

Mr Raj Wadhwani

Newmarket Road Dentistry

Inspection Report

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Overall summary

During our announced comprehensive inspection of this practice on 11January 2016, we found breaches of legal requirements in relation to the Health and Social Care Act 2008. Following this inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to regulation 17- Good Governance and regulation 19- Fit and proper persons employed.

We undertook this focused inspection to check that the provider had followed their improvement plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this requirement. You can read the report from our previous comprehensive inspection, by selecting the 'all reports' link for Newmarket Road Dentistry at www.cqc.org.uk

Are services Well-led?

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

Key findings

 Overall, we found that adequate action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

We found that satisfactory action had been taken to address shortfalls in governance that we had identified in our previous inspection. Regular practice meetings were now held; most staff had received an appraisal of their performance; the frequency and range of audits undertaken had improved, risk assessment was more robust and medical emergency equipment now met national guidelines.

No action





Newmarket Road Dentistry

Detailed findings

Background to this inspection

We undertook an announced focused inspection Newmarket Road Dentistry on 19 September 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 11January 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service well-led?

A CQC inspector led the inspection. During our inspection we spoke with the registered manager, reviewed a range of documentation and toured the premises.



Are services well-led?

Our findings

Governance arrangements

At our previous inspection in February 2016 we found that the practice's governance procedures were poor and we identified a number of shortfalls across all the domains we inspected which showed that the practice was not well led. However during this inspection we noted the following significant improvements had been implemented since our previous inspection:

- All staff had now undertaken training in safeguarding children and vulnerable adults and we viewed a sample of staff training certificates, which demonstrated this. In addition to this, further training in protecting children had been booked for 19 October 2016. There was now a clearly appointed lead for safeguarding matters and a poster detailing designated personnel within the practice, including this lead, was available in the staff area.
- A policy in relation to the use of rubber dams by all dentists had been implemented since our previous inspection and we viewed two audits that the practice manager had undertaken to ensure dental clinicians were using them routinely.
- We viewed a log which had been introduced used to monitor that the temperature of the fridge where medicines requiring cool storage were kept. This had been completed daily and showed that medicines had been stored at the correct temperature.
- Since our previous inspection the practice had purchased an automatic external defibrillator and records we viewed showed that it had been checked daily to ensure the battery was functioning.
- Since our previous inspection two ground floor doors had been replaced with proper fire doors to allow for quick and easy exit. A comprehensive fire risk assessment had been completed in April 2016, and a member of staff had received training to become a fire marshal. A staff sign in and out log was now kept to help account for people in the building in the event of a fire. The quality of risk assessing in general had improved since our previous inspection and we noted detailed assessments in place for each area of the practice.

- All dentists now used a safer sharps' system, which allowed them to re-sheath needles without the need to handle them. A monthly spot check of sharps' bins had been implemented to ensure they did not become over filled.
- We viewed an additional bowl that had been purchased for the practice's decontamination room to ensure that all dirty instruments were now scrubbed and rinsed in separate containers. We saw that external clinical waste bins were now chained to an outside wall to ensure their safety.
- We noted improvement in the frequency that infection control audits were now undertaken and in the cleaning accountability sheets that the practice's cleaning staff completed. The practice manager now regularly checked that cleaning tasks had been properly completed by staff.
- A policy had been introduced since our previous inspection clearly outlining how prescriptions would be recorded, stored and issued by dentists. We viewed the practice's prescription log and saw that they were fully monitored and accounted for.
- Although no new staff had been employed since our previous inspection, we viewed the practice's updated recruitment policy which clearly detailed the process to follow including the requirement for interview notes to be taken and for references to be obtained. We also viewed the DBS check for a member of staff that had not been sought at our previous inspection.
- At our previous inspection we found that not all staff
 had received an appraisal of their performance. During
 this inspection we viewed completed appraisal forms for
 the two dental nurses who worked at the practice. None
 of the dental clinicians had received an appraisal,
 although plans were in place to address this by the
 newly appointed HR manager.
- A hearing loop had been purchased since our last inspection to assist patients who wore hearing aids.
- A central log of complaints from all the practices in the Antwerp Group was now held so that any themes or trends in complaints could be identified. We viewed details of recent complaints received by the practice and saw they had been managed appropriately, and learning form them documented.



Are services well-led?

 Regular practice meetings were now held with all staff to discuss quality issues, and to share feedback and learning. We viewed the minutes of meetings held in May, June and July 2016.

These improvements demonstrated that the provider had taken good action to address the shortfalls we had identified during our previous inspection. In addition to

this, a timetable of audits had been introduced and we saw that there were audits in place to check on a range of issues including record keeping, infection control, prescriptions, ultra-sonic baths and the periodontal pathway. This would help ensure that standards were maintained within the practice.