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Wollaston Dental

Inspection Report

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Overall summary

We carried out a focused inspection of Wollaston Dental Practice on 26 March 2018.

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

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 4 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant

regulations. We judged the practice was not providing well-led care in accordance with 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 Wollaston Dental Practice on our website www.cqc.org.uk.

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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 4 July 2017. The provider must ensure that the newly implemented improvements are embedded and sustained in the long-term in the practice.

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

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

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?

The provider had made improvements to the management of the service. This included improvements in systems to monitor the quality of the service provided including audits. Although further improvements were required to ensure that the findings of audits and any learning points noted were discussed with staff. New equipment such as a fridge and compressor have been purchased. Records of continuous professional development of staff were available as were pre-employment information in line with Schedule 3 of the health and social care Act 2008. Staff had completed the required amount of mandatory training and staff were now completing regular fire drills.

A log was now being used to record the expiry dates of medicines and equipment in use at the practice. These were checked on a regular basis and items nearing their expiry were replaced as required.

The provider had failed to address some minor issues we had raised in our previous report; the provider must ensure action is taken to address all outstanding issues.

No action





Are services well-led?

Our findings

At our inspection on 4 July 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 26 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- Systems and processes had been introduced to enable the registered person to assess, the quality and safety of the services being provided. Recent audits regarding radiography, infection prevention and control and record keeping had been completed. We were shown the results of the record keeping audit for 8 September 2017, the radiography audit for 4 September 2017 and the infection prevention and control audits for 7 September 2017 and 16 March 2018. The dental nurse who completed these audits was not available on the day of inspection. The audits were therefore discussed with the dentist who confirmed that they were unaware of the results of these audits. Following this inspection we received evidence to demonstrate that an implant audit and a medicines audit had recently been completed. We were also informed that a new system of carrying out, evaluating and discussing the results of audits had been implemented. A staff meeting had been arranged for 6 April 2018 to discuss the findings of this inspection including the findings of the audits.
- The practice were in the process of completing a clinical audit in respect of conscious sedation but this was not available for review of the day of inspection as we were told that it was not yet complete.
- Improvements had been made to systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Evidence was available to demonstrate that staff had completed fire drills in August 2017 and February 2018. We saw evidence that fire precautions monitoring checks had been completed and recorded since August 2017. Certificates were available to demonstrate that checks had been made of fire safety equipment and the practice's fire risk assessment had been reviewed and updated.
- A new fridge used to store medicines had been purchased. The practice had purchased a new compressor in July 2017. Evidence was available to demonstrate that X-ray machinery had received recent maintenance and servicing. The critical examination and acceptance test report dated 16 October 2017 recommended that rectangular collimation be fitted at the earliest opportunity. At the time of this inspection rectangular collimation was not available. Following this inspection we received evidence to demonstrate that a rectangular collimator had been ordered.
- The provider was completing the recommended tests to ensure the ultrasonic bath was in good working order.
- Improvements had been made to infection prevention and control systems although further improvements were required. The reception and waiting area were free of visible dirt and debris as was the treatment room. Debris was noted in the corner of the room in the patient toilet and skirting boards were visibly dusty. Disposable hand towels and liquid soap were available in the patient toilet. We saw that daily and weekly record sheets had been introduced which recorded the cleaning task to be completed. These records were not all signed by the person who had completed the task. Some items had not been marked to demonstrate that they had been completed. We saw that the infection control audit identified a tear in the material of the dental chair which presented an infection prevention and control risk. This had not been addressed by the practice. Following this inspection we received evidence to demonstrate that the practice had requested a repair to the dental chair. During discussions it was identified that the hot water boiler was broken. The practice did not have any heating or hot water system in operation. We were told that an engineer had visited the practice to fix the boiler but this had been unsuccessful. Following this inspection the provider confirmed that they had contacted the landlord of the premises with a view to obtaining a replacement boiler.
- Systems or processes had been introduced to ensure the registered person maintained securely records that are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities and the management of the regulated activity or activities. We were told that no staff had been employed since our previous inspection. We looked at the staff recruitment files of the two staff employed at the practice. Information was available for one member



Are services well-led?

of staff such as proof of identification, criminal records bureau check, evidence of good conduct in previous employment and vaccination status. Information was not available on file for the other member of staff. Following this inspection we were forwarded a copy of the missing information. We noted that a standard DBS check had been completed and not an enhanced check as required.

- Records to demonstrate that the dental nurse had undertaken continuous professional development regarding radiography, sedation, and intermediate life support were available.
- No staff had been employed at the practice since the last inspection. New induction paperwork was available should any new staff be employed in the future.

The practice had also made further improvements:

- During this inspection it was noted that the practice did not have a volumetric spacer used for the administration of medicine for the treatment of asthma. The practice were unable to demonstrate that all items of equipment needed to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council (GDC) standards for the dental team were available. Following this inspection we received evidence to demonstrate that this equipment had been ordered and was now available at the practice.

- The practice had undertaken a review of their protocols for conscious sedation, taking into account the 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- The practice had undertaken a review of its protocols for medicines management to ensure all medicines were stored and dispensed safely and securely. Stock check records were being routinely recorded. Stock seen on the day of inspection was all within its expiry date.
- Some changes had been made to the processes and systems in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service but further improvements were required. We were told that the practice manager now reviews any comments made in the comments book and comments box on a regular basis. The practice had not completed a satisfaction survey within the last three years and there was no evidence that any comments made in the comments book were discussed with staff.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 4 July 2017.