

Mr Gary Ga Wai Wu

Kidsgrove Dental & Implant Centre

Inspection Report

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Overall summary

We undertook a focused inspection of Kidsgrove Dental & Implant Centre on 19 February 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 was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Kidsgrove Dental & Implant Centre on 24 October 2018 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 Kidsgrove Dental & Implant Centre 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. We then inspect again after a reasonable interval, focusing on the areas 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 24 October 2018.

Background

Kidsgrove Dental and Implant Centre is located close to the town centre of Kidsgrove on the northern outskirts of Stoke-on-Trent. The practice provides mostly private dental treatment to adults with a small NHS contract for children. This follow-up report relates to the NHS service.

There is a ramp with a handrail fitted to one side up to the entrance. The practice has three treatment rooms,

Summary of findings

one of which is located on the ground floor. This is of benefit for people who use wheelchairs and those with pushchairs. There is roadside parking available in the area around the practice.

The dental team includes two dentists, one dental hygienist, one dental hygiene therapist, two qualified dental nurses, one trainee dental nurse, one receptionist and one business director.

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 one dentist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday: 9am to 7pm, Tuesday: 9am to 5pm, Wednesday: 9am to 7pm, Thursday: 9am to 5pm and Friday: 9am to 4pm. The practice is closed on Saturday and Sunday.

Our key findings were:

- The provider had improved the way in which sharps were handled and managed within the practice. Only clinicians handled sharps and equipment had been purchased to enable safe removal of needles.

- A new Legionella risk assessment had been completed on 3 December 2018 by an external company. Actions identified in the risk assessment had been completed.
- Improvements had been made regarding cleaning dental instruments. Manual cleaning was only being used as a back-up, and appropriate checks and tests were being completed on the ultrasonic cleaners.
- Emergency equipment had been replaced where necessary, and a new first aid box had been purchased.
- Checklists have been introduced for the external cleaning company and the premises were visibly clean and tidy.
- Audits had been completed for several areas in the practice. There were no action plans from the audits, and in some cases the detail was very brief.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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.

The provider had made improvements to the management of the service. This included a review of the managements of sharps within the practice and a review of infection control procedures relating to the cleaning of dental instruments.

A new Legionella risk assessment had been completed.

Broken, out of date or missing emergency equipment such as bag valve masks and the first aid box had been replaced.

A review of how the external cleaning company performed had resulted in improved monitoring.

Several audits had been completed, although action plans and learning points were not always recorded.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspection on 24 October 2018 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 19 February 2019 we found the practice had made the following improvements to comply with the regulation:

- The provider had improved the arrangements relating to the use of sharp instruments to be in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Only clinicians were handling sharps and the equipment to enable needles to be removed safely had been purchased. The practice policy identified ways in which sharps should be managed safely.
- The provider had assessed the risks associated with Legionella, as identified in the Health and Safety at Work Act 1974. An external contractor had completed a Legionella risk assessment on 3 December 2018. We noted that action points identified within the risk assessment had been addressed.
- The provider's systems and processes for cleaning dental instruments had been improved to follow the published guidance from the Department of Health and Social Care: The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). An enzymatic cleaning spray had been purchased and instruments were soaked in this solution before being cleaned. Manual cleaning was not routinely being used. A new ultrasonic cleaner had been purchased and we saw that the appropriate checks and tests were being completed on a regular basis. Documentation within the practice showed the ultrasonic cleaner had been tested and validated and the sedation/ oxygen unit (relative analgesia machine) had been serviced, both on 30 November 2018. There was a valid gas safety certificate which had been issued on 23 October 2018.
- The provider had reviewed their systems and processes for checking that medicines and emergency equipment were in date. We noted the guidelines issued by the Resuscitation Council (UK) and the General Dental Council were being followed. A set of three new bag valve masks had been purchased, one for an adult, one for a child and one for an infant. They had a use by date of 17 June 2021. The first aid box had been replaced with the contents to be used by 2021 or 2023. A portable suction device had been purchased. Records within the practice showed that a series of checks were being completed on the emergency equipment on either a daily or a weekly basis.
- The provider had acted to address the failings of the cleaning company employed to carry out environmental cleaning. The company had been given notice, and a new cleaning company had been identified to take over the contract. Several checks had been introduced so the provider was able to monitor the cleaning standards of the company. Cleaning schedules had been introduced for environmental cleaning.
- The provider's systems and processes for ensuring continuous improvement through a schedule of audits were not effective. We identified areas where there was still room for improvement regarding audits. Record keeping and hand hygiene audits were overdue. The completed audits had identified areas for improvement, but we saw there was not always an action plan or re-audit booked to establish that improvement had been achieved.

The practice had also made further improvements:

- All staff involved in sedation at the practice had completed Immediate Life Support training on 26 October 2018, and we saw certificates as evidence the training had been completed.

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 19 February 2019.