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Westmount Dental Surgery

Inspection Report

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Overall summary

We undertook a focused inspection of Westmount Dental Surgery on 05 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 remotely by a specialist dental adviser.

We undertook a comprehensive inspection of Westmount Dental Surgery on 02 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 safe and well-led care and was in breach of regulations 12, 17 and 19 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 Westmount Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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 improvements were required.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection 2 October 2018.

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 2 October 2018.

Background

Westmount Dental Surgery is in Sunderland and provides NHS and private treatment to adults and children.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes five dentists (including the principal dentist), six dental nurses (two of whom are trainees), five dental hygiene therapists, a practice manager, a compliance manager, a treatment co-ordinator and two receptionists.

The practice has six 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 the principal dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Thursday 9am to 5pm

Tuesday 9am to 8pm

Friday 9am to 4pm

Saturday by prior appointment only.

Our key findings were:

- The practice had reviewed their governance and management systems and now had effective leadership.
- The provider had infection control procedures which reflected published guidance.
- The provider had improved their staff recruitment procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice's safeguarding protocols and processes were now adequate.
- The provider reviewed their systems to ensure the security of patient dental record cards.

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

- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

The provider now had effective systems and processes to provide safe care and treatment.

They completed essential recruitment checks for all employees and managed risks identified on-site.

The provider improved their systems to ensure adequate information for safeguarding referrals was available and that all staff had completed recent training in safeguarding.

The practice had suitable arrangements for dealing with medical and other emergencies.

The provider assessed and implemented control measures for risks identified on-site since our comprehensive inspection. A new Legionella risk assessment was carried out and control measures implemented. The fire risk assessment was reviewed and actions completed. All hazardous substances on-site were risk assessed in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. The provider had their boiler serviced. Gypsum was now added to their clinical waste contract.

No action



Are services well-led?

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

Improvements were made to the overall management of the service and in particular to the risk management systems within the practice. These risk systems include fire, recruitment and medical emergencies management.

The provider had set aside protected staff time for management and administration duties and clear roles and responsibilities for all the practice team were established. The compliance manager ensured the practice was complying with national guidance and regulations.

Practice policies were reviewed and updated since our last inspection.

Clinical records were stored securely. Infection prevention and control audits were arranged for a six-monthly cycle. We were shown the results of the audit from October 2018.

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

No action



Are services safe?

Our findings

At our previous inspection on 2 October 2018 we judged the practice was not providing safe 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 5 February 2019 we found the practice had made the following improvements to comply with the regulations:

- Recruitment procedures were completed adequately for staff, in particular for two recently employed dental professionals. Each staff file had an index checklist to ensure all procedures were completed appropriately. We saw evidence that the provider had obtained a Disclosure and Barring Service (DBS) check, references, photo identification, evidence of qualifications, registration, indemnity insurance and employment history for each member of staff.
- Protocols for obtaining checks of immunisation status of clinical staff were in place. Risk assessments were completed where the status could not be confirmed or where the individual did not have sufficient protection.
- All members of staff had appropriate DBS checks carried out.
- Safeguarding protocols were reviewed and the policies were updated with adequate information. The provider was now aware that a safeguarding referral would require a notification to the CQC. Safeguarding training had been completed by all staff members.
- The practice's policies had been reviewed and updated, including whistleblowing, recruitment and safeguarding.
- The gas boiler was serviced following our comprehensive inspection. We were shown the gas safety certificate. This recommended the heat plate exchanger to be replaced and we saw evidence this was completed.

- The fire risk assessment was reviewed and all recommendations were carried out. A log book of equipment checks was maintained.
- All X-ray machines had critical examination and acceptance tests carried out following the first inspection. These recommended the six X-ray machines were fit for use so long as certain actions were completed. The principal dentist was not sure whether these had been completed and checked this on the inspection day. They found one action was not implemented which recommended discussion with the practice's radiation protection advisor (RPA). They assured us they would arrange an appointment with their RPA as soon as possible.
- We saw training of staff was monitored effectively, including in radiation protection.
- Gypsum was now added to the practice's clinical waste contract.
- COSHH risk assessments were completed for all hazardous products on-site.
- Infection prevention and control measures were reviewed. In particular, boxes for sterilised and non-sterilised instruments were clearly identifiable.
- A Legionella risk assessment was completed following our comprehensive inspection. The recommended control measures, including monitoring of water temperatures, were in place.
- The results from the most recent infection prevention and control audit showed the practice was meeting the required standards. Analysis of results and an action plan were evident.
- Dental care records were now stored in locked secure cabinets.
- Medical emergency drugs and equipment were in line with national guidance.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 05 February 2019.

Are services well-led?

Our findings

At our previous inspection on 2 October 2018 we judged the practice 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 05 February 2019 we found the practice had made the following improvements to comply with the regulations:

- Management and governance systems were reviewed and made to be more effective. Protected time was provided for the practice manager to ensure they could carry out their duties appropriately.
- Staff were assigned roles and responsibilities and were contributing to the overall running of the practice.
- The practice manager ensured all policies were reviewed, made practice specific and read and signed by staff. They had made provision for an annual review process.

- Staff training was effectively monitored.
- An effective system was now in place to carry out recruitment procedures to eliminate the risks to staff and patients. Inductions were completed for all staff.
- A disability access audit had been completed. A security alarm and safety cord was fixed in the accessible toilet, an induction loop and visual aids were purchased for those who may benefit.
- The principal dentist reviewed all risks within the practice and ensured assessments were carried out or updated. This included risks in Legionella, medical emergencies management, hazardous substances, X-rays / radiation protection and fire. All recommended actions were implemented to provide safety to staff and patients.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 5 February 2019.