

# Firwood Dental Practice Limited

# Firwood Dental Practice

## Inspection Report

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Date of inspection visit: 7 December 2018  
Date of publication: 07/01/2019

### Overall summary

We undertook a follow up focused inspection of Firwood Dental Practice on 7 December 2018. 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 Firwood Dental Practice on 8 August 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 effective or well led care in accordance with the relevant regulations 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 Firwood Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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.

As part of this inspection we asked:

- Is it effective?

- Is it well-led?

#### **Our findings were:**

##### **Are services effective?**

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 8 August 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 8 August 2018.

#### **Background**

Firwood Dental Practice is in Chadderton and provides private dental treatment to adults and NHS treatment to children.

There is level access for people who use wheelchairs and those with pushchairs. The practice has two parking spaces, with additional on street parking available nearby.

# Summary of findings

The dental team includes one dentist, one dental nurse, an apprentice dental nurse and a receptionist. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Firwood Dental Practice was the dentist.

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

The practice is open:

Monday, Tuesday and Thursday 9:30am to 1pm and 2pm to 6pm

Wednesday 9:30am to 1pm and 2pm to 7pm

Friday 9:30am to 2pm

## **Our key findings were:**

- Staff knew how to deal with emergencies. Improvements had been made to the life-saving equipment available.
- The practice had infection control procedures which reflected published guidance.
- Improvements had been made to the way that care and treatment was provided and documented.
- Processes were in place for the assessment and monitoring of oral health.
- The provider had engaged with staff and external agencies to implement change.
- Gypsum waste was segregated appropriately.
- Risks relating to sharps and fire safety had been reviewed.

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

- Review staff awareness of the requirements of the Mental Capacity Act 2005 and Gillick competency, ensuring all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols and procedures to ensure staff registered with the General Dental Council complete a personal development plan in line with the requirements of registration.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

### Are services effective?

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

The provider had acted on feedback given by NHS England clinical advisors and demonstrated improvements in clinical record keeping.

The dentist ensured that patients' needs were assessed and documented in compliance with current legislation. Further improvements could be made to the process of Basic Periodontal Examinations.

The provider had reflected on their previous use of radiography and now demonstrated an awareness and understanding of the frequency and appropriate use of radiographs.

The practice's consent policy included information about the Mental Capacity Act, and we saw evidence where they had taken this into account to provide care. We noted there was still a lack of understanding of the Mental Capacity Act 2005 and Gillick competence.

No action



### Are services well-led?

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

The provider had made improvements to the management of the service. This included seeking advice and support from external agencies to implement positive change. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

The provider had systems to ensure that care was provided in accordance with current guidelines and research to develop and improve their system of clinical risk management. The practice now had systems to ensure that comprehensive dental care records were maintained.

The provider now carried out clinical audits of dental care records and radiographs. These demonstrated that improvements had been made.

Risks had been assessed and acted upon. For example, in relation to infection prevention and control processes, fire safety, risk of sharps injury and gypsum waste.

Emergency equipment and medicines had been reviewed, these were in line with Resuscitation Council UK guidance.

No action



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 8 August 2018 we judged the practice was not providing effective care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 7 December 2018 we found the practice had made the following improvements to comply with the regulations:

- The provider had acted on feedback given by NHS England clinical advisors and demonstrated improvements in clinical record keeping. Staff had completed training in clinical records standards and had devised templates to help ensure that examinations and clinical assessments were documented appropriately. Information was shared between the CQC and NHS England to coordinate our response to the concerns identified at the initial inspection.
- The dentist assessed patients' needs in compliance with current legislation. They had obtained and took into account relevant nationally recognised evidence-based standards and guidance. For example, the dentist had attended training in periodontal assessment and monitoring. They were now routinely carrying out Basic Periodontal Examination (BPE). The BPE is a screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need. We noted that the dentist used two different types of BPE probe and was not clear on the markings on these to accurately measure the condition of the gums. They were signposted to guidance for general dental practitioners by the British Society of Periodontology to review the process.
- The provider had reflected on their previous use of radiography and now demonstrated an awareness and understanding of the frequency and appropriate use of radiographs. They had obtained evidence-based guidance from the Faculty of General Dental Practice (UK). We saw evidence they documented the justification for, and took X-rays at appropriate intervals, graded the diagnostic quality, and reported on the findings of the radiographs they took.

- Clinical dental care records showed that the dentist informed patients of their condition. For example, the findings of radiographic assessment where bone loss or deterioration of existing restorations were visible on radiographs. Records showed where patients were informed of the risks and benefits of treatments options proposed.
- The provision of dental implants had been suspended after the previous inspection while the concerns were acted upon. There were no plans to reintroduce this service until all areas of concern were addressed and appropriate implant assessment and consent processes could be assured.

The practice had also made further improvements:

- The dentist audited patients' dental care records against nationally agreed standards to check they recorded the necessary information. This showed an improvement in the quality of record keeping. The legibility of paper records had also improved.

These improvements showed the provider had acted to comply with the regulation when we inspected on 7 December 2018.

We discussed an area where further improvements should be made.

The practice's consent policy included information about the Mental Capacity Act 2005 and capacity assessment templates. The dentist partially understood their responsibilities under the act when treating adults who may not be able to make informed decisions. We saw evidence where they had taken this into account to provide care for a patient where capacity was impaired, and involved their carer. We noted there was still some lack of some understanding, for example, not documenting in the patient care records whether capacity was deemed to be diminishing, or contacting care homes to access and contribute to patients' care plans.

# Are services well-led?

## Our findings

At our previous inspection on 8 August 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 7 December 2018 we found the practice had made the following improvements to comply with the regulations:

- The provider had prioritised the areas of concern and obtained advice, support and training from external sources. We saw evidence they had acted on recommendations and advice to implement change. We are in contact with NHS England to share information, ensure the provider continues to make improvements and continues to access support as necessary.
- We noted the dentist did not have, and was not aware of the requirement to complete a personal development plan. This is a requirement of General Dental Council (GDC) registered dental professionals. We discussed this with the provider and signposted them to GDC guidance.
- Systems were in place to ensure that care was provided in accordance with current guidelines and research to develop and improve their system of clinical risk management. For example, carrying out and documenting periodontal assessments and taking radiographs at recommended intervals as part of the assessment.
- The practice now had systems to ensure that comprehensive dental care records were maintained. In particular, the legibility of paper records had improved. The dentist ensured that assessments and explanations of these, and any risks or benefits were documented appropriately.
- The provider now conducted clinical audits of dental care records and radiographs. They had plans to continue these on the three-monthly basis to ensure continuous improvement.

The practice had also made further improvements:

- Decontamination processes had been reviewed. Staff carried out protein residue testing and validation of equipment in line with published guidance. Water temperature monitoring was carried out for manual cleaning. Instruments were inspected using an illuminated magnification device before sterilisation.
- Gypsum waste was now segregated and disposed of appropriately.
- An external company had carried out a fire safety assessment. The practice had acted on advice to obtain new fire extinguishers and display fire safety signage and evacuation plans. They were in the process of implementing other recommendations. For example, installing emergency lighting and wall mounting the fire extinguishers. A recommendation was made to carry out an examination of the fixed electrical wiring of the building. This is recommended to ensure the electrical installations within a building are safe & compliant. Staff gave assurance this had been arranged.
- The sharps risk assessment had been reviewed to include the risk from all dental instruments. The staff followed relevant safety regulation when using needles and other sharp dental items.
- Emergency equipment and medicines were now available as described in recognised guidance. Glucagon, which is required in the event of severe hypoglycaemia, was kept with the emergency drugs kit and the expiry date had been adjusted in line with the manufacturer's instructions.
- The practice had a dental nurse apprentice on placement from a training provider. They had received an induction to the practice and were prevented from carrying out any procedures that would put them at risk until they had received appropriate vaccinations to protect them against the Hepatitis B virus.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulations when we inspected on 7 December 2018.