

Shelton Dental Centre

Shelton Dental Centre

Inspection report

26 Stoke Road
Shelton
Stoke On Trent
ST4 2QX
Tel: 01782411973
www.sheltondental.co.uk

Date of inspection visit: 31 May 2023
Date of publication: 21/06/2023

Overall summary

We undertook a follow up focused inspection of Shelton Dental Centre on 31 May 2023. This inspection was carried out to review 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Shelton Dental Centre on 7 February 2023 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 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 Shelton Dental Centre on our website www.cqc.org.uk.

When 1 or more of the 5 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?

Our findings were:

Are services well-led?

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

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 7 February 2023.

Background

Shelton Dental Care is in Shelton, Stoke on Trent and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available in pay and display car parks near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 7 dentists, 14 dental nurses (including 5 trainee dental nurses), 3 receptionists, 2 cleaners, a laboratory technician and a practice manager who is also a qualified dental nurse. The practice has 12 treatment rooms.

During the inspection we spoke with the assistant manager and practice manager, 6 dentists (including 4 practice partners) and 2 dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5pm.

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 the inspection on 31 May 2023, we found the practice had made the following improvements to comply with the regulation:

- Systems were in place for monitoring and improving quality. Infection prevention and control and radiography audits were now being completed at the required frequency. The radiography audit and antimicrobial prescribing audits were clinician specific, and both were for an adequate sample size. We saw that patient records were being audited quarterly. Completed audit activity was analysed and action plans had been developed to support and monitor improvements.
- The practice's infection control procedures reflected published guidance. A log had been implemented to demonstrate change of heavy-duty gloves and brushes, non-linting cloths were now in use. Water temperatures were being checked when completing manual cleaning of dental instruments and the correct detergent was being used. We looked in dental treatment rooms and saw that items such as scaler tips, matrix bands, burs, implant kits, reusable impression trays and X-ray holders had been pouched. Cotton wool was stored in dispensers and single use items were being appropriately used and disposed of. Sharps boxes were dated and the torn chair headrests had been repaired.
- The provider had effective fire safety management procedures in place. The local fire and rescue service had reviewed fire safety arrangements at the practice in May 2022 and left an action plan. Evidence was available to demonstrate that all issues identified in the action plan had been addressed. Routine fire safety checks were completed regarding emergency lighting, fire extinguishers, fire exits, and fire doors and records were available to demonstrate that staff fire drills had taken place.
- The sharps risk assessment had been amended to record information specific to the practice and updated to record details of sharps objects in use. Individual risk assessments had been completed for each clinician at the practice. A sharps injury flow chart recorded action to take and who to contact in case of a sharps injury.
- The practice had adequate systems in place to minimise the risk that could be caused from substances that were hazardous to health. A control of substances hazardous to health (COSHH) risk assessment had been completed and safety data sheets were also available for each product in use. We saw that COSHH products were securely stored.
- Arrangements were in place to ensure the safety of the X-ray equipment. The provider had taken action to ensure that cone beam computed tomography (CBCT) was subject to routine quality assurance systems and checks, the last service was completed in March 2023. Clinicians who operated the CBCT had completed operator/referrer training for its use. Rectangular collimators were available for use on all X-ray units at the practice. A rectangular collimator reduces the amount of radiation a patient is exposed to during dental intraoral X-ray procedures.
- Action had been taken to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records and are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment. Improvements had been made to the care records seen, for example medical history updates, basic periodontal examination scores and evidence of consent was recorded. We saw that patient care records were being audited quarterly. Risks associated with endodontic treatment were now being appropriately managed. We saw evidence that rubber dam was being used.

The practice had also made further improvements:

Are services well-led?

Improvements had been made to the practice' policies and procedures for obtaining patient consent to care and treatment to ensure they were in compliance with legislation. Dental care records we looked at showed that staff were obtaining patient's consent to care and treatment and evidence was available to demonstrate this.

Evidence was available to demonstrate that the orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need, used to determine whether a patient was eligible for NHS orthodontic treatment, was recorded in the dental care records we looked at.