

Mr Edward Abdur Rashid Sarker

Copley Dental Care

Inspection Report

Glendene
Wakefield Road
Copley
Halifax
West Yorkshire
HX3 0UA
Tel: 01422 355667
Website:

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Overall summary

We carried out an announced follow-up inspection at Copley Dental Care on 20 April 2018.

We had undertaken an announced comprehensive inspection of this service on the 26 October 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements. We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Copley Dental Care on our website at www.cqc.org.uk.

We revisited Copley Dental Care as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 20 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

• Is it well-led?

This question forms the framework for the areas we look at during the inspection.

Our findings were:

Are services well-led?

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

Background

Copley Dental Care is near Halifax and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. The practice has a small dedicated car park.

The dental team includes one dentist and three dental nurses (two of whom are trainees).

The practice has two treatment rooms.

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.

Summary of findings

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

The practice is open:

Tuesday to Friday from 10:00am to 6:00pm

Our key findings were:

- Improvements had been made to the process for reducing the risks associated with fire and sharps.
- Improvements had been made to the process for environmental cleaning.
- Improvements had been made to the recruitment process.

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.

Improvements had been made to the process for reducing the risks associated with fire and sharps. These included a new fire risk assessment and a more detailed sharps risk assessment.

A new cleaning schedule had been implemented and staff were familiar with this.

Improvements had been made to the recruitment procedure.

An infection prevention and control audit had been carried out and there was an action plan associated with this.

No action 

Are services well-led?

Our findings

Governance arrangements

Following the inspection on 26 October 2017, we found improvements had been made to the process for reducing the risks associated with fire and sharps. A new fire risk assessment had been completed in December 2017. We saw a new fire extinguisher had been acquired. In addition, it was deemed that only one fire exit was sufficient. The fire exit signage had been removed from the back door to avoid confusion. We saw logs of weekly fire alarm testing, monthly emergency lighting checks and weekly fire extinguisher checks. These were all in line with the risk assessment. A more detailed sharps risk assessment had been completed. This stated that the dentist was responsible for re-sheathing needles using the one-handed scoop technique and was also responsible for all other sharp instruments. Staff were aware of these arrangements.

Improvements had been made to the recruitment procedure. A new trainee dental nurse had started. We reviewed their recruitment folder and we saw evidence of a Disclosure and Barring Service (DBS) check, photo identification, references and a risk assessment for a member of staff whose immunity to Hepatitis B is unknown.

The provider had implemented a cleaning schedule. Colour coded mops and buckets were available and staff were familiar with the schedule and the need to use these in particular zones.

Learning and improvement

A new infection prevention and control audit had been carried out. This showed the practice was meeting the essential standards. There was an action plan associated with this audit to help with continuous improvement.