

Ringway Dental Care Limited

Ringway Dental Care

Inspection Report

187 Finney Lane

Heald Green

Cheshire

SK8 3PX

Tel: 0161 437 2029

Website: www.ringwaydental.com

Date of inspection visit: 4 June 2019

Date of publication: 25/06/2019

Overall summary

We undertook a follow-up desk-based inspection of Ringway Dental Care on 4 June 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.

The inspection was carried out by a CQC inspector.

We undertook a comprehensive inspection of Ringway Dental Care on 18 December 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 safe 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 Ringway Dental Care on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it 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 areas where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 18 December 2018.

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 18 December 2018.

Background

Ringway Dental Care is in Heald Green, Stockport, Cheshire and provides private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Some car parking spaces are available immediately outside the practice, with additional street parking near the practice.

The dental team includes a principal dentist, a visiting dental implantologist, two dental nurses and a receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Ringway Dental Care is the principal dentist.

During the inspection we spoke with the lead dental nurse and administrative staff. We looked at practice policies and procedures and other records about how the service is managed, and reviewed the practice's action plan, against improvements implemented.

The practice is open: Monday and Tuesday from 8.30am until 5.00pm, Wednesday 11am until 7.00pm, Thursday 8.30am until 6.30pm and on Friday 9.00am until 3.00pm.

At our inspection of 18 December 2018 we found:

- Staff were not following manufacturer instruction when using products to clean dental unit water lines.
- Appropriate medicines and life-saving equipment were available but some of this required separating from medicines and appliances that were out of date or redundant so not suitable for use.
- Training for some staff in safeguarding of vulnerable adults and children required updating and policies required review.
- The practice recruitment policy was not always followed, and we found some staff checks had not been conducted for all staff.
- Systems to help manage risk to patients and staff required review, including for management of legionella, management of radiation equipment and for governance around the decontamination process for dental equipment.
- Other areas of recommended training for some staff required updating.
 - The provider had not made the required declaration to the Health and Safety Executive on the use of radiation equipment.
 - Medicines that had passed their use by date had not been safely disposed of.
- All staff and clinicians had access to updated infection control policies and procedures and these now reflected published guidance. Staff were confident on procedures around the safe management of dental unit water lines.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, in date and suitable for use.
- Suitable safeguarding processes were in place and staff knew and understood their responsibilities for safeguarding vulnerable adults and children. Training for all staff and supporting policies had been updated.
- Updated staff recruitment policies clearly outlined processes to be followed in the recruitment of any new staff member. Updated staff records were in place and held all required checks for staff employed at the practice.
- Systems to help manage risk to patients and staff had been reviewed, including risk assessments for management of legionella, the management of radiation equipment and for conducting efficacy testing on dental instruments that had been through the decontamination process.
- The provider had introduced systems to monitor and provide oversight of all staff training and continuing professional development. All staff had access to an on-line training facility and were allocated time within working hours to undertake required training.
- Governance arrangements had been improved. The practice staff we spoke with demonstrated how this supported them in daily working practice.
- Systems to manage medicines safely were in place. Medicines that were out of date had been disposed of safely.
- Prescribing audits were being carried out to ensure the prescribing of medicines was in accordance with the latest recognised guidance.
- The required declaration had been made to the Health and Safety Executive, in respect of the safe maintenance, operation and management of radiation equipment.

Our findings at this follow-up inspection were:

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

- Staff had received training in the safeguarding of vulnerable adults and children, to the required levels.
- Appropriate emergency equipment and medicines were available and ready for use.
- Medicines were managed safely. Any unused medicines were disposed of correctly.
- Infection prevention and control processes had been reviewed and improved.
- Risks in respect of radiography, legionella management and processing of dental equipment in line with recognised guidance, had been reviewed. Staff had received training and guidance on management of these risks.
- Recruitment procedures had been improved.

No action



Are services well-led?

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

The provider had made improvements to the management of the service. This included:

- Improved oversight and management of training and continuing professional development of staff.
- Dedicated facilities and time during working hours for staff to undertake required training.
- Increased use of audit, including for prescribing of antimicrobials in line with recognised guidance, and audit of radiographs.
- Maintenance of registers in respect of temperature checks on water supply, for the management of risk of Legionella; and daily records on the management of dental unit water lines.
- Record keeping improvements for decontamination processes, for example, in the recording of protein residue tests on dental instruments that had undergone the decontamination process.
- Updated staff records with all required recruitment checks for all staff now evident.

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

No action



Are services safe?

Our findings

At our previous inspection on 18 December 2018 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At our follow-up inspection of 4 June 2019, we found the practice had made improvements to comply with the regulation breached.

- All staff and clinicians had access to updated infection control policies and procedures and these now reflected published guidance. Staff were confident on procedures around the safe management of dental unit water lines.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, in date and suitable for use. Expired medicines were disposed of appropriately.
- Suitable safeguarding processes were in place and staff knew and understood their responsibilities for safeguarding vulnerable adults and children. Training for all staff and supporting policies had been updated.

- Updated staff recruitment procedures clearly outlined processes to be followed in the recruitment of any new staff member.
- Risk assessments for management of legionella and the management of radiation equipment were in place. Critical acceptance testing had been carried out on X-ray equipment, where it had not been before, following a move from older premises. X-ray equipment had been serviced and tested as required.
- A protocol for conducting efficacy tests on the cleaning of dental instruments was in place and records to support this were available, forming part of improved governance processes.
- All staff had received training required and could demonstrate an improved knowledge of risks within dental practice and the effective management of those risk factors.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 4 June 2019.

Are services well-led?

Our findings

At our previous inspection on 18 December 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 notice. At the inspection on 4 June 2019 we found the practice had made the following improvements to comply with the regulation:

- The provider was able to demonstrate improved governance systems and record keeping.
- Updated staff records were in place and held all required checks for staff employed at the practice.
- Systems to help manage risk to patients and staff had been reviewed; staff had received training in these areas, for example, in the safe management of risk of Legionella, on radiation protections, management of the decontamination process within a dental setting, and the safe management of dental unit water lines.
- The provider had introduced systems to provide oversight of all staff training and continuing professional development. All staff had access to an on-line training facility and were allocated time within working hours to undertake required training.

- Systems to manage medicines safely were in place. Medicines and any emergency medical equipment that was out of date had been disposed of safely.
- The provider was conducting prescribing audits to ensure the prescribing of medicines was in accordance with the latest recognised guidance.
- The required declaration had been made to the Health and Safety Executive, in respect of the safe maintenance, operation and management of radiation equipment.
- Radiograph audits were in place.
- Infection prevention and control audits were in place and these were being completed on a six-monthly basis, as described in recognised guidance.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 4 June 2019.