

Newcastle Denture Services Limited

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Inspection Report

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Overall summary

We undertook a follow up focused inspection of Newcastle Denture Services Ltd on 8 April 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Newcastle Denture Services Ltd on 23 January 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 Newcastle Denture Services Ltd 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 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 23 January 2019.

Background

Newcastle Denture Services Ltd is in Newcastle-under-Lyme in Staffordshire and provides private treatment mostly to adults.

There is level access for people who use wheelchairs and those with pushchairs. There is car parking available at the practice including spaces for blue badge holders.

The dental team includes one Clinical Dental Technician, three part-time dentists, one dental hygiene therapist,

Summary of findings

one qualified dental nurse, one receptionist, three laboratory technicians and the practice manager. The practice has two treatment rooms, both of which are on the ground floor.

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 Newcastle Denture Services Ltd is the practice owner and Clinical Dental Technician.

During the inspection we spoke with the practice owner. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday: from 8.30am to 5.30pm.

Our key findings were:

- The first aid box had been replaced and a system introduced to check the contents on a weekly basis to ensure they were in date and ready for use.
- The emergency equipment had been reviewed and the system for regular checks of the equipment had been updated.
- Relevant staff had received training in appraisals, and all staff had received an appraisal of their performance during March 2019.
- The system for completing audits had been reviewed, and records showed audits had been completed throughout March 2019.
- The risk assessments in the Control of Substances Hazardous to Health folder had been reviewed and information updated and indexed.

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 made improvements to the management of the service. This included replacing emergency equipment where necessary, including the contents of the first aid box. Reviewing the systems and processes for monitoring the emergency medicines and equipment. Ensuring all staff had received an appraisal of their performance. Introducing a new system for completing audits within the practice. Staff had reviewed the information held in the Control of Substances Hazardous to Health folder to ensure there was information available for all substances held on the premises.

No action



Are services well-led?

Our findings

At our previous inspection on 23 January 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 8 April 2019 we found the practice had made the following improvements to comply with the regulation:

- The first aid box had been replaced on 24 January 2019. A new system had been introduced to check the contents on a weekly basis to ensure they were in date and ready for use when needed.
- The emergency equipment had been reviewed and where necessary new equipment had been purchased, or old equipment replaced. The system for regular checks of the equipment had been updated, and records showed checks were being completed either on a daily or weekly basis as appropriate.
- The records in the practice showed that all staff had received an appraisal of their performance during March 2019. Relevant staff had received training in appraisals to ensure the process worked effectively.
- The system for completing audits at the practice had been reviewed. The records showed a range of audits had been completed throughout March 2019. These included audits of: complaints, radiography, dental care records, access, Health and Safety and consent. There were action plans and learning points identified where needed.
- The information contained within the Control of Substances Hazardous to Health folder had been reviewed and updated. There was product safety information relating to the risks for all products within the practice. The risk assessments were clearly indexed for ease of access.