

North Huyton Dental Practice

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Inspection report

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Overall summary

We undertook a desk-based follow-up inspection of North Huyton Dental Practice on 29 June 2020. 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 desk based follow-up inspection was led by a CQC inspector.

We undertook a comprehensive inspection of North Huyton Dental Practice on 20 February 2020, 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 North Huyton Dental Practice on our website .

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. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

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 20 February 2020.

Background

North Huyton Dental Centre is based in a purpose built, shared facility in Huyton, Liverpool and provides NHS dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has three treatment rooms and is located on the first floor of the building, which is accessed by a lift.

The dental team includes two dentists, three dental nurses, one of whom is a trainee, one dental hygiene therapist and a practice manager.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at North Huyton Dental Practice is the principal dentist.

Summary of findings

The practice is open from 9.30am to 5pm Monday to Thursday and from 9.30 to 3pm on Friday.

It is advisable to check the opening times of the practice before visiting during the period of COVID 19 restrictions, as opening times may change to meet patient demand.

Our key findings were :

- All items of emergency equipment were available as described in recognised guidance.
- All items required for the safe decontamination of dental instruments were available in the decontamination room, including appropriate masks and gloves. Further training had been undertaken by staff to ensure the manual cleaning of dental instruments was carried out safely.
- Systems in place to receive safety alerts and clinical updates had been improved to ensure all staff had sight of these and could confirm their understanding of them in practice meetings.
- Training on consent processes in relation to young patients had been delivered for all staff, and policies reviewed to ensure guidance referred to was accurate and up to date. All staff had received sepsis awareness training.
- The provider had staff recruitment procedures which reflected current legislation. Records were held to confirm that all required staff had adequate protection from blood borne viruses. Where staff did not show sufficient immunity, risk assessments were in place. All staff were covered by appropriate medical indemnity.
- Staff felt involved and supported and worked as a team. Leadership tasks and responsibilities had been shared between the principal dentist and the practice manager. Staff appraisals were in place and this had help identify any areas of training that were needed.
- Information governance had been improved; this included the security of electronic records. The provider and practice manager were able to demonstrate how they had improved communication across the practice, which benefited staff and patients.

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.

At our previous inspection on 20 February 2020 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 29 June 2020 we found the practice had made the following improvements to comply with the regulation:

- All items of emergency equipment were available as described in recognised guidance. A list of items required, as described in guidance had been printed and was kept with the emergency medicines and equipment. Staff knew where to find guidance on items required, in the event of further updates.
- All items required for the safe decontamination of dental instruments were available in the decontamination room, including appropriate masks and gloves. Further training had been undertaken by staff to ensure the manual cleaning of dental instruments was carried out safely. This took account of dangers from aerosol spray, generated whilst cleaning above water, rather than keeping instruments below water, as is recommended.
- Systems in place to receive safety alerts and clinical updates had been improved to ensure all staff had sight of these and could confirm their understanding of them in practice meetings, which were now being held regularly, and followed an agenda of set items, so no important updates would be missed.
- Training on consent processes in relation to young patients had been delivered for all staff, and policies reviewed to ensure guidance referred to was accurate and up to date.
- All staff had received sepsis awareness training. There was a flowchart of prompts for staff to refer to whilst tri-aging patients during phone calls.
- The provider had staff recruitment procedures which reflected current legislation. Records were held to confirm that all required staff had adequate protection from blood borne viruses. Where staff did not show sufficient immunity, risk assessments were in place. All staff were covered by appropriate medical indemnity.
- Staff felt involved and supported and worked as a team. Leadership tasks and responsibilities had been shared between the principal dentist and the practice manager. Staff appraisals were in place and this had help identify any areas of training that were needed.
- Information governance had been improved; this included the security of electronic records. The provider and practice manager were able to demonstrate how they had improved communication across the practice using meetings and discussion within these, for example, to ensure all staff were aware of latest medical alerts and updates on clinical practices.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we reviewed progress on 29 June 2020.