

Petrie Tucker and Partners Limited

Mydentist - Padiham Road - Burnley

Inspection Report

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Padiham
Burnley
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Overall summary

My Dentist - Padiham Road, Burnley is in the village of Padiham 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 spaces, including two for blue badge holders, are available near the practice side entrance.

The dental team includes 10 dentists, 12 dental nurses, three trainee dental nurses, two dental hygienists, one dental hygiene therapist, one treatment co-ordinator and three receptionists. The practice also has three visiting implantologists, one visiting orthodontist and one orthodontist who is seeing a small number of patients they treated whilst working at the practice. The practice is managed on a day to day basis by a practice manager. The practice has 12 treatment rooms; six on the ground floor and six on the first 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 My Dentist Padiham Road, Burnley is the practice manager.

The practice is open Monday, Tuesday, Wednesday and Friday from 8am to 5.30pm. On Thursday the practice is open from 8am to 7pm. The practice is open on some Saturday mornings to accommodate certain advance patient bookings only.

To conduct our follow-up inspection we spoke with the practice manager, who provided evidence of action taken to address identified regulatory breaches.

Our key findings were:

Systems or processes had been established and appeared to be operating effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:

- Work scheduled to be carried out at the practice in the week following our visit, to address longstanding issues with management of Legionella had been completed.

Summary of findings

- A new Legionella risk assessment had been carried out to assure that work completed on the water supply system, had addressed issues raised by our inspection.
- A key security log had been introduced to ensure that only authorised persons had access to keys, for example, to access medicines used in sedation.
- All required checks for permanently employed staff were in place. Procedures for assurance of recruitment checks on locum staff had been improved.
- A new practice manager was in place at the practice. The practice manager confirmed support was provided to ensure understanding of regulatory standards required within a dental setting.
- The practice manager held records of professional development for all staff, which only they could update. The introduction of this system meant staff had to show evidence of training completed, so that the practice log could be updated.

We saw evidence of further improvements made by the provider. We found:

- Further training had been delivered to all staff on the practice whistleblowing policy. All staff had signed a practice meeting log to confirm this training had been received. Any staff identified as being absent were given the opportunity to complete this training.
- A maintenance issues log was kept by the practice, to enable follow-up of any works outstanding. A review had also been held by the corporate level health and safety team, and systems introduced to ensure that works required at practice level were not unduly delayed.

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.

- Work scheduled to be carried out at the practice in the week following our visit, to address longstanding issues with management of Legionella had been completed.
- A new Legionella risk assessment had been carried out to assure that work completed on the water supply system, had addressed issues raised by our inspection.
- A key security log had been introduced to ensure that only authorised persons had access to keys, for example, to access medicines used in sedation.
- All required checks for permanently employed staff were in place. Procedures for assurance of recruitment checks on locum staff had been improved.
- A new practice manager was in place at the practice. The practice manager confirmed support was available to ensure understanding of regulatory standards required within a dental setting.
- The practice manager held records of professional development for all staff, which only they could update. The introduction of this system meant staff had to show evidence of training completed, so that the practice log could be updated.

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

No action



Are services well-led?

Our findings

At our previous inspection on 3 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 follow-up inspection on 16 April 2019 we found systems or processes had been established and appeared to be operating effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Work scheduled to be carried out at the practice in the week following our visit, to address longstanding issues with management of Legionella had been completed. Water temperature testing logs were in place, which covered both water systems in use at the practice. The provider had also decommissioned a bathroom on the first floor of the building, that was no longer in use. An outlet tap was added to pipework in this bathroom, to allow flushing of pipework that remained on the system. A new Legionella risk assessment had been carried out to assure that work completed on the water supply system, had addressed issues raised by our inspection.

At our last inspection, we found keys to a secure medicines cabinet had been taken off site by a staff member who was on leave. This meant we were unable to inspect sedation medicines held in this cabinet, to ensure the quantities held, matched those recorded in a medicines log book. At this follow-up inspection, we saw a key security log had been introduced to ensure that only authorised persons had access to keys, for example, to access medicines used in sedation. These keys were signed in and out following use, and the keys were held securely.

All required checks for permanently employed staff were in place. Procedures for assurance of recruitment checks on locum staff had been improved. For all staff, the registered person ensured that the immunity to Hepatitis B status for all staff was checked and recorded.

A new practice manager was in place at the practice. The practice manager confirmed support was in place to ensure understanding of regulatory standards required within a dental setting.

The practice manager held records of professional development for all staff, which only they could update. The introduction of this system meant staff had to show evidence of training completed, so that the practice log could be updated.

The practice had also made further improvements. Training had been delivered to all staff on the practice whistleblowing policy. All staff had signed a practice meeting log to confirm this training had been received. Any staff identified as being absent were given the opportunity to complete this training. The oversight of the continuing professional development and training log by the new practice manager, enables all training, including highly recommended training, to be delivered timeously.

As a result of 'lessons learned' a maintenance issues log was kept by the practice, to enable follow-up of any works outstanding. A review had also been held by the corporate level health and safety team, and systems introduced to ensure that works required at practice level were not unduly delayed. This improvement would benefit all practices within the ownership of the provider.

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 16 April 2019.