

Redbridge Associates Limited

Speke Dental Practice

Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of Speke Dental Practice on 18 February 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.

We undertook a comprehensive inspection of Speke Dental Practice on 26 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 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 Speke Dental Practice 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 area where improvement was required.

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 26 November 2019.

Background

Speke Dental Practice is located in a purpose-built health centre in Speke, Liverpool and provides NHS treatment for adults and children.

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

The dental team includes two consultant oral surgeons, three dental nurses, and a practice manager. The practice has three treatment rooms. The third treatment room is used and maintained by a separate provider of dental treatment.

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

Summary of findings

the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Speke Dental Practice is the practice manager.

During the inspection we spoke with the practice manager. We looked at practice records about how the service is managed, and talked through the actions taken by the provider, since our last inspection.

The practice is open on approximately two Saturdays each month. Access is by appointment only.

Our key findings were:

- Accurate, complete and detailed records were maintained for all staff. The provider held all the required recruitment records for the two sedation dentists working at the practice, and for the dental nurses who worked with the sedation dentists.
- The practice manager could evidence effective oversight of required continuous development for clinicians.
- Equipment to manage medical emergencies was available. All equipment was checked daily, using a list of items as recommended by the Resuscitation Council (UK) and the General Dental Council. Medical oxygen sufficient for use in an emergency available.
- Revised protocols for the management of Legionella were in place. Evidence supplied by the practice showed that water temperature checks were in place and that temperatures recorded were in the required range.
- The practice whistleblowing policy had been updated to provide contact details of the Care Quality Commission and the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



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 26 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 18 February 2020 we found the practice had made the following improvements to comply with the regulation:

- Accurate, complete and detailed records were maintained for all staff. The provider held all the required recruitment records for the two sedation dentists working at the practice, and for the dental nurses who worked with the sedation dentists. Further work had been carried out to ensure staff received reminders when renewal documents were required to be submitted for review, for example, evidence of ongoing medical indemnity insurance cover and evidence of continuing professional registration.
- The practice manager could evidence effective oversight of required continuous development for clinicians, for example, in relation to sedation and radiography.
- The practice whistleblowing policy had been updated to provide contact details of the Care Quality Commission and the General Dental Council. This policy was available for staff to refer to.
- Steps to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council, had been taken. All equipment as required, including airways in all sizes for adults and children, clear face masks and sufficient medical oxygen for use in an emergency, was available.
- Lists to check medical equipment and emergency medicines had been updated and now followed recognised guidance.
- Protocols for the control of Legionella were in place. Records provided by the practice confirmed water temperatures were tested and these fell within the range required for the safe management of Legionella. The flushing and servicing of a cold-water tank was being carried out and assurances were provided that this was being undertaken by the facilities management company who looked after the building, which was a serviced NHS Estates property.

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 18 February 2020.