

Dr David Thomas Reid Rattray

Townley Dental Centre

Inspection Report

Upwell Health Centre
Townley Close
Upwell
Wisbech
PE14 9BT
Tel: 01945 772121
Website:

Date of inspection visit: 27 September 2019
Date of publication: 15/10/2019

Overall summary

We undertook a focused inspection of Townley Dental Centre on 27 September 2019. 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.

We had undertaken a comprehensive inspection 19 February 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 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 Townley Dental Centre on our website 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 safe
- Is it well-led

Background

Our findings were:

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

Background

Townley Dental Care is based in Upwell and offers private treatment to about 1,500 patients. The dental team is small, consisting of one dentist, two dental nurses and a receptionist. There is one treatment room. The practice is sited within the local health centre and shares some of its facilities.

There is level access for people who use wheelchairs and those with pushchairs and a car park with specific spaces for patients with limited mobility.

The practice opens Mondays, Tuesdays and Thursdays from 8am to 5pm; on Wednesdays from 8.30am to 4pm, and on Fridays from 8am to 12 noon.

The practice is owned by an individual who is the principal dentist there. He has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 24 CQC comment cards filled in by patients and spoke with another three patients.

Summary of findings

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

Key findings

The provider had made sufficient improvements in relation to the regulatory breaches we found at our previous inspection. These must now be embedded in the practice and sustained in the long-term.

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

- Review testing procedures for the practice's ultrasonic bath and ensure regular foil and protein residue checks are completed.

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

At our previous inspections on 19 April 2019 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection, we found the provider had made the following improvements to comply with the regulation:

- The dentist confirmed he now recorded his use of rubber dam on patients' notes and showed us a latex free dam that he now had available for patients.
- We viewed the practice's new protocol to prevent wrong site surgery.
- We viewed the practice's business continuity plan describing how it would deal with events that could disrupt its normal running. The dentist confirmed a copy was kept off site, so it could be accessed in the event of an incident.
- No new staff had been employed since our previous inspection, but we viewed the practice's recruitment policy and interview record sheet that would be implemented to employ future staff. We viewed the disclosure and barring check for a member of staff that was not available at our previous inspection.
- Signs warning of the storage of compressed gas had been put up where necessary around the practice.
- A rectangular collimator had been fitted on the X-ray unit. and an X-ray warning sign had been put on the treatment room door.
- The dentist had completed a full risk assessment for the practice in March 2019 which identified potential hazards and the measures in place to control them.
- A specific sharps' risk assessment had been completed and the dentist was using the safest types of needles. Records we viewed showed that all staff had been vaccinated appropriately.
- All staff had completed CPR training in March 2019 and staff had rehearsed obtaining the defibrillator from the healthcare setting where the practice was sited. Portable suction and a spacer device had been purchased since our last inspection, as had the recommended amounts of adrenalin, glucose tablets and a mercury spills kit.
- Limescale build up had been removed from sinks and taps, and loose instruments in drawers had been covered. A sanitary hygiene waste bin was now available in the toilet.
- Appropriate daily testing of the autoclave had been implemented, and a thermometer had been obtained to check that the water temperature was below 45 degrees Celsius when manually cleaning dirty instruments. The practice had also purchased an illuminated magnifying glass to check that instruments were cement free and clean. However, staff were not completing adequate checks of the ultrasonic bath to ensure it was operating safely.
- An infection prevention and control audit had been completed in May 2019 and results showed the practice was meeting essential quality requirements.
- We viewed the lidded leak proof box that staff now used to transport dirty instruments to the decontamination room.
- Staff were aware of the latest guidance in relation to the use of amalgam. The dentist showed us the guidance he had downloaded and had asked all the staff to sign to show they had read and understood it.
- Glucagon had been taken out the fridge and was now kept with the rest of the medical emergency medicines. Its expiry date had been reduced to accommodate this.
- Details of the practice's name, address and telephone number were now included on any medicines dispensed to patients. Staff now kept a log of the expiry dates of all medicines held by the practice.
- A new accident book had been purchased for the practice. In addition to this, an incident book had also been implemented. We viewed two incidents that had been fully logged in it since our previous inspection. In response to one of the incidents, staff had agreed to always accompany one patient from the treatment room to the waiting room. To ensure their safety.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulation.

Are services well-led?

Our findings

At our previous inspections on 19 April 2019 we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection, we found the provider had made the following improvements to comply with the regulation:

- A system had been implemented to track and monitor all non-NHS patients' referrals to ensure their timely management.
- A portable hearing loop had been purchased and information about the practice had been translated into key languages spoken by the practice's patient population.
- The dentist told us he had delegated several tasks to staff to help him keep on top of the management of the

service. For example, one member of staff was now responsible for risk assessment and the control of hazardous substances in the practice. Another had been given responsibility for infection control and audit.

- We viewed a sample of audits that had been conducted by the dentist. These clearly demonstrated both strengths and weaknesses, and we noted that action plans had been implemented to drive improvement.
- The practice had conducted a patient satisfaction survey since our previous inspection. This asked for feedback in relation to the quality of reception staff; appointment times, the dental team and treatment costs. We viewed about 20 completed survey and noted high patient satisfaction rates. As a result of the survey the dentist told us he had been prompted to explain costs more clearly to patients.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulation.