

Gaskell Ave Dental Practice

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Inspection Report

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Overall summary

We undertook a follow-up focused inspection of Gaskell Avenue Dental Practice on 23 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 was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Gaskell Avenue Dental Practice on 1 May 2018 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 safe and well-led care, and was in breach of Regulations 12, 17 and 19 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 Gaskell Avenue Dental Practice on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the provider to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvements were necessary.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we identified at our comprehensive inspection on 1 May 2018.

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 breaches we identified at our comprehensive inspection on 1 May 2018.

Background

Gaskell Avenue Dental Practice is close to the centre of Knutsford and provides NHS and private treatment for adults and children.

Summary of findings

There is level access to facilitate entrance to the practice for people who use wheelchairs and for pushchairs. Car parking is available outside the practice.

The dental team includes three principal dentists, an associate dentist, a visiting specialist dentist, seven dental nurses, two of whom carry out reception duties, and one of whom carries out practice administration duties, two dental hygienists, and two receptionists. The practice has six 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 Gaskell Avenue Dental Practice was one of the principal dentists.

During the inspection we spoke with one of the principal dentists and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9.00am to 5.30pm

Tuesday 9.00am to 8.00pm

Wednesday 8.00am to 4.30pm

Thursday 8.30am to 4.30pm

Friday 9.00am to 5.30pm

Our key findings were:

- The provider had improved their systems for managing risk.
- The child safeguarding policy was now customised to the practice's specific circumstances.
- The provider had implemented robust staff recruitment procedures.
- The practice had improved the leadership and management structure and had introduced a culture of continuous improvement.
- Staff felt involved and supported, and worked well as a team.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The provider had reviewed the risks in relation to Legionella, medical emergency equipment, the effectiveness of the Hepatitis B vaccination in clinical staff, fixed electrical installation and gas safety inspections, domiciliary care, and fire and had done all that was reasonably practicable to reduce these risks.

The provider had carried out checks to ensure all the staff carrying out sedation procedures had the necessary qualifications, competence and skills and experience to do so safely.

The provider had also made further improvements to the security of NHS prescription pads in the practice, and had registered the use of their dental X-ray equipment with the Health and Safety Executive.

No action



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 and governance of the service. This included one of the partners taking the lead role for ensuring compliance, and establishing clear roles and responsibilities for the whole practice team.

The whole team supported the improvements and demonstrated a commitment to continuing the work and engagement with colleagues and external organisations to make further improvements.

No action



Are services safe?

Our findings

At our comprehensive inspection on 1 May 2018 we judged the provider was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 23 August 2018 we found the practice had made the following improvements to comply with the regulation and to ensure care and treatment was provided in a safe way to patients.

We saw that the provider had carried out assessments of the risks to the health and safety of service users of receiving care and treatment and had done all that was reasonably practicable to reduce these risks. In particular:

- A Legionella risk assessment had been carried out at the practice. Water temperature monitoring was now carried out at appropriate intervals to reduce the risk of Legionella developing in the water system. We saw records of these checks.
- The provider had carried out checks to ensure all clinicians had professional indemnity cover.
- The provider had obtained adult sized and child sized self-inflating bag-valve-masks. All the recommended medical emergency and life support equipment was therefore now available in the practice.
- The provider had checked the effectiveness of the Hepatitis B vaccination in all clinical staff.

- We saw that fixed electrical installation and gas safety inspections had been carried out at the practice.
- The provider had carried out a fire risk assessment and improved fire safety arrangements in the practice.
- The clinicians had reviewed their provision of domiciliary care and were working on risk assessing this. We found the provider had considered patient consent, the management of medical emergencies, and patient record keeping.

We saw that the provider had carried out checks to ensure all the staff carrying out sedation procedures had the qualifications, competence, skills, including medical emergency and life support training, and experience to do so safely. We saw records of these checks.

The provider had also made further improvements:

- The provider had reviewed the security of NHS prescription pads in the practice and improved the security of those in daily use.
- The provider had registered the use of their dental X-ray equipment with the Health and Safety Executive in compliance with the Ionising Radiations Regulations 2017.

These improvements showed the provider had taken action to comply with the regulation.

Are services well-led?

Our findings

At our comprehensive inspection on 1 May 2018 we judged the provider was not providing well-led care and told the provider to take action as described in our requirement notices. At the inspection on 23 August 2018 we found the provider had made the following improvements, and had established effective systems and processes to ensure good governance and to comply with the regulations:

- The provider had implemented a system to assess and monitor staff training to ensure, for example, that recommended training was completed by all staff as appropriate and at the recommended time intervals.
- The provider now had a system in place to receive and act on national patient safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency.
- The provider had improved their governance policies and procedures. We saw that these had been customised to the practice's specific circumstances, including the child safeguarding policy. We saw that a system had been introduced to ensure policies, procedures and risk assessments were reviewed at appropriate time intervals.
- The provider had improved the practice's systems and processes for identifying and managing the risks relating to the health, safety and welfare of service users and others who may be at risk. We reviewed their systems relating to Legionella, professional indemnity and checks on the effectiveness of the Hepatitis B vaccination in staff and saw these were now operating effectively.

Since our comprehensive inspection the partners had met together to discuss how governance and management at

the practice could be improved. One of the partners now undertook the lead role for ensuring the practice was complying with the regulations, and had subscribed to a recognised source of reference and assistance to help them in this role.

We saw evidence that the partners had increased their knowledge and awareness of compliance. Each of the partners retained specific responsibilities and we saw they had updated their knowledge relating to their responsibilities. We saw the partners' roles had been clearly communicated to staff and staff were aware of these.

The whole practice team met regularly to discuss progress with improvements at the practice and had supported the compliance lead in ensuring the new systems and processes were embedded. Staff had offered suggestions for improvements also and the provider took account of these.

We found that the provider had improved their processes for ensuring all staff were of good character and had the qualifications, competence, skills and experience necessary for their work. The provider had introduced checklists to ensure all appropriate employment checks had been carried out and had all the required information available. Recruitment procedures had also been improved and we saw these had been followed when a new member of staff was recently employed.

The provider had also made further improvements:

- We found that arrangements were in place for staff to access an interpreter service for patients who may require one.

These improvements showed the provider had taken action to improve the quality of services for patients and to comply with the regulations.