

Thomas Dental Practice Partnership

Thomas Dental Practice

Inspection Report

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Date of inspection visit: 30 July 2019

Date of publication: 12/09/2019

Overall summary

We undertook a follow up focused inspection of Thomas Dental Practice on 30 July 2019. 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 advisor.

We undertook a comprehensive inspection of Thomas Dental Practice on 19 February 2019 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 and was in breach of regulation 17 (Good governance) 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 Thomas dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

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.

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 in relation to the regulatory breach we found at our inspection on 19 February 2019.

Background

Thomas Dental Practice is in Oswestry and provides NHS and private treatment to adults and children.

The practice is located in a listed building and there is no level access for people who use wheelchairs and those with pushchairs. All treatment rooms are on the first floor. Car parking spaces are available near the practice.

The dental team includes five dentists, four dental nurses and one dental hygienist. The practice manager was on maternity leave at the time of our visit and a temporary practice manager was managing the practice until their return in the next few weeks. The practice has three treatment rooms.

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 registered manager at Thomas Dental Practice is the principal dentist.

Summary of findings

During the inspection we spoke with the temporary practice manager and one dental nurse (who also carries out reception duties). We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday, Wednesday, Friday: 9am – 5pm

Thursday: 8am – 4pm

Our key findings were:

- Improvements had been made in the practice's recruitment procedures, staff training and immunisation records.
- Recommended items for managing medical emergencies were present.
- Dental care professionals now were always supported by a trained member of the dental team when treating patients.
- Improvements in the management of risk particularly the electrical safety at the practice.

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

- Review the practice's system for recording, investigating and reviewing incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the fire safety risk assessment and ensure that any actions required are completed and ongoing fire safety management is effective.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 19 February 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 30 July 2019 we found the practice had made the following improvements to comply with the regulation:

- We saw evidence that water temperatures were logged to help ensure they remained within the parameters for the prevention of Legionella.
- Staff we spoke with were aware of the Serious Incident Framework and Never Events. We saw evidence that these were discussed during a staff meeting in February 2019. We were told that written information was also sent to all staff for reference.
- We reviewed the records for one newly recruited staff member and found that all essential recruitment checks had been completed.
- Evidence of adequate immunity for Hepatitis B for all clinical staff members was held at the practice.
- We saw evidence that a fixed wiring electrical safety check had been carried out three days before our visit. The report was not yet available and the practice manager told us they would take action to address any recommendations, if needed.
- We saw evidence that the pressure vessel at the practice was purchased in February 2019. No servicing is required on a pressure vessel that is within 12 months of its purchase date.
- We reviewed the equipment at the practice for the management of medical emergencies and found it was in accordance with guidelines issued by the Resuscitation Council (UK).

The practice had also made further improvements:

- A policy for whistleblowing was easily accessible for all staff. It contained contact details about several external organisations.
- We saw evidence of a written induction for a newly recruited staff member.
- We saw evidence that an external fire risk assessment had been completed. There was no date of completion

on the assessment but the provider told us it was carried out in June 2019. Some of the recommendations had already been implemented but some were outstanding. The practice manager told us they were aware that further actions were required and that they were working through these.

- Fire safety training had been carried out in-house by the practice manager. We saw evidence of some brief learning outcomes. The service took immediate action and we were later sent evidence that four staff members had completed online training in fire safety.
- Staff told us that the dental hygienist now received chairside support from a dental nurse when treating patients.
- There was a comprehensive policy on the Mental Capacity Act 2005 (MCA). We reviewed a selection of staff files and found evidence of training in the MCA. There was also information about Gillick competence. The practice manager told us this had been discussed in a recent staff meeting but there were no meeting minutes to demonstrate this.
- We saw evidence that the regulation relating to duty of candour was discussed with staff in a meeting in February 2019.
- We saw evidence of language interpretation services that were available for patients that received treatment on a private basis at the practice.
- The complaints procedure was clearly displayed in the waiting room for patients.

There remained some minor areas identified at our previous inspection which the provider had not yet fully addressed but was working towards further improvements:

- Not all staff had completed training in safeguarding people to the appropriate level. The service took immediate action and we were later sent evidence that all staff members had completed this training to the required level.
- The recruitment policy was undated and did not include any information about the practice's procedures regarding completing Disclosure and Barring Service (DBS) checks for staff. The practice manager told us they would accept any previous DBS checks if they were within two years of the recruitment start date. They would then complete a new DBS check within six months of the start date. There was no evidence of risk assessments for staff without recent DBS checks as the practice manager said that all staff had received DBS

Are services well-led?

checks recently. We saw evidence that the newest staff member had received a DBS check just before their start date. We also saw evidence that a DBS check application had been made for another staff member who started six months previously. The practice manager told us that all staff were verbally asked whether they were aware of any changes to their DBS record. They also told us that all longstanding staff members would have new DBS checks in January 2020. The registered manager took immediate action and we were later sent evidence of an amended recruitment policy which was dated and included information about the practice's policy on DBS checks for newly recruited staff.

- The practice manager told us they had applied to the local council to seek permission for the installation of an

extractor fan in the decontamination room. Current guidance states that ventilation is an important consideration in decontamination facilities. The practice was awaiting a response from the council regarding this.

- Staff were not reviewing incidents to prevent further occurrences and ensuring that improvements are made as a result. The registered manager took immediate action and we were later sent evidence of a template that would be used to log incidents at the practice.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 30 July 2019.