

Ms Kim Pickering

Moss Grove Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Moss Grove dental practice on Wednesday 8 August 2018. 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 access to telephone support by a specialist dental adviser.

We undertook a comprehensive inspection of Moss Grove dental practice 9 January 2017 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 in accordance with the relevant regulations 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 Moss Grove dental practice on our website www.cqc.org.uk.

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 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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 9 January 2017.

Background

Moss Grove is in Kingswinford and provides private treatment to adults and children.

There is ramp access for people who use wheelchairs and those with pushchairs. The practice has a car park and other car parking spaces, including for blue badge holders, are available near the practice.

The dental team includes two dentists, four dental nurses and a practice manager. Dental nurses also work as receptionists. The practice has three treatment rooms, all of which are on the ground floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Summary of findings

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

The practice is open: Monday to Friday 9am to 12.30pm and 2pm to 5.30pm with extended hours opening on a Monday until 7pm. The practice is also open by appointment only once a month on a Saturday between 9am and 12 noon.

Our key findings were:

- The practice had systems for the disposal of amalgam waste in accordance with HTM 01-07.
- Items subject to the Control of Substances Hazardous to Health were securely stored.
- The practice's fire safety equipment was serviced, checked and maintained in good working order. Staff completed six monthly fire drills.
- The provider had completed training regarding how to complete a legionella risk assessment and had completed a risk assessment for the practice.
- Suitable systems were in place for the recording, investigating and reviewing accidents or significant events.
- The practice was giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The practice was giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 regulation.
- The practice's complaint procedure included contact details for external organisations for patients to contact if they are unhappy with the outcome of the practice's internal investigation. The patient information leaflet also recorded these contact details.
- The practice had reviewed its responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010. A hearing loop had been purchased and contact details for sign language interpreters have been made available for staff. The practice manager had prepared information for staff regarding the accessible information standards. Information was available for staff regarding how to communicate with people who were hearing impaired. The practice did not have an accessible toilet and due to the constraints of the building would not be able to provide one. We were told that new patients would be informed of this.

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.

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 X-ray audits and a legionella risk assessment. Systems had been introduced for recording accidents and incidents. Items subject to control of substances hazardous to health were securely stored and amalgam disposed of safely. Sharps bins were appropriately labelled and sharps were disposed of, or sterilised and stored according to regulations as appropriate. Fire safety items were being serviced and maintained on a regular basis and records kept of checks made.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspection on 9 January 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 8 August 2018 we found the practice had made the following improvements to comply with the regulation(s):

The provider had ensured that risks to the health and safety of people using the service had been mitigated by ensuring that the practice's waste disposal procedures complied with HTM 01-07 particularly regarding the disposal of amalgam waste. The provider described the methods used for disposal of dental amalgam and was aware of the new European Union Regulation regarding the use and disposal of mercury. Items subject to the Control of Substances Hazardous to Health were now securely stored in locked cupboards or rooms.

The practice had implemented suitable fire safety procedures and protocols with robust processes to provide assurance that all fire safety equipment was serviced, checked and maintained in good working order. We saw certificates to demonstrate that fire extinguishers were serviced and maintained and logs were kept demonstrating the weekly checks completed on smoke alarms. The practice did not have emergency lighting but had torches which were available in each room as an alternative.

The provider had completed training on 26 July 2018 regarding how to carry out a suitable legionella risk assessment. The provider had also completed a legionella risk assessment. Evidence was available to demonstrate that hot and cold-water temperatures were being monitored monthly and records showed that these were at the required temperature. Systems were in place to manage dental water lines and documentation was in place to demonstrate this.

The provider had implemented systems for the recording, investigating and reviewing accidents or significant events which would help to prevent further occurrences and ensure that improvements were made as a result. We were shown incident and accident reporting forms. The provider said that there had been no accidents or incidents since the last inspection. The provider was able to demonstrate the learning and actions taken following the previous incidents at the practice. We were told that systems had been put in place to ensure any learning was shared with all staff.

The practice was giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Sharps bins were labelled with the date, locality and a signature. Staff we spoke with confirmed that scalpel holders were sterilised and pouched and "loaded scalpels" were not left in the drawers. The provider confirmed that a meeting had been held following the previous inspection and all staff had been reminded of the practice's policy regarding this.

The practice was now giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 regulation. The provider confirmed that standardised templates had been amended to include consent and the reason for taking an X-ray. Patient dental records that we saw demonstrated this. X-ray audits were being completed on a six-monthly basis with the results, learning and any action recorded.

In addition, the practice had also made further improvements:

We were shown records to demonstrate that fire drills took place on a six-monthly basis. The names of the staff who took part were recorded along with the time taken to exit the building. Systems were in place to ensure that all staff complete fire drills on a regular basis.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation(s): when we inspected on 8 August 2018.