

Mr. Roderick Hepburn

Derwent Valley Dental

Inspection Report

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Overall summary

We undertook a focused inspection of Derwent Valley Dental on 5 March 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 inspection was led by a CQC inspector who was supported remotely by a specialist dental adviser.

We undertook a comprehensive inspection of Derwent Valley Dental on 19 November 2019 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 or well-led care and was in breach of regulations 12 and 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 Derwent Valley Dental on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

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 breach we found at our inspection on 19 November 2019.

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 19 November 2019.

Background

Derwent Valley Dental is in the Chaddesden area of Derby and provides NHS dental treatment to adults and children.

The dental team includes one dentist, two dental nurses and four receptionists. The practice has one ground floor treatment room. There is level access into the practice and treatment room, which is of benefit to patients in wheelchairs, with restricted mobility and parents with pushchairs. On-site car parking is available.

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.

Summary of findings

During the inspection we spoke with the dentist and one dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: from 8am to 6pm, Tuesday: from 8am to 8pm, Wednesday: from 8am to 12 noon, Thursday: 8am to 6pm and Friday: from 8.30 to 5pm. The practice closes for lunch for one hour each day.

Our key findings were:

- A log had been introduced to track NHS prescriptions within the practice.
- The system for single use items had been reviewed and they were no longer being re-used in the practice.
- The practice had written a risk assessment for endodontic procedures. The risk assessment identified the alternatives being used instead of a dental dam.
- The medical oxygen cylinder had been replaced with a larger version.
- A new infection prevention and control audit had been completed in December 2019. An action plan had been produced following this audit with action points for staff.
- A new stock control system has been developed with checks recorded to monitor use by dates for dental materials.
- The damaged floor plate in the treatment room had been repaired and both the dental chair and the dentist's stool had been re-upholstered.
- A new system had been introduced to monitor emergency medicines and equipment, with regular checks and records of those checks.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

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

At our previous inspection on 19 November 2019 we judged the provider 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 March 2020 we found the practice had made the following improvements to comply with the regulation.

- The practice had reviewed the way it tracked and monitored NHS prescriptions. A new tracking system for NHS prescription on the premises had been introduced, so that if an individual prescription went missing this would be quickly identified. Prescription pads were stored securely, and the new system had enabled prescribing audits to be completed.
- The system for the use of single use items had been reviewed. An improved system for stock control had ensured a sufficient supply of single use items had been purchased and were available for use, so the need to reuse had been eliminated. Stock items were seen in surgery to support there were sufficient numbers of single use items available.
- A risk assessment for endodontic procedures had been implemented in January 2020 which identified alternative measures to use instead of a dental dam.

Parachute chains were available and were seen in the surgery. The dentist was routinely using a dry dam, a type of frameless dental dam as the first option when carrying out root canal treatments.

- A larger medical oxygen cylinder had been purchased, which was sufficient amounts to meet the needs of the practice in an emergency. However, in the unlikely event this should prove insufficient additional emergency medical oxygen was available from the GP surgery next door as a back-up. There was a standing agreement between the dentist and the GP to that effect.
- Infection prevention and control audits had been completed on a six-monthly basis in line with national guidance. The most recent audit had been completed in December 2019.

The provider had also made further improvements:

- The practice had introduced three-monthly antimicrobial audits. This was in line with national guidance, and we saw records of the latest audit. The information in the NHS prescription log was being used as the base line for auditing antimicrobial prescribing.
- The practice had changed their system for reviewing X-rays to improve their approach to patient risk. Previous X-rays were checked to assist in clinical judgements.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 5 March 2020.

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 19 November 2019 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 5 March 2020 we found the practice had made the following improvements to comply with the regulation.

- A new stock control system had been developed. Monthly recording sheets have been introduced and individual items had been identified together with their use by date. Storage within the practice showed less stock being held, and a more structured system with stock rotation.

- Infection prevention and control audits had been completed on a six-monthly basis in line with national guidance.
- We saw the damage to the floor plate in the treatment room had been repaired and both the dental chair and the dentist's stool had been re-upholstered.
- There was a system for checking the use by dates for emergency medicines and equipment, and checking equipment was in working order.
- The practice had a tracking system for NHS prescription on the premises, so that if an individual prescription went missing this would be quickly identified. Prescription pads were stored securely.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 5 March 2020.