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Newcastle Under Lyme Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Newcastle Under Lyme Dental Practice on 25 March 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 led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Newcastle Under Lyme Dental Practice on 18 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 well led care and was in breach of regulation 17 (Good governance) 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 Newcastle Under Lyme Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 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 February 2019.

Background

Newcastle Under Lyme Dental Practice provides private treatment to adults and children.

Due to the nature of the practice wheelchair access is not possible. Wheelchair users would be signposted to a local practice which is fully accessible. Car parking spaces are available near the practice.

Summary of findings

The dental team includes seven dentists, five dental nurses, a dental hygienist, two dental hygiene therapists, a deputy practice manager and a practice manager. The practice has five treatment rooms.

The practice is owned by an individual who is the practice owner. 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 one dentist 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, Tuesday and Friday from 8:00am to 5:00pm

Wednesday from 9:00am to 7:00pm

Thursday from 10:00am to 7:00pm

Our key findings were:

- Improvements had been made to the infection control processes.
- Improvements had been made to the processes for managing the risks associated with radiation and Legionella.
- Improvements had been made to the process for monitoring staff training.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had implemented systems and processes in order to ensure the risks associated with the carrying out of the regulated activities are appropriately managed. These included carrying out a Legionella risk assessment, actioning recommendations made in the critical examinations for the X-ray machines, completing individual risk assessments for hazardous substances, reviewing the system for checking medical emergency equipment and improving the governance arrangements surrounding the use of closed circuit television (CCTV).

No action



Are services well-led?

Our findings

At our previous inspection on 18 February 2019 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 25 March 2019 we found the practice had made the following improvements to comply with the regulation:

- Recommendations identified in the critical examinations had been actioned. These included relocating the isolation switches, installing a two-stage warning light and obtaining a lead lined door for the room where the computed tomography machine (CBCT) machine was located. The practice had also obtained a phantom for the monthly quality assurance of the CBCT machine. Staff described the process of how to use the phantom and had received training on how to do so.
- The missing items of emergency equipment (except for a size 0 and 1 mask for the self-inflating bag) had been obtained. The missing items were on order. The emergency medical oxygen cylinder was checked on a weekly basis. We saw evidence of the weekly checklist.
- We were shown the folder relating to the control of substances hazardous to health. There were individual risk assessments for all substances and they had been indexed to make the location of materials easier for staff.
- Infection control procedures had been improved. A new fan had been installed in the decontamination room which ensure the correct flow of air from clean to dirty. The heavy-duty gloves and scrubbing brushes were

changed on a weekly basis or more frequently if they became visibly worn or damaged. We saw evidence of checklists for this. The process for stamping bags had been reviewed and reinforced with all staff. There was details on the decontamination room wall about what colour stamp related to the date of sterilisation and what colour for the use-by date. A new infection prevention and control audit had been completed.

- A Legionella risk assessment had been carried out. We saw evidence that recommendations in the risk assessment had been actioned. We were shown evidence of monthly hot and cold-water temperature testing. We noted that these were not from the sentinel outlets. We discussed which taps are the sentinel outlets and we were assured that the water temperatures would be taken from these taps from now on.
- The system for ensuring staff were up to date with the relevant training had been reviewed. A new system had been implemented which involved the practice manager checking staff training every three months to look for any gaps. Staff would then be prompted to complete the relevant training when required. We checked the training which was missing from the previous inspection and found it had been completed.
- We saw signs notifying patients of the use of closed circuit television (CCTV). There was also a policy in place to support it use.

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 25 March 2019.