

## Whitecross Dental Care Limited

# Mydentist - Langham Road - Blackburn

## Inspection Report

My Dentist  
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Date of inspection visit: 2 July 2018  
Date of publication: 08/08/2018

### Overall summary

We carried out this announced, focussed follow-up inspection on 2 July 2018.

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

We carried out an announced inspection on 8 May 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. We focussed on two key questions in relation to care and treatment; is the care safe, and is the care well-led. At that time we judged that the care provided was safe. We judged the practice was not providing well-led care in accordance with 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 My Dentist Langham Road on our website [www.cqc.org.uk](http://www.cqc.org.uk)

We undertook a follow up focused inspection of My Dentist Langham Road on 2 July 2018. This inspection

was carried out to review in detail the actions taken by the practice to improve the governance and the quality of care and to confirm that the practice was now meeting legal requirements.

#### **Our findings were:**

#### **Are services well-led?**

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

#### **Background**

My Dentist – Langham Road is in the town of Blackburn, Lancashire and provides NHS and private treatment to adults and children.

The practice is located on a road set on a steep hill. There is level access to the downstairs reception and waiting area, suitable for people who use wheelchairs and those with pushchairs. There are two treatment rooms located on the ground floor. At the time of this inspection, one of these was out of use. The surgery in use is accessible for patients with limited mobility. A further treatment room is available on the first floor of the practice. Car parking is available outside the practice on the residential street.

# Summary of findings

The dental team includes two dentists and two dental nurses. The team is supported by a practice receptionist. The practice manager works between this practice and a second practice nearby.

The practice is owned by a corporate provider, Whitecross Dental Care Ltd. As a condition of registration, they 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 My Dentist Langham Road is the practice manager.

During the inspection we spoke with two dentists, one dental nurse and a practice manager. We spoke with the organisation's lead regulatory officer, and an area development manager. The organisation has appointed a new practice manager and this staff member is currently undergoing training for this new role. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Friday 9am to 1pm and from 2pm to 5.30pm.

## **Our key findings were:**

- The practice had implemented and improved their systems to help them manage risk.
- The practice had updated leadership arrangements.
- The practice staff could talk about and demonstrate infection control procedures which reflected published guidance. We did note that staff were not routinely using the washer disinfectant machine, but were continuing to manually clean dental instruments.
- The practice had staff recruitment procedures in place that reflected regulatory requirements.
- Staff training for all staff had been reviewed and updated.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice staff had suitable information governance arrangements.
- We saw some evidence of audit at the practice.

There were some areas where improvements could be made. The provider should:

- Review protective equipment for staff working in the decontamination room so that heavy duty rubber gloves are available for those who manually clean dental instruments.

# 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.

At our inspection in May 2018, are findings were:

- The provider had a system of clinical governance in place; our evidence from inspection showed that this was not always followed by staff.
- Some systems were not effectively assessing and mitigating risks, for example, in relation to Legionella management.
- Some staff were unable to explain their responsibilities in relation to consent, in line with the provisions of the Mental Capacity Act 2005. Other staff required training in other areas, which had not been completed.
- All required recruitment checks for all staff were not in place.
- Practice staff did not routinely follow processes and procedures for decontamination and sterilisation of dental instruments.

At our follow up inspection on 2 July 2018, are findings were:

- Improvements to governance had been made and staff had undergone training in key areas to support this.
- The practice had implemented and improved their systems to help them manage risk. For example, management of Legionella risk had improved
- The practice had updated leadership arrangements.
- Staff had received refresher training in safeguarding of adults and children, to the required standard, and this including training on the provisions of the Mental Capacity Act and consent.
- Recruitment checks were in place for all the staff whose files we reviewed.
- Staff could explain and demonstrate the decontamination process. We did note staff did not routinely use the washer disinfectant machine, but were manually cleaning dental instruments. There were no heavy-duty gloves in place to assist with this.
- The clinical staff provided patients' care and treatment in line with current guidelines.

We saw evidence of audit in place at the practice for example, radiology audit.

**No action**



# Are services well-led?

## Our findings

### Leadership capacity and capability

At our inspection of May 2018, we found underpinning governance procedures and oversight of daily, weekly and monthly checks required improvement.

At our follow-up inspection of July 2018, we found there had been a change in leadership arrangements, supported by improved governance checks and oversight of these. For example, management of Legionella risk had improved; staff demonstrated an understanding of the importance of water temperature checks and the range in temperatures required for maintenance of the water system. Arrangements were in place to identify staff who required refresher training in certain areas. Where staff had not been able to explain the provisions of the Mental Capacity Act in relation to seeking patient consent, this had been addressed. Safeguarding training for all staff had also been updated.

### Governance and management

At our inspection of May 2018, we found staff were not routinely following guidance and processes in place to support infection control and decontamination of dental instruments.

At our follow up inspection of 2 July 2018, we found improvements had been made. Staff could refer to guidance on the management of infection control, and on the decontamination and sterilisation of dental instruments and equipment. Daily, monthly and weekly validation checks on equipment used were now in place and records held of these. We did note that dental nurses were not routinely using the washer disinfectant machine in the decontamination room, but were continuing to manually clean dental instruments. There were no heavy-duty gloves in place for staff to use when carrying out this work. We brought this to the attention of the provider on the day of inspection.

Improved governance processes were in place, which included reminders to all practices in the group, of the timing of audits and when these should be carried out.

When we reviewed recruitment and training records, all required checks were in place in the files we checked.

All cleaning equipment was securely stored but accessible and stored in line with recognised guidance.

### Continuous improvement and innovation.

The practice reviewed quality assurance processes to encourage learning and improvement. We saw evidence of audit including audit of dental care records, radiographs and hand hygiene. They had clear records of the results of these audits and the resulting action plans and improvements.

The lead regulatory officer and area development manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The staff files we reviewed had evidence of appraisals. These provided staff with the opportunity to discuss learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Records we reviewed demonstrated that staff had completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.