

Mr Neil Mclean

Delahays Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Delahays Dental Practice on 12 November 2021. 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 focused follow inspection of Delahays Dental Practice on 19 February 2021 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 Delahays Dental Practice on our website www.cqc.org.uk.

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 areas where improvement was required.

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 found at our inspection on 19 February 2021.

Background

Summary of findings

Delahays Dental Practice is in Hale, Cheshire and provides NHS and private dental treatment for adults and children.

The practice is located on the first floor. Access is not possible for people who use wheelchairs. On street parking is available near the practice.

The dental team includes two dentists, three dental nurses, a dental hygienist, and two receptionists. The team is supported by a finance and administrative manager and an administrative assistant. The practice has two treatment rooms.

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.

During the inspection we spoke with the principal dentist, three dental nurses and the finance and administrative manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday, Thursday and Friday 9am to 1pm and 2pm to 5.30 pm.

Tuesday 9am to 1pm and 2pm to 4pm.

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had standard operating procedures in line with national guidance on COVID-19. The systems to screen patients prior to attending could be improved.
- Staff knew how to deal with emergencies. Emergency medicines and life-saving equipment were available in line with guidance.
- Systems were in place to help them identify and manage risk to patients and staff.
- Governance systems introduced after the previous inspection were complete and more established.
- Staff recruitment procedures had been improved in line with current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. The documentation of this had improved and would benefit from ongoing improvement.
- Improvements to be made to ensure all clinicians follow guidance on the assessment of, and promoting the maintenance of good oral health.

There were areas where the provider could make improvements. They should:

- Take action to ensure the clinicians carry out patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance. In particular, guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health.

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 19 February 2021 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 12 November 2021 we found the practice had made improvements to comply with the regulations.

- The arrangements for ensuring good governance had been improved. The principal dentist demonstrated improvement in their leadership and were knowledgeable about issues and priorities relating to the quality and future of the service. Up to date operational policies and procedures introduced for the delivery of care and treatment were more established. Protocols to ensure incidents were investigated and reported to external organisations were in place.
- The provider had standard operating procedures to enable care to be provided to patients during COVID-19. Patients were not always screened for symptoms or exposure prior to entering the premises; on occasion, patients were able to access the premises and sit in the waiting room before screening was carried out. We discussed this with the provider to ensure consistent processes. Appropriate personal protective equipment was provided for staff and fit tested. Systems were in place to update staff on any changes to national guidance.
- The provider reviewed and updated the system for the management of medical emergencies. They ensured that appropriate life-saving medicines and equipment was provided to enable staff to respond to a medical emergency. Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. On the day of the inspection, we found the emergency medical oxygen tank was empty. Staff and checklists confirmed it had been checked that morning and was full. The principal dentist took immediate action to obtain a replacement before any patients were seen. This was documented following the practice incident process and learning submitted to us after the inspection, this showed staff had been familiarised with how to correctly shut the oxygen flow off.
- Protocols for medicines management were in place. Systems were in place to log the use of NHS prescriptions and for identifying, disposing and replenishing out-of-date stock. Further improvements had been made to ensure that any misuse of prescriptions could be identified and acted on.
- A system was in place to ensure paper-based patient referrals to other dental or health care professionals were monitored to ensure they were received in a timely manner and not lost.
- There were systems to ensure staff followed infection prevention and control guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. Staff demonstrated these competently.
- The registered person ensured the practice's sharps procedures were appropriately risk assessed in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The provider had made improvements to the quality of dental care records. Dental care records were legible and contained improved detail of assessments in line with NHS England record keeping standards, although it was noted that these could be improved further. For example, by reviewing the frequency of radiographic assessment, ensuring an accurate assessment and diagnosis is consistently documented for periodontal (gum) disease; and follow the advice in Delivering better oral health: an evidence-based toolkit for prevention (fourth edition) from the Department of Health.

Are services well-led?

- The provider had reviewed their recruitment procedure to help them employ suitable staff and had checks in place for agency and locum staff. This reflected the relevant legislation. No new staff members had been employed since the last inspection; the practice had a checklist to ensure essential checks are carried out for any future employees.

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 12 November 2021.