

Belford Dental Practice Limited

Belford Dental Practice

Inspection Report

54B High Street
Belford
Northumberland
NE70 7NJ
Tel:01668 213744
Website:

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Overall summary

We undertook a focused inspection of Belford Dental Practice on 26 July 2018. 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Belford Dental Practice on 28 March 2018 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 safe and well-led care in accordance with the relevant regulations 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 Belford Dental Practice on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 28 March 2018.

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 28 March 2018.

Background

Belford Dental Practice is in Belford, Northumberland and provides private treatment to adults and children. A portable ramp is available for people who use wheelchairs and pushchairs. On street parking is available near the practice.

The dental team includes one dentist, one dental nurse and one receptionist. The practice has one treatment room.

Summary of findings

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.

During the inspection we spoke with the dentist, the dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9am to 6:30pm

Tuesday 9am to 4pm

Wednesday 9am to 5pm

Thursday 9am to 5pm

Friday 9am to 1pm

Our key findings were:

- Medicines and life-saving equipment were available in accordance with national guidance. The practice had purchased an Automated External Defibrillator.
- The practice had effective systems to help them manage risks associated with fire, legionella and other areas.
- The provider had thorough staff recruitment procedures.
- The practice staff understood their responsibilities in relation to the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- Staff had reviewed their protocols and procedures for use of X-ray equipment giving due regard to Guidance Notes for Dental Practitioners on the Safe use of X-ray Equipment by the National Radiological Protection Board.
- The practice had fully assessed the needs of all population groups in line with the requirements of the Equality Act 2010; a disability discrimination assessment was undertaken for the premises.
- Staff were aware of how to access an interpreter service for patients who do not speak English as their first language.
- The dental team was familiar with the requirements of the Mental Capacity Act 2005 as well as other recent guidance relating to dentistry.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The dental team had made improvements to provide safe care and treatment. This included carrying out risk assessments, implementing policies and protocols and adopting various measures to monitor risk systems within the practice.

The improvements provided a sound footing for the ongoing provision of safe care and treatment at the practice.

No action



Are services well-led?

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

The dental team had made improvements to the management and governance of the service. This included providing additional staff time for management and administration, establishing clear roles and responsibilities for all the practice team. The dental nurse and receptionist provided support to the principal dentist in rectifying all shortcomings.

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

No action



Are services safe?

Our findings

At our previous inspection on 28 March 2018 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our warning notice. At the inspection on 25 July 2018 we found the practice had made the following improvements to comply with the regulation:

- Practice staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS). Emergency equipment and medicines were available as described in recognised guidance, including an Automated External Defibrillator. Medicines were stored in accordance with manufacturer's instructions and staff recorded temperatures for those medicines that were temperature sensitive. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. They discussed all medical emergencies in scenario training and were assigned specific roles should an emergency occur.
- A system was implemented to monitor the expiry dates of all dental materials and medicines held onsite, including local anaesthetic. The temperature of each material was logged and room temperature was recorded to ensure the room was maintained at a suitable temperature for all materials. Sterile instruments were bagged and the use by date stamped on the bag.
- A sharps risk assessment had been completed and the principal dentist had purchased protective needle guards.
- A fire risk assessment was carried out by staff and measures were implemented according to the action plan. We saw the practice had two fire extinguishers and a fire evacuation procedure was displayed. Records showed that fire detection equipment, such as smoke detectors, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. At our previous inspection, we saw one fire exit

was obstructed and this was now clear. Records also confirmed staff undertook weekly and monthly checks to ensure all fire equipment was in working order and the fire exit was always clear. Two fire drills were carried out since our last visit – these were enacted to ensure timely evacuation. We saw a letter from a fire officer which confirmed the arrangements were sufficient.

The practice had also made further improvements:

- The practice's health and safety policy, procedures and risk assessments were up to date to help manage potential risk. We spoke to the principal dentist about the process for reporting faulty devices to the Medicines and Healthcare products Regulatory Agency (MHRA). At our last inspection, they were unaware of this process and had failed to report a faulty needle. They now demonstrated sound understanding of when to report and showed us evidence they had reported the faulty device. All other needles from the package had also been risk assessed for use and discarded.
- The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health in line with the Control of Substances Hazardous to Health regulations 2002 (COSHH). They demonstrated they had risk assessed some materials on-site and were in the process of risk assessing others. We saw all materials' safety data sheets were held on file and on the desktop for easy access.
- We checked the principal dentist's protocols for X-rays and saw their local rules were updated with sufficient information, including details of their radiation protection adviser and specification of the controlled zone of radiation. We saw the principal dentist demonstrated a quality assurance system for assessment of their X-rays.

These improvements showed the provider had taken actions to comply with the regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment when we inspected on 25 July 2018.

Are services well-led?

Our findings

At our previous inspection on 28 March 2018 we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our warning notice. At the inspection on 25 July 2018 we found the practice had made the following improvements to comply with the regulation:

- The principal dentist demonstrated receipt of national safety alerts and distributed these with all staff. We spoke to the dental nurse and receptionist who confirmed this and showed us their system for storing and acting upon relevant safety alerts.
- Risk assessments were undertaken to address general risks in health and safety, fire and sharps.
- A system was now in place to monitor the expiry dates of all medicines, materials and instruments held on-site.
- Incidents and accidents were adequately recorded and staff understood reporting procedures.
- Medical emergency drugs and equipment were checked frequently and scenario training undertaken.

The practice had also made further improvements:

- A recruitment policy was present with checklists for each recruitment stage. We saw evidence of all documents held in staff files for each staff member. These included qualifications (where applicable), registration with the General Dental Council (GDC), immunisation record and immunity status, employment history and photographic identification. We also saw the practice had policies and protocols for equal opportunities monitoring, interview forms, a pre-employment guide, an agency staff checklist and induction forms for all roles.
- The principal dentist demonstrated an organised approach to their policies and protocols. They ensured all policies were practice specific, read and signed by all staff members and reviews scheduled for any changes.
- We saw a yearly schedule had been implemented for the servicing of all equipment, including the

compressor. We saw the compressor had been serviced in April 2018 and dental implant equipment had been sent for servicing. We also saw evidence of certificates from previous years.

- The principal dentist demonstrated their audit cycle in various subjects including infection prevention and control, record keeping and radiography. Audits included results, analysis of results and subsequent action plans.
- Staff demonstrated knowledge in relevant updates including the General Data Protection Regulations (GDPR) and the Control of Mercury (Enforcement) Regulations 2017.
- Gypsum was disposed of in accordance with the Hazardous Waste (England and Wales) Regulations 2005. We saw evidence of this in their waste contract.
- Validation tests for the steriliser were recorded appropriately since our last visit and dental nurses implemented an adequate dental unit water line flushing regime in accordance with their Legionella risk assessment.
- The principal dentist had completed a disability discrimination assessment. This identified measures the principal dentist could undertake to address the needs of all population groups. The practice had purchased an induction hearing loop for those with reduced hearing and staff were clear on where to find interpreters for people who did not speak English.
- The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

These improvements showed the provider had acted to comply with the regulations 17 HSCA (RA) Regulations 2014 Good governance when we inspected on 25 July 2018.