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Lightwood Dental Care

Inspection report

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Overall summary

We undertook a follow up desk-based inspection of Lightwood Dental Care on 6 July 2020. 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 Lightwood Dental Care on 20 January 2020 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 regulations 17 and 18 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 Lightwood Dental Care on our website .

As part of this inspection we asked:

•Is it well-led?

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.

This desk-based inspection was undertaken during the Covid 19 pandemic. Due to the demands and constraints in place because of Covid 19 we reviewed the action plan and asked the provider to confirm compliance after a reasonable interval, focusing on the areas where improvement was required.

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 20 January 2020.

Background

Lightwood Dental Care is in the market town of Buxton in the peak district in Derbyshire and provides private dental care and treatment for adults and children.

There is level access into the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, three dental hygienists, eight dental nurses, including one trainee dental nurse and the practice manager, and one receptionist. The practice has four treatment rooms, one of which is located on the ground floor. The practice has centralised decontamination facilities.

Summary of findings

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.

The practice is open: Monday from 8.30am to 5pm, Tuesday from 8.30am to 5pm, Wednesday from 8.30am to 7pm, Thursday from 8.30am to 8pm and Friday: from 8.30am to 1pm.

Our key findings were :

- Following the inspection in January 2020 the provider had enrolled with an external quality assurance company to complete a systematic audit of systems and processes within the practice.
- All staff had their up to date Hepatitis B immunisation status recorded with a certificate to evidence this.
- All staff had completed training in the identification and management of sepsis.
- A system for monitoring staff training had been introduced.
- The five-year fixed wire electrical safety check had been completed in February 2020. The landlords annual gas safety certificate had been renewed on 27 January 2020.

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 our previous inspection on 20 January 2020 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 6 July 2020 we found the practice had made the following improvements to comply with the regulations:

- Following the inspection in January 2020 the provider had enrolled with an external quality assurance company to complete a systematic audit of systems and processes within the practice. The practice manager was overseeing the management programmes and the implementation of policies and procedures. The practice manager was also responsible for identifying any staff training needs in relation to the quality assurance programme and ensuring staff received the necessary training and support.
- The practice manager told us they had developed a system for monitoring staff training. This showed which staff had completed any given training course and highlighted when refresher training was due.
- The provider sent us evidence that audits been completed including an infection prevention and control audit dated 9 July 2020. A full programme of audits was being developed in collaboration with the external quality assurance company.
- During the inspection in January 2020 we found the Hepatitis B immunisation status was not recorded for every member of staff. Following the inspection, we were sent evidence in the form of individual certificates showing their Hepatitis B immunisation status.
- We saw during our inspection in January 2020 that 14 staff did not have evidence they had completed training in safeguarding vulnerable adults and children and 15 staff did not have evidence they had completed basic life support training. Following the inspection, we were sent copies of training certificates for every member of staff for both safeguarding vulnerable adults and children and basic life support.
- The provider sent us evidence in the form of training certificates which showed all staff had completed training in the identification and management of sepsis. This included the 15 clinical staff identified during the inspection on 20 January 2020.
- Following the inspection in January 2020 we were sent a copy of the new five-year fixed wiring electrical safety certificate. This was dated 17 February 2020. We also received a copy of the landlord's gas safety certificate dated 27 January 2020.
- The practice had also made further improvements:
- The provider had reviewed their consent policy in January 2020. We were sent a copy of the updated policy which made reference to the Mental Capacity Act 2005, Gillick competence and best interest decisions.
- All staff had received training in relation to the Mental Capacity Act (2005). We were sent copies of training certificates for every member of staff as evidence.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 6 July 2020.