

Dr Christopher Whitehead

# Dr Christopher Whitehead – St Peter's Place

## Inspection report

19 St Peters Place  
Fleetwood  
FY7 6EB  
Tel: 01253873217

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### Overall summary

We undertook a follow up focused inspection of Dr Christopher Whitehead – St Peter's Place on 31 October 2023. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of Dr Christopher Whitehead – St Peter's Place on Monday 19 June 2023 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, effective 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 Dr Christopher Whitehead – St Peter's Place dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 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 safe?
- Is it effective?
- Is it well-led?

### Our findings were:

#### Are services safe?

# Summary of findings

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 19 June 2023.

## **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 breaches we found at our inspection on 19 June 2023.

## **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 breaches we found at our inspection on 19 June 2023.

## **Background**

Dr Christopher Whitehead St Peters Place is a dental practice located in Fleetwood, Lancashire and provides private dental care and treatment for adults and children.

There is step free access to the practice, through use of a portable ramp, for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements for example, through provision of a handrail at the front door to help patients with reduced mobility when accessing the practice.

The dental team includes 1 dentist, 2 dental nurses, one of whom is the practice manager and a receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the dentist, the practice manager and 1 dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed. We looked at procedures the provider had put in place to bring them into compliance with regulations, and how these would be embedded.

The practice is open Monday, Tuesday and Wednesday from 8.30am to 5pm; Thursday 8.30am to 4pm; and on Friday from 8.30am to 12 noon.

# 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 effective?	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 the inspection on 31 October 2023, we found the practice had made the following improvements to comply with the regulations:

- All staff had undertaken infection prevention and control training (IPC) and had a better, more in depth understanding of the provisions of Health Technical Memorandum 01-05 (HTM01-05). We saw paperwork to support this, and staff could describe the step by step process in place for processing of dental instruments. All equipment in the decontamination room, was now being tested at regular intervals in line with manufacturer guidance. Records had been set up to support this process.
- Seating in the waiting and reception area for patients was scheduled for replacement. The provider explained that this would be covered in a wipeable material, in line with best practice guidance.
- Cleaning schedules that covered all areas of the practice were now in place and followed by staff.
- Infection prevention and control audits were now in place, and staff were using a recognised compliance tool to manage this process. Audits were scheduled to take place every six months.
- All staff had received training in medical emergencies, including use of emergency equipment and medicines; staff could tell us how they would manage various medical emergency scenarios. All recommended equipment and medicines were available and the checklist for these was from the Resuscitation Council UK website, meaning this list covered all recommended items.
- All required staff recruitment records and checks were now in place, and we were able to review these. These included evidence of immunity to blood borne diseases and copies of indemnity cover and the extent of that cover.
- Local rules for X-ray equipment had been updated, showing details of the radiation protection advisor for the practice. All equipment was serviced and in date for mechanical testing.
- All staff had undergone training on recognising symptoms of sepsis and there were posters about this placed around the practice, in prominent positions to act as a prompt for staff.
- Dental record keeping had been reviewed and improved. Records created now covered areas referred to in recognised guidance, including risk assessments. Systems to manage patient records had been improved through the use of a compliance system, which included prompts for the dentist when creating notes on each consultation.
- Staff now had access to medicines safety alerts, updates and product recalls, having subscribed to the Medicines and Healthcare Products Regulatory Agency website for alerts relevant to primary dental care.

These improvements meant that the practice had taken appropriate steps and were now compliant with the regulations.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

At the inspection on 31 October 2023, we found the practice had made the following improvements to comply with the regulations:

- Better access to current prescribing guidance had been achieved by providing a desk top link to recognised resources, for example, the Faculty of General Dental Surgeons and the Scottish Dental Clinical Effectiveness Programme.
- Antimicrobial prescribing was now being completed on a six monthly basis, and the newly installed compliance system provided a standardised audit tool for use to ensure consistency in audit, making improvements measurable and providing action points where necessary.
- Using a new compliance system, the practice were now prompted to record verbal consent of patients in patient dental records. Appointments were now slightly longer to ensure records of treatment options provided to patients and risks and benefits of each, were recorded after discussing these with patients. Dental care records also captured consent given by patients and justification of patient X-rays, including recording a diagnosis from the X-ray image.
- Since our initial inspection in June 2023, the practice have invested in training that has demonstrated it is meeting staff needs. This included training in basic life support and cardio-pulmonary resuscitation, in the undertaking and managing of clinical audit and other audits, for example, on areas of infection prevention and control, to effectively drive improvement.

These improvements meant that the practice had taken appropriate steps and were now compliant with the regulations.

# Are services well-led?

## Our findings

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

At the inspection on 31 October 2023, we found the practice had developed governance and oversight, across all areas of the practice. This included greater management and oversight of:

- Infection prevention and control, training on this and management and oversight of the decontamination and processing of dental instruments.
- Radiation protection, management and audit of radiography, and the recorded diagnoses of patient X-rays.
- Prescribing and access to current recognised guidance, and audit of prescribing.
- Dental care and treatment records, the completion of these and a system of audit to drive and maintain improvements.
- Other areas of clinical audit, as and when required, and access to recognised audit tools to promote consistency, identify action points and to highlight measurable improvement.
- Staff training and continuing professional development, and systems to maintain and oversee this on an ongoing basis.

The provider had increased their interaction with other clinicians locally, to assist with peer review of work and to promote discussion and understanding of new ways of working and innovation.

These improvements demonstrated that the provider had addressed all previously identified regulatory breaches.