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Westgate Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Westgate Dental Practice on 6 December 2018

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 Westgate Dental Practice on 17 July 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 well led care and was in breach of regulations 12, 17 and 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 Westgate Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is the practice well-led?

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 area where improvement was required.

Our findings were:

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 17 July 2018.

Background

Westgate Dental Practice is in Newcastle upon Tyne and provides NHS and private treatment to adults and children.

There is a small step in front of the practice and a portable ramp is available for those who require it. Car parking spaces are available near the practice.

The dental team includes a principal dentist, two associate dentists, four dental nurses (one of whom is a trainee), a dental hygienist, a practice manager and a receptionist. The dental practice is in a three-storey listed building and has four treatment rooms.

Summary of findings

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

During the inspection we spoke with the principal dentist, two associate dentists, four dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 8.45am to 5.45pmFriday 8.45am to 5pm.

Our key findings were:

- The practice had effective leadership.
- A culture of continuous improvement was evident.
- The provider had improved their staff recruitment procedures.
- Training of staff was monitored efficiently.
- Policies were re-written and updated where applicable.
- The provider had improved their systems to help them manage risk.
- Risk assessments were undertaken or updated for legionella, fire, hazardous substances, lone-working and sharps.
- Sedation protocols were reviewed to follow national guidance.
- Infection prevention and control had improved and all sterilisation equipment records were available.
- Medicines and life-saving equipment were available as described in recognised guidance.
- Referrals and prescriptions were monitored efficiently.
- Interpreter services were available for people who needed it.
- Dental professionals were adequately supported by a trained member of the dental team when treating patients in a dental setting.
- Dental care records were reflective of the guidance provided by the Faculty of General Dental Practice.

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

- Review the fire safety risk assessment and ensure that any actions required are complete and ongoing fire safety management is effective.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action

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

Improvements were made to the overall management of the service and in particular to the risk management systems within the practice. These risk systems include fire, legionella, recruitment and hazard substances.

The provider had set aside protected staff time for management and administration duties and clear roles and responsibilities for all the practice team were established.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

The provider should review their fire risk assessment to ensure all the actions were completed.

Are services well-led?

Our findings

At our previous inspection on 17 July 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notices. At the inspection on 6 December 2018 we found the practice had made the following improvements to comply with the regulations:

- Management and governance systems were reviewed and made to be more effective. Protected time was provided for the practice manager to ensure they could carry out their duties appropriately. Staff were assigned roles and responsibilities and were contributing to the overall running of the practice.
- The practice manager ensured all policies were reviewed, made practice specific and were read and signed by all staff. They had made provision for an annual review process.
- Risk assessments were completed for all hazardous materials on site. A dedicated folder with all risk assessments and safety data sheets was available. New materials would be risk assessed and a process was implemented to ensure all materials were reviewed every six months.
- A Legionella risk assessment had been carried out following our initial inspection. We saw evidence of the recommended control measures being completed. This included recording of water temperatures each month, limescale checks and staff training on the management of legionella.
- A fire risk assessment was carried in September 2018 by a competent person following our first inspection. Some of the recommended actions were deemed as significant risk by the assessor and were to be completed by eight weeks. These were not actioned. We spoke to the Tyne and Wear fire rescue service inspector in relation to our findings. They confirmed they would visit the premises in due course.
- Safety alerts were received for medical drugs and equipment and we discussed recent alerts with the practice manager. These were available to all staff and were discussed at practice meetings.
- The sharps risk assessment was detailed for individual sharp instruments.
- A written scheme of examination was in place for the compressor and autoclave.
- Radiography:
- Local rules for the radiography equipment were updated.
- Protocols were improved and a mirror was in place so the operator could see the patient at all times during the X-ray procedure.
- Quality assurance processes had been reviewed and a log book was created for the X-ray room usage. Results were seen and an audit process was underway.
- Rectangular collimation was available for the X-ray machine.
- Recruitment procedures were completed adequately for staff, in particular for a recently employed dental nurse. We saw evidence that the provider had obtained an adequate DBS check, references, photo identification, evidence of qualifications, registration, indemnity insurance and employment history. Protocols for obtaining checks of immunisation status of clinical staff were in place. Each staff file had an index to ensure all procedures were completed appropriately.
- Inductions were documented and included relevant subjects.
- Staff training was effectively monitored. We were shown the practice manager had devised:
- An overview training log for all staff which confirmed when staff were due their training. Core subjects covered include radiography, infection prevention and control, medical emergencies and safeguarding to the appropriate level. Other topics include fire awareness, consent, oral cancer, Information governance, equality and diversity, complaints handling, legionella training, smoking cessation, autism, dementia, sharps, alcohol, disability awareness, sepsis, sedation, implantology and periodontology.
- Individual training logs for all staff which went into further detail of each subject. For example, infection control log was divided into ten separate training subjects which were monitored to ensure all aspects were completed.

Are services well-led?

Certificates were requested upon completion to update the log. The practice manager explained they had requested all staff to complete all training by January 2019. We saw evidence that this process was almost completed for all staff.

Logs will be reviewed every six months to ensure any discrepancies are acted upon. The practice manager assured us protected time was assigned for this.

Following on from the training in autism, the practice manager had implemented measures for patients including the provision of widget pictorials. Separate appointment times were assigned for autistic patients each week in the diary.

- Staff meetings were more frequent and addressed appropriate areas. There were minutes of all meetings and these were shared with staff.
- Incidents and significant events were appropriately documented and shared with the dental team. We discussed four examples of significant events which were dealt with adequately.
- Medical emergency drugs and equipment reflected national guidance.
- Infection prevention and control procedures were reviewed and reflected national guidance. The practice had:
- Adequate facilities for decontamination in each surgery, including appropriate detergent.
- Light magnification was available in all surgeries.
- All instruments were reprocessed and stored in accordance with guidance.
- All logs of temperature and pressure for the sterilisation cycles were maintained.
- Staff wore all the recommended protective wear for decontamination of instruments.
- Expired items were all removed and a system of checks implemented to prevent recurrence.

The practice had also made further improvements:

- Translation services were now in use for people who required. Staff advised patients they could not to use relatives as translators.
- Referrals and prescriptions were monitored efficiently.
- A lone working policy and risk assessment was created. The dental hygienist had chairside support as an additional dental nurse had been recruited. Dental nurses accompanied dentists on their domiciliary visits at all times.
- Dental care records were reflective of the guidance provided by the Faculty of General Dental Practice.
- A disability access audit was carried out and plans for improvement in future were documented.
- Staff were knowledgeable of the notifications required to be sent to the CQC as part of their registration and of the Duty of Candour regulation.
- A disaster recovery plan was in place for any events that might disrupt the running of the practice.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 6 December 2018.