

The Cosmetic Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out a follow-up inspection at The Cosmetic Dental Practice Limited on 21 December 2017.

We had undertaken an announced comprehensive inspection of this service on the 27 June 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice 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 The Cosmetic Dental Practice Limited on our website at www.cqc.org.uk.

We revisited The Cosmetic Dental Practice Limited as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 21 December 2017 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.

We reviewed the practice against one of the five questions we ask about services: is the service well-led?

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

Our findings were:

Are services well-led?

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

Background

The Cosmetic Dental Practice Limited is in Grimsby and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces including one for patients with disabled badges are available adjacent to the practice.

Summary of findings

The dental team includes three dentists, three dental nurses (one of whom is a trainee), one dental hygiene therapist and a practice manager (who is also a qualified dental nurse). The practice has two treatment rooms.

The practice is owned by a company 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 registered manager at The Cosmetic Dental Practice Limited is the compliance advisor.

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

The practice is open:

Monday to Friday from 9:00am to 5:00pm

Saturday from 10:00am to 2:00pm

Our key findings were:

- The practice had improved their systems in relation to recruitment and medical emergencies.

- The practice had made some improvements with regards to risk management. Further improvements were needed in relation to the risks associated with Legionella and the Control of Substance Hazardous to Health (COSHH).
- Audits of X-rays and infection prevention and control had been carried out. Improvements were required to the way these audits were completed.
- Not all policies had been amended to reflect the individual nature of the practice.

There were areas where the provider could make improvements and should:

- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's audit protocols of various aspects of the service, such as radiography and infection prevention and control.
- Review the practice's policies and ensure they are specific to the location.

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 systems in relation to recruitment and medical emergencies. We saw evidence of an effective recruitment process in place and the missing items from the medical emergency kit had been ordered.

The practice had reviewed the sharps handling process and risk assessment. This was now in line with current guidance.

The practice had carried out a Legionella and fire risk assessment. Not all the recommendations in the risk assessments had been implemented. We were later sent evidence that these had been addressed.

COSHH risk assessments were still not available for all substances in use at the practice.

Audits of radiographs and infection prevention and control had been carried out. The infection prevention and control audit did not reflect some of our findings on the day and the radiograph audit had only been completed for one dentist. We were later sent evidence radiograph audits for other dentists had been completed after the inspection.

The practices policies and procedures were not always specific to the practice. For example, the safeguarding policy referred to a different practice and the contact for the complaints policy was not the correct person.

No action



Are services well-led?

Our findings

Governance arrangements

At the inspection in June 2017 we identified some gaps in the recruitment process. At the follow up inspection we saw all staff had received a Disclosure and Barring Service (DBS) check. We looked at the recruitment file for the newest members of staff and we saw all the relevant documentation was present.

The practice had a process to report significant events and incidents. We saw evidence of two recent events which had been well documented. There was a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw the most recent alerts had been stored in a folder for future reference. The practice stored NHS prescription pads securely.

Improvements had been made to the medical emergency kit. We saw a spacer device for the asthma inhaler was now in place. On the day of inspection there was no buccal midazolam. We were told this had been ordered since the previous inspection but had not yet arrived. We were later sent evidence this had arrived.

We spoke with staff about the safe use of sharps. Staff advised us the dentist was now always responsible for dealing with needles and sharp instruments and this was reflected in the risk assessment.

We saw the practice's risk assessments for COSHH products. These covered many substances but did not include all products in use in the practice. We were assured that all products would be included.

A Legionella and fire risk assessment had been carried out in June 2017. The Legionella risk assessment had identified two taps which needed to be temperature tested on a monthly basis. We were shown a record of monthly temperature tests but these were not for the correct taps. In addition, the risk assessment had recommended weekly flushing of the shower unit. This had not been done and staff lacked awareness of the recommendations in the

report. The fire risk assessment had recommended placing a fire exit sign put above the front door. We were told a fire exit sign had been acquired and was awaiting fixture. We were later sent evidence these had been addressed.

The practice had policies, procedures and risk assessments to support the management of the service. We looked at a selection of these and not all were specific to the practice. For example, the safeguarding policy had reference to a different practice. We were told the practice manager should be contacted if a patient had a complaint with the service. The complaints procedure stated that the registered manager should be contacted. We were assured all policies would be reviewed and updated to reflect the correct lead roles.

Leadership, openness and transparency

The registered manager had overall responsibility for the management of the service. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Staff told us there had been some improvements in the management of the service but felt further improvements were needed. Staff told us the X-ray machines had not been working recently. This had been for approximately two weeks. This had caused some frustration amongst staff as they had not been fixed in a timely manner. We were told this had affected the dentist's ability to use radiographs as a diagnostic aid.

Learning and improvement

Audits of dental care records, radiographs and infection prevention and control had been carried out. The infection prevention and control audit did not reflect our findings on the day of inspection. For example, the audit stated there were two separate bowls or sinks for decontamination purposes. There were not two bowls or sinks available on the day. The radiograph audit had only been completed for one dentist. We were later sent evidence radiograph audit had been completed for the other two dentists. There were some inconsistencies in the grading in these audits. We were told these would be reviewed with the dentists.