

Mr. Edward Fisher

# The Dental Surgery

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of The Dental Surgery on 2 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 by a specialist dental adviser.

We undertook a comprehensive inspection of The Dental Surgery on 24 and 29 October 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 (Safe care and treatment) and 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 The Dental Surgery on our website [www.cqc.org.uk](http://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 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 24 and 29 October 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 24 and 29 October 2019.

### Background

The Dental Surgery is in Crumpsall, Manchester and provides NHS and private treatment to adults and children.

The practice is not accessible for people who use wheelchairs. On street parking is available near the practice.

The dental team includes three dentists, four dental nurses, a receptionist and a practice manager. The practice has three treatment rooms.

# Summary of findings

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, one dental nurse 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 to Thursday 9am to 5pm

Friday 9am to 1pm

## **Our key findings were:**

- Improvements had been made to the process for managing the risks associated with the carrying out of the regulated activities. These included the risks associated with fire, incident reporting and the structural integrity of the premises. Further improvements were required to help reduce the risks associated with Legionella.

- A system had been put in place to monitor staff training. We saw evidence staff had completed appropriate 'highly recommended' training.
- The contents of the medical emergency kit reflected nationally recognised guidance.
- Some improvements had been made to the process for ensuring agency staff were competent for their role.

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

- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

# 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 24 and 29 October 2019 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 2 March 2020 we found the practice had made the following improvements to comply with the regulation:

- The provider had purchased an automated external defibrillator (AED). This was held centrally and staff had also received training in its use. Regular checks were carried out on the AED to ensure it was in working order.
- Appropriate emergency medicines were available as described in nationally recognised guidance. A system was in place to ensure the emergency medicines did not pass their expiry date.
- Staff described to us what would constitute an incident or significant event. We were told a sharps injury had occurred since the previous inspection. This had been well documented and the correct procedure had been adopted. In addition, there was some learning gleaned from the incident.
- We were shown the fire log book had been completed regularly with testing of the fire detection equipment and also emergency lighting.
- Most staff had completed sepsis awareness training. They had a good awareness of the sign and symptoms of sepsis. Sepsis prompts were displayed within the practice to help staff in the event of a patient presenting with the signs and symptoms of sepsis.

- Staff had completed safeguarding training to the correct level. Staff had a good understanding of the signs and symptoms of abuse and neglect. They had implemented the “was not brought” guidance to appointment processes to support the safeguarding of children and young people who are not brought to appointments.
- Improvements had been made to the process for when the practice used an agency nurse. An induction process had been developed. In addition, we saw a checklist that was used to ensure the agency nurse had the correct checks (registration with the General Dental Council, medical emergency training, an up to date Disclosure and Barring Service check and immunity to the Hepatitis B virus). We saw evidence of one sheet which had been completed. We were told they did not see the documents but relied on verbal assurance from the agency nurse. We discussed this with the practice manager and provider and were told physical evidence would be sought for this. In addition, they were going to liaise with the agency to ensure the nurses were fully aware of the need to provide this evidence.

The provider had also made further improvements:

- The provider had registered their practice’s use of dental x-ray equipment with the Health and Safety Executive in line with the Ionising Radiation Regulations 2017 (IRR17).

These improvements showed the provider had taken action to comply with the regulation when we inspected on 2 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 24 and 29 October 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 2 March 2020 we found the practice had made the following improvements to comply with the regulation:

- A system had been implemented to help ensure staff had completed 'highly recommended' training as per General Dental Council professional standards. We saw evidence staff were up to date with their training requirements.
- Improvements had been made to the processes for managing the risks associated with the carrying out of the regulated activities. We saw fire safety checks were carried out regularly and an incident which had occurred since the last inspection had been documented well. Improvements were still required to the processes for managing the risks associated with Legionella. We saw the monthly water temperature checks had stopped in November 2019. This is when the member of staff responsible for these checks had left. No other members of staff had been appointed to carry on this role. In addition, the last temperature reading was not within the correct range. There was no evidence this had been addressed. We discussed this with the provider who advised us they would address this.
- A system had been implemented to receive and act on patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- At the previous inspection we noted there was no evidence of immunity to Hepatitis B for two members of staff and one low responder was not risk assessed. We were told that for the two where there was no evidence of immunity, one had now left and the other was on maternity leave. For the low responder we saw advice

had been sought from occupational health and they had received a booster injection and advised to have another in five years' time. A risk assessment was in place for this member of staff.

- At the previous inspection we identified issues with how the provider ensured the premises were fit for purpose. A fixed wire installation test had been carried out and repair work had been completed. After the inspection on 24 and 29 October 2019 a structural report was carried out on the building. This showed the premises was in a satisfactory and structurally stable condition, however required further investigation. We were told they had been advised to waterproof the cellar and this was currently on hold due to heavy rainfall recently. We were assured this would be completed in the summer months.
- Improvements were still required to the use of quality assurance processes within the practice. We were shown a dental care record audit. The provider was unable to tell us which dentist this was for. The audit had not highlighted issues we found with some dental care records on the day of inspection. For example, it had not identified that one of the dentists was not taking radiographs in line with nationally recognised guidance.
- We asked if an antibiotic prescribing audit had been completed. Staff confirmed it had not. We noted some examples of when antibiotics had not been prescribed in line with nationally recognised guidance. This issue could have been highlighted by carrying out an audit of antibiotic prescribing. An NHS England clinical dental advisor was involved in supporting the provider to make further improvements and we will be sharing information to support the provider.

The provider had also made further improvements:

- Staff had access interpreter services for patients who did not speak or understand English.

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 2 March 2020.