

Walton House Dental Practice Limited

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Inspection Report

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Overall summary

We carried out this inspection to follow up concerns we originally identified during a comprehensive inspection at the practice on 6 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection, we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with Regulation 17 and

Regulation 19 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 Walton House Practice on our website www.cqc.org.uk.

During this inspection, we spoke with the practice manager and one of the principal dentists. We checked the premises and viewed a range of paperwork in relation to the management of the practice.

Our findings were:

- The provider had made improvements to address the majority of the shortfalls we found at our previous inspection. The provider must now ensure that all newly implemented improvements are embedded and sustained in the long-term in the practice.

There were areas where the provider could make improvements and should:

- Review the practice's sharps procedures to ensure compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review stocks of medicines and the system for identifying and disposing of out-of-date stock.

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 this practice was providing well-led care in accordance with the relevant regulation.

The improvements we noted since our previous inspection indicated that governance within the practice had improved, and some systems were in place to ensure standards were met. This included implementing a system for recording and learning from incidents, strengthening recruitment practices, rehearsing medical emergency simulations and storing patients' records securely. However, the provider had failed to undertake a sharps risk assessment in line with national recommendations and not all dentists routinely used rubber dams to protect patients' airways.

No action





Are services well-led?

Our findings

At our previous inspection on 6 September 2017, we judged the practice was not providing well-led care in accordance with the relevant regulations. We issued two requirement notices as a result.

During this inspection we noted the following improvements:

- A specific log to record any unusual events had been created, and we viewed the details of recent untoward incidents that had occurred at the practice such as the computer shutting down and a potential breach of patient confidentiality. The practice manager told us these incidents had been discussed with staff so that learning from them could be shared.
- Patients' paper records were now held in lockable fireproof cabinets.
- Staff now practiced responding to medical emergencies and we viewed minutes of a staff meeting held on 25 April 2018 where emergency drugs were discussed and staff practiced handling the oxygen cylinder. The practice manager told us she planned to conduct actual emergency simulations every three to four months with staff.
- Missing emergency medical equipment had been purchased and we viewed a full set of airways, a spacer device and single use syringes in the practice's emergency kit bag. Oxygen masks were now kept with the oxygen cylinder so they could be accessed easily. Staff we spoke with were aware of where the bodily and mercury spillage kits were held.
- DBS checks for four staff had been obtained, and checks for four other staff had been requested. We reviewed recruitment documentation for a recently employed member of staff and noted that appropriate pre-employment checks had been undertaken to ensure their suitability. An outstanding DBS check was sent to us immediately following the inspection.
- A fire risk assessment for the building had been undertaken by the practice manager. We viewed evidence that weekly smoke alarm tests had been undertaken and fire evacuations were rehearsed. Nine staff had completed training in fire extinguisher use. However, the fire drills were undertaken without patients so it was not clear how they would be managed in the event of a fire.
- Sterilising powder was now kept in a clearly marked container.
- Cleaning equipment met national guidelines and was stored correctly. Accountability sheets were in place for the practice's cleaning staff.
- External clinical waste bins were secured safely.
- A specific refrigerator for medicines had been obtained, although we noted it was kept unlocked in an area accessible to staff from a different business in the same building.
- We viewed critical examination packs for all X-ray units in the practice.
- We viewed evidence that demonstrated clinicians were now up to date with radiography training. The practice manager told us that rectangular collimators had been ordered for all X-ray units.
- Complaints information was now available in the patients' waiting area and included details of external agencies that could be contacted.
- The practice's policies had been reviewed and had been uploaded onto the practice's computer to make them accessible to staff and easier to update.
- Regular staff meetings were now scheduled and we viewed minutes of recent meetings held in January and April 2018.
- Staff had been provided with additional uniforms to ensure they wore a clean one each day.
- Following our inspection the provider sent us evidence that the practice manager and associate had received an appraisal.
- Although a dental records audit had not been completed at the time of our inspection, audits for all the dentists was sent to us a few days after our inspection. A meeting had been held at the practice to discuss the results.
- A portable hearing loop was ordered immediately following our inspection.



Are services well-led?

The provider had failed to address the following issues we had raised in our previous report:

- Two dentists were still manually resheathing used needles.
- Some dentists continued not to use rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment, thereby failing to protect patients' airways.

- We found a number of loose and uncovered items in treatment room drawers that risked becoming contaminated over time.

In addition to this, during our inspection we noted two bottles of chloroform in the practice's medicines fridge, both of which were over 10 years out of date for safe use. No system was in place to identify these out of date bottles of medicine.