this document and sign a register to confirm this. We were provided with evidence to demonstrate that additional re-sheathing devices had been purchased. Accident records demonstrated that a dental nurse had sustained a sharps injury in November 2017. The dental nurse was disposing of a used needle. Evidence was provided to demonstrate that a further practice meeting was held in December 2017. The practice manager confirmed that a meeting had also been held with the dental nurse and the principal dentist and a further practice meeting and training regarding sharps had been arranged to be held in the near future.

The practice had also made further improvements:

The practice's protocols for the use of rubber dam for root canal treatment had been reviewed giving due regard to guidelines issued by the British Endodontic Society. Additional rubber dam kits had been purchased and were available for use when required.

The security of prescription pads in the practice had been reviewed and a logging system introduced to monitor and track their use.

Discussions have been held with dentists regarding the need to record in patients' dental care records the reason



Are services well-led?

for taking an X-ray. Radiography audits seen identify improvements in the recording of the reason for taking the X-ray and quality of the X-ray. These audits are currently being undertaken on a quarterly basis.

Improvements had been noted in the completion of dental records. Clinical record keeping audits for May 2017 and

January 2018 identified that the practice were giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 28 September 2016.