

Adel Dental Practice

Market Lane Dental Care

Inspection Report

Market Lane Dental Care
2/3 Market Lane
Selby YO8 4QA
Tel: 01757 703221
Website: N/A

Date of inspection visit: 6 July 2018
Date of publication: 25/07/2018

Overall summary

We carried out a focused inspection of Market Place Dental Care on 6 July 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Market Place Dental Care on 25 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions where we found the registered provider was not providing well-led care in accordance with Regulation 17 'good governance' 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 Market Place Dental Care on our website www.cqc.org.uk.

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.

We undertook a follow up focused inspection of Market Place Dental Care on 6 July 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

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

Background

Market Lane Dental Care is in Selby and provides NHS and private treatment to adults and children.

The dental practice is located on the first floor and is not accessible to wheelchair users. The practice would signpost any patients who could not access the premises to accessible local services due to this.

The dental team includes two dentists, four dental nurses (one of whom was a trainee), a dental hygiene therapist, a receptionist and a practice manager.

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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Market Lane Dental Care was the principal dentist.

During the inspection we spoke with the dentist, practice manager and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Summary of findings

Monday to Friday from 9:30am to 5pm

Our key findings were:

- Improvements to systems and processes to ensure good governance in accordance with the fundamental standards of care had been made. This was in the areas of staff recruitment records, risk assessments and audits.
- Improvements had been made to the arrangements for receiving and responding to patient safety alerts recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).

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 in accordance with the relevant regulations.

Improvements had been made to the process for reducing the risks associated with fire and sharps. These included a new fire risk assessment and a more detailed sharps risk assessment. We noted that regular fire equipment checks were made and drills undertaken by staff.

The actions from the initial Legionella risk assessment had now all been completed.

Radiographic audits were clinician specific and were on a three-month rotational audit.

An infection prevention and control audit had been carried out and there was an action plan associated with this. We noted that actions had now been completed.

All staff now had practice specific Disclosure and Barring Service (DBS) checks completed and immunisation records were in place.

Policies and Procedures were now practice specific and updated regularly.

No action



Are services well-led?

Our findings

Governance arrangements

Following the inspection on 25 January 2018, we found improvements had been made to the process for reducing the risks associated with fire. A new fire risk assessment had been completed in February 2018 and actions completed. Fire safety equipment was serviced regularly and staff had completed fire training. We saw logs of weekly fire alarm testing, monthly emergency lighting checks and weekly fire extinguisher checks. These were all in line with the risk assessment.

A sharps risk assessment had been completed. This stated that the dentist was responsible for re-sheathing needles using the one-handed scoop technique and was also responsible for all other sharp instruments. Staff were aware of these arrangements.

Improvements had been made to the recruitment procedure. DBS checks were now completed for all staff and evidence of staff immunisation was in all staff files.

Safety alerts were now regularly received, monitored and actioned. Information was passed on to staff where relevant.

Learning and improvement

A new infection prevention and control audit had been carried out. This showed the practice was meeting the essential standards. There was an action plan associated with this audit to help with continuous improvement.

Decontamination inconsistencies had been resolved and validation checks were completed in line with the manufacturer's recommendations.

Staff meetings were held regularly where areas such as infection control were discussed.

The legionella risk assessment recommendations had now been completed and regular water temperature checks were completed to ensure safe water temperatures.

Radiographic audits were now in place for all clinicians and programmes of re-audits planned for three monthly intervals. Action plans were identified in the audits and discussions held with the individual dentists.

These improvements demonstrated that the provider had taken action to address the shortfalls we found when we inspected on 25 January 2018.