

## Marston Green Dental

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## Inspection Report

21 Station Road  
Marston Green  
Birmingham  
B37 7AB

Tel: 0121 779 2611

Website: [www.wilkinsondental.co.uk](http://www.wilkinsondental.co.uk)

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### Overall summary

We carried out a focused inspection of Marston Green Dental on 27 November 2017.

The inspection was led by a CQC inspector.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 7 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring

and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with Regulation 17(1) 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 Marston Green Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

We also reviewed the key question of safe as we had made recommendations for the provider relating to this key question. We noted that some improvements had been made.

#### **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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 7 March 2017.

There were areas where the provider still could make improvements. They should:

- Review availability of interpreter services for patients who do not speak English as a first language.

# 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?**

The provider had made improvements to the management of the service. This included ensuring their arrangements for dealing with medical emergencies were in line with current guidance. 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 inspection on 7 March 2017 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 27 November 2017 we noted the practice had made the following improvements to meet the requirement notice:

- The practice's arrangements for dealing with medical emergencies had improved. All medicines and equipment were within their expiry date. All equipment was present and in line with current guidance from The Resuscitation Council (UK). This included portable suction, paediatric self-inflating bags and the correct sizes of oropharyngeal airways and clear face masks.
- Fire exits at the practice now had appropriate signage to indicate their whereabouts.
- We reviewed a selection of instruments post-sterilisation and found they were now packaged in line with current guidance. Staff also described the process they had adopted since the previous inspection for identifying which instruments required reprocessing.
- Staff showed us records of regular maintenance tests that they carried out on the ultrasonic cleaning bath which was used as part of the decontamination process. They carried out daily, weekly and monthly tests.
- At the previous inspection, we found dental materials that had exceeded the date for their safe use. Staff showed us the changes they had made to their processes to ensure that out of date materials were identified and disposed of in a timely manner.
- We reviewed the practice's procedures for the prevention of Legionella in the water lines. Staff had begun recording water temperatures on a monthly basis in April 2017. They were not previously recording these to ensure that the water temperature remained with the recommended parameters for the prevention of Legionella.
- We reviewed the drawers and cupboards and found they were now free of clutter. Keyboards in the treatment rooms all had waterproof covers on them to aid effective infection control measures.
- At the previous inspection we identified that the flooring and walls in one treatment room required re-sealing as there were minor defects. These would make it difficult to carry out effective cleaning. The registered manager

informed us they planned to refurbish the practice within the next month and this treatment room was a priority. They assured us they would temporarily re-seal these defects in the interim.

- Recruitment procedures had improved at the practice. They had recruited two new staff members since our previous visit in March 2017. We reviewed their files and found that their procedures were in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also reviewed previous recruitment files where essential information was missing at the previous inspection. Two of the three missing documents were now in place. The third document (evidence of the staff member's immunisation status) was forwarded to us one week after this inspection. There was also evidence that new recruits had undergone an induction programme.

The practice had also made further improvements:

- We reviewed documents which showed that the practice now received and responded to patient safety alerts, recalls and response reports from the Medicines and Healthcare products Regulatory Agency. We were told that recent alerts were displayed on the notice board in the staff room and were discussed at staff meetings.
- The practice now monitored patients' vital signs during sedation with the use of a pulse oximeter. We also checked the equipment used for sedation and found this was satisfactory. The practice also held evidence that one dentist and one dental nurse had recently attended training in sedation.
- We reviewed complaints that had been received since the previous inspection and found that these had been correctly filed and appropriate documentation was stored together for completeness.
- Limited improvements had been made in the analysis of audits undertaken by staff. At the previous inspection, we found that the practice carried out audits to encourage learning. However, they did not have clear records of the results of these audits and the resulting action plans and improvements. During this inspection, we reviewed four audits and three of these had been analysed. However, their processes for auditing infection control required improvements as there was no action plan or analysis of audit findings.

## Are services well-led?

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 7 March 2017.