

Mansfield Orthodontic Practice Limited

Mansfield Orthodontic Practice - 17 Woodhouse Road

Inspection report

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Overall summary

We undertook a follow up desk-based inspection of Mansfield Orthodontic Practice on 7 July 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 by a specialist dental adviser.

We undertook a comprehensive inspection of Mansfield Orthodontic 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 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 Mansfield Orthodontic Practice on our website .

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 area where improvement was required.

This desk-based inspection was undertaken during the Covid 19 pandemic. Due to the demands and constraints in place because of Covid 19 we reviewed the action plan and asked the provider to confirm compliance after a reasonable interval, focusing on the area where improvement was 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 breach we found at our inspection on 20 February 2020.

Are services well-led?

Summary of findings

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

Mansfield Orthodontic Practice is in Mansfield, it provides both NHS and private specialist orthodontic treatment to adults and children. The practice is split over two separate addresses, numbers 17 and 19 Woodhouse Road. Both addresses are registered with the Care Quality Commission separately. This report relates to number 17 Woodhouse Road in Mansfield.

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

The dental team includes four specialist orthodontists, three orthodontic therapists, nine dental nurses, two receptionists, two laboratory technicians, a sterilisation operative and a business manager. The practice has three treatment rooms, one of which is located on the ground floor. The practice has centralised decontamination facilities.

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 Mansfield Orthodontic Practice is the principal orthodontist.

The practice is open: Monday to Thursday: from 8am to 5pm and Friday: from 8am to 2pm.

Our key findings were :

- Infection control policies and procedures had been checked and reporting systems between the head dental nurse and the infection control lead had been reviewed and strengthened.
- Additional training has been given to staff working in the decontamination room.
- The recruitment policy had been updated to clearly state what information was required by Schedule 3 of the Health and Social Care Act 2008 Regulations.
- All staff files now held the information required by Schedule 3.
- A log to record and track NHS prescriptions had been introduced.
- There was a full set of emergency equipment and medicines available in each location.
- Additional checks had been introduced to ensure equipment and medicines were available and within their use by date.
- All staff had completed sepsis training.

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 20 February 2020 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 7 July 2020 we found the practice had made the following improvements to comply with the regulation.

- The provider told us that all infection prevention and control policies and procedures had been checked to ensure they followed the guidelines: Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). This included ensuring the temperature of the solution used for manually cleaning instruments was below 45 degrees centigrade. In addition, the wire brushes had been disposed of and long handled brushes were now used.
- The reporting systems between the head dental nurse and the infection control lead had been reviewed and strengthened to ensure clearer lines of communication.
- Staff working in the decontamination room had been re-trained and additional notices placed as an aide-memoire in relation to manual cleaning of dental instruments. This was to ensure that the guidelines HTM 01-05 were being followed when manual cleaning was undertaken.
- The provider had reviewed staff files to ensure they contained the necessary information identified in

Schedule 3 of the Health and Social Care Act 2008 Regulations. This included photographic identification, evidence of qualification and a full employment history. These had been missing from some staff files at our last inspection on 20 February 2020.

- A log had been introduced to record all NHS prescriptions issued at the practice, and to keep track of unused prescriptions held in the practice. This audit trail allowed the practice to account for each individual NHS prescription which passed through the premises. We were sent photographic evidence that showed the log book, and that each individual prescription number had been recorded. This included prescriptions which had not yet been issued.
- During the inspection on 20 February 2020 we noted there was not a full set of equipment and medicines for use in an emergency situation available at each location. At the follow up inspection on 7 July 2020 we were told that each building had its own emergency medicines and equipment, with nothing shared between the two. We were also sent photographic evidence which identified that a full set of emergency medicines and equipment was held in each location.
- During our inspection in February 2020 we identified that staff had not received training in sepsis awareness. We were subsequently sent evidence in the form of training certificates which identified all staff had now received this training.

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 7 June 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 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 7 July 2020 we found the practice had made the following improvements to comply with the regulation.

- The provider sent us an action plan in which they identified the recruitment policy had been reviewed and amended to include the information required by Schedule 3 of the Health and Social Care Act 2008 Regulations. We were told the recruitment process had been reviewed and systems had been put in place to ensure it remained effective. As part of this process we were told that they had reviewed staff files to ensure they contained the necessary information identified in Schedule 3. This included photographic identification, evidence of qualification and a full employment history.
- At the inspection on 20 February 2020 we noted that the system to ensure infection prevention and control procedures remained in line with nationally recognised guidance were not working effectively. At the follow up inspection on 7 July 2020 we were told that better oversight of the infection control processes had been implemented. This included better communication between the head dental nurse and the infection control lead.

- We identified at our last inspection that systems and processes had not identified when medicines and equipment were either missing or passed their use by date. Following that inspection, the provider introduced additional checks to improve the systems and update reporting procedures.
- We identified at our last inspection that systems and processes had not identified when medicines and equipment were either missing or passed their use by date. Following that inspection additional checks were introduced to improve the systems and update reporting procedures. We were sent photographic evidence of the checks being completed.
- At the inspection on 20 February 2020 we identified that the system for monitoring the use of NHS prescriptions was not working effectively. At the follow up inspection on 7 July 2020 we were told a system had been implemented to ensure an audit trail was maintained for the use of NHS prescriptions. A log had been introduced to record all NHS prescriptions issued at the practice, and to keep track of those still held in the practice. This audit trail allowed the practice to account for each individual NHS prescription. We were sent photographic evidence that showed the log book, and that each individual prescription number had been recorded. This included prescriptions which had not yet been issued.

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 7 June 2020.