

Petrie Tucker and Partners Limited

Lyndhurst Family Dental Centre

Inspection Report

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Date of inspection visit: 17 November 2016
Date of publication: 28/11/2016

Overall summary

We carried out an announced comprehensive inspection of this practice on 4 November 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 12: Safe care and treatment; and Regulation 17: Good governance. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lyndhurst Family Dental Centre on our website at www.cqc.org.uk

We carried out an announced follow up inspection on 17 November 2016 to ask the practice the following key questions; Are services well-led?

Our findings were:

Are services well-led?

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

Background

Lyndhurst Family Dental Centre is situated over three floors of premises in Nottingham. The patient areas occupy the ground and first floor. The practice is accessible to patients with restricted mobility, such as those in a wheelchair. The practice provides regulated dental services to patients in Nottingham and the surrounding area. The practice provides mostly NHS dental treatment. Services provided include general dentistry, dental hygiene, and root canal treatments.

The practice was open: Monday to Thursday: 8:30 am to 5:30 pm and Friday: 8:30 to 5 pm.

Access for urgent treatment outside of opening hours was by ringing the practice telephone number and following the answerphone message. Alternatively patients could telephone the NHS 111 telephone number.

The practice has five dentists, one therapist, nine qualified dental nurses and one trainee dental nurse.

Our key findings were:

- The practice had been totally refurbished since the inspection of the 4 November 2015. The refurbishment had seen new flooring, in clinical areas, new cabinets

Summary of findings

and work surfaces, new seating in the waiting areas and new ceiling tiles together with a complete redecoration in the provider's corporate colour and design scheme.

- Clinical waste bags were clearly marked with the practice name and address.
- X-rays taken at the practice were graded and justified for quality purposes in the patients' dental care records.

- Chemicals used at the practice during the X-ray process were stored safely and appropriately.

Arrangements had been made to introduce digital X-rays at the practice during December 2016. As a result the chemicals used in the X-ray development process would be dispensed with.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

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

The practice had been totally refurbished since the inspection of the 4 November 2015.

Clinical waste bags were clearly marked with the practice name and address.

X-rays taken at the practice were graded and justified for quality purposes in the patients' dental care records.

Chemicals used at the practice during the X-ray process were stored safely and appropriately.

No action



Lyndhurst Family Dental Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

On 4 November 2015 we carried out an announced, comprehensive inspection and identified concerns with regard to the safe and well led areas of the practice. As a result we issued the provider with a requirement notice to address those concerns.

We carried out a focused inspection on 17 November 2016 to check that the concerns had been addressed and compliance achieved.

The inspection team consisted of a Care Quality Commission (CQC) inspector.

Are services well-led?

Our findings

Governance arrangements

During our inspection of 4 November 2015 we identified the premises were in need of renovation. At that time the fabric of the building presented a risk to the health and safety of patients, staff and visitors. The provider was in dispute with the landlord which had delayed the start of planned refurbishment work.

At this focused inspection visit on 17 November 2016 we saw that all areas of the practice had been refurbished. This had seen new flooring, cupboards, work tops and sinks installed and the whole practice had been redecorated. Damaged cupboard fronts, flooring and ceiling tiles had been replaced and the practice had been redecorated in the corporate colour scheme.

The refurbishment work had been completed at the beginning of November 2016. The concerns relating to the environment identified at the November 2015 inspection had been addressed.

We also identified during our inspection of 4 November 2015 concerns with regard to the infection control protocols relating to the management of clinical waste.

At this focused inspection visit on 17 November 2016 we saw that clinical waste bags were stored securely away from patient areas. Each individual clinical waste bag was marked with a sticker which had the practice address and postcode.

In November 2015 we also identified concerns with regard to the record keeping relating to and the management of the chemicals used to develop the X-rays. In addition the quality assurance process was irregular and insufficient to reduce the risk of patients being subjected to further unnecessary X-rays.

At this focused inspection visit on 17 November 2016 we saw that the practice used a Velopex machine to develop their X-rays. This type of machine relied on chemical fixers and developers to produce the X-ray image. The chemicals were managed securely and there were records which identified when chemicals were being changed. The practice manager said the provider had agreed for the practice converting to digital X-rays during December 2016. Digital X-rays did not require the chemicals and were therefore safer for staff use. Digital X-rays also required a lower dose of radiation making them safer for patients and staff.

A dentist showed us the dental care records of six random patients who had received an X-ray at the practice. The dental care records showed that when X-rays were taken the reason (justification) for taking that X-ray was recorded and the quality of the X-ray image was also noted. These measures would reduce the likelihood of patients being subjected to further X-rays.