

Peter Goch - Marford Road Dental Practice

Marford Road Dental Practice

Inspection Report

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Overall summary

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.

Previously, we had undertaken a comprehensive inspection on 5 November 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 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 Marford Road 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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

Background

Marford Road Dental Practice is a well-established practice based in Wheathampstead that provides both NHS and private dental treatment to about 9,000 patients. The dental team includes two dentists, a specialist periodontist, a hygienist, a practice manager, three dental nurses and two reception staff. There are three treatment rooms. There is on-site parking for four cars and additional parking opposite the practice.

The practice opens on Mondays to Fridays from 9am to 5pm.

The practice is owned by a partnership 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 practice has a part-time registered/ compliance manager, who also works at another dental service.

Our findings were:

The provider had made effective improvements in relation to the regulatory breach we found at our previous inspection and was now was providing well-led care in accordance with the relevant regulations. These improvements must be sustained in the long-term.

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 in accordance with the relevant regulations.

Robust action had been taken to address the shortfalls we had identified at our previous inspection. For example, recruitment procedures had strengthened, the assessment of risk was more robust, fire safety had improved, clinical waste was stored more securely, prescriptions were better managed, patient referrals were followed up and plans were in place to appraise all staff.

No action



Are services well-led?

Our findings

At our previous inspection on 5 November 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 requirement notice. During this inspection, we found that staff had worked hard to implement the following improvements.

- The practice had introduced a specific protocol to prevent wrong site surgery.
- Paperwork we viewed in relation to a recent employee demonstrated that appropriate pre-employment checks had been completed for them. Disclosure and barring checks had been undertaken for all staff since our previous inspection.
- A fire risk assessment had been completed and the practice was about to install battery operated fire alarms as a result. A fixed wiring check had been undertaken and appropriate signage had been put in place to warn that oxygen was stored on site.
- Rectangular collimation was now used on both X-ray units to reduce patient exposure to radiation.
- A sharps risk assessment had been completed for the practice, although we noted that one sharps box was not labelled correctly.
- A full risk assessment had been undertaken of the premises to help identify any potential hazards.
- All staff had attended cardiopulmonary resuscitation training on the 10 December 2018, and the practice had purchased a new first aid kit. A system had been introduced to check its contents remained fit for safe use.
- Clinical waste was now stored securely and clinical bins had been chained.
- Individual prescriptions were tracked and monitored effectively and the practice was about to undertake an audit to ensure clinicians were prescribing according to national guidance.
- Glucagon had been removed from the fridge and its expiry date reduced as recommended.
- Staff had begun recording untoward events in the practice and we noted records for several incidents including a patient who had bumped their head and laboratory work that had not been received.
- The practice's patient consent policy had been updated and now included information about the Mental Capacity Act 2005 (MCA) and Gillick competence guidelines. The practice manager told us that all staff had been issued with additional guidance in relation to the MCA which they had read.
- The practice had implemented a log sheet to monitor all non-NHS referrals and check they had been received in a timely way.
- The practice had purchased a portable induction loop to assist patients who wore hearing aids. A poster had been placed in the waiting area advising patients of the availability of large print leaflets and information on interpreting services.
- Information about out of hours services had been placed on the front door.
- Information about how patients could raise their concerns had been updated and made more visible in the waiting area. We viewed paperwork in relation to one complaint received which demonstrated it had been managed effectively.
- A plan to have all staff appraised by the 1 April was in place and we viewed initial self-assessment forms that had been given to them for completion.

These improvements demonstrated the provider had taken effective action to comply with regulation.