

Mr Peter George

Lynwood Dental Practice

Inspection Report

Lynwood
School Road
Hightown
Merseyside
L38 0BN
Tel: 07832 142552

Date of inspection visit: 26 March 2020
Date of publication: 21/04/2020

Overall summary

We undertook a follow up desk-based inspection of Lynwood Dental Practice on 26 March 2020. 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.

We undertook a comprehensive inspection of Lynwood Dental Practice on 15 October 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 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 Lynwood Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- 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 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 15 October 2019.

Background

Lynwood Dental Practice is in Hightown, Merseyside and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking is available near the practice. The ground floor surgery is accessible for wheelchair users.

The dental team includes two dentists, five dental nurses, three of whom are trainees, and two dental hygiene therapists. The practice has two treatment rooms.

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.

Summary of findings

For this inspection we spoke with the principal dentist. We also reviewed changes made to practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 9am to 6pm and on Friday from 9am to 5pm.

Our key findings were:

- The infection audit control tool used by the practice was now the updated version which included a statement of any actions required. Staff had been encouraged to complete this to ensure any required actions were identified and recorded.
- All appropriate medicines and life-saving equipment were available, as described in recognised guidance. The list used to check medicines and equipment against had been updated. Glucagon was being stored in the fridge and the temperature of the fridge was monitored daily.
- The provider had systems to help them manage risk to patients and staff. These had been reviewed with staff. For example, staff were told that they should not be dismantling any sharps, including matrix bands.
- All required recruitment records were in place for all staff working at the practice. A training matrix was now in place to give the provider oversight of any staff training requirements.
- A Legionella risk assessment had been booked for the practice, following changes to the building, for example, the provision of a new toilet facility. This assessment had been postponed due to the Corona virus outbreak. Paperwork from the risk assessor was provided to demonstrate that all reasonable steps had been taken and that a full assessment would be carried out as soon as this was permitted.
- There was a system in place to monitor referrals to specialist or secondary care. All staff were familiar with this so they could make checks in the absence of any colleague.
- The complaints procedure had been reviewed and updated to ensure this met the guidance on NHS complaints handling and protocol.
- Clinical waste audits were in place.
- Policies had been reviewed and staff were updated on changes made to these.
- The system for receiving alerts and updates in the practice had been reviewed and updated to ensure staff had access to these and that they were printed off for staff to refer to.

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



Are services well-led?

Our findings

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

At our previous inspection on 15 October 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 26 March 2020 we found the practice had made the following improvements to comply with the regulation.

The provider had reviewed systems and processes in place to support governance within the practice and had made improvements.

A system was in place to share all relevant safety alerts and updates. These were now being received in a central email inbox accessible to all staff. These were printed off and circulated. We advised the provider to ensure staff signed these to confirm their understanding.

A training matrix was in use to provide oversight of all staff training and when this was due for renewal. All staff had received updated safeguarding training in respect of children and vulnerable adults. All dental nursing staff and hygienist had received training to level two and the principal dentist had completed training to level three. All staff had access to an on-line training package.

Practice policies had been reviewed to ensure these met the needs of the practice, staff and patients. This included the practice whistleblowing policy, which now included contact details of organisations staff could refer concerns to, if required. The sharps handling protocol had been reviewed with all staff, confirming that only the dentist should be dismantling sharps, including matrix bands. To embed this, there was no sharps disposal bin in the decontamination room, so dental nurses would not be handling sharps. The practice complaints policy had been strengthened to ensure that any verbal complaints received were recorded and logged as a complaint. Staff had been made aware of the NHS guidance on handling complaints from patients.

The provider had recruitment records for all staff working at the practice. These were in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The list staff used for making checks on emergency equipment and medicines had been updated and listed all items as described in recognised guidance, and in the quantities required. All items were now available. Checks on these were recorded. Glucagon was now being stored in the fridge and the temperature of the fridge was checked daily.

A clinical waste audit had been completed and a copy of this had been given to the waste carrier.

Staff who carried out infection control audits were now using the updated Infection Prevention Society (IPS) audit tool, which includes a statement of actions, used to record any areas that require improvement. Audits were scheduled to be completed every six months. The provider had made changes to the building, including to the water heating system. The previous Legionella risk assessment that was shown to us at our inspection of October 2019, did not take account of this. A new risk assessment had been commissioned, and this had been due to take place but had been postponed due to the Corona virus outbreak. Paperwork provided demonstrated that action had been taken to ensure this risk assessment would be carried out as soon as possible. In the meantime, the provider was checking temperatures of hot and cold water at the practice and records kept demonstrated these were in the required range for thermic control of Legionella.

The system for monitoring referrals to secondary care and other dental specialists had been improved. This meant that all staff could check on referrals and checks made meant that any patient that had not been seen after two weeks, or had not been contacted by the secondary care provider, could be followed up.

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 26 March 2020.