

Town Moor Dental Care Limited

TOWN MOOR DENTAL CARE

Inspection Report

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Overall summary

We undertook a focused follow up inspection of Town Moor Dental Care on the 17 September 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 Town Moor Dental Care on 29 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 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 Town Moor Dental Care 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 breaches we found at our inspection on 29 May 2018.

Background

Town Moor Dental Care is in Doncaster and provides private treatment to adults and children. Entry into the practice is via a single step. Entry assistance is available if required for people who use wheelchairs and pushchairs. Car parking spaces are available at the practice.

The dental team includes the principal dentist and two dental nurses, one of whom is a trainee. A dentist who specialises in endodontics (root canal treatment) visits the practice monthly. The practice has one treatment room and an instrument decontamination room.

The practice is owned by a company 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 Town Moor Dental Care Limited was the principal dentist.

Summary of findings

During the inspection we spoke with two dental nurses, we spoke with the principal dentist by telephone after the focussed inspection. 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 10am – 7pm

Tuesday 8am – 4pm

Our key findings were:

- Staff knew how to deal with emergencies. Systems were now in place to monitor emergency medicines and equipment.
- Improvements had been made to ensure the practice had systems to help them manage risk.
- Staff knew their responsibilities for safeguarding adults and children, safeguarding policies were now in place and staff were aware of reporting procedures.
- The practice's recruitment procedures reflected current legislation.
- Staff appraisal and induction process were now embedded.
- Improvements had been made to lead and support the team.
- Audit processes had improved to ensure continuous improvement and innovation.

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 establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the on-going development of effective governance arrangements at the practice.

Staff were able to demonstrate they were up to date with and aware of policies, procedures and training.

Staff were able to demonstrate they knew how to report safeguarding concerns. Policies had been updated and were now more comprehensive.

Improvements had been made to document and learn from incidents and when monitoring clinical and non-clinical areas of their work. Staff were up to date with the improvements made and were able to demonstrate this.

An effective system was now in place to monitor patient safety alerts; this process was now supported with documentation. We saw confirmation that a retrospective check had been carried out.

We reviewed staff files and found all essential documentation and certification was now in place. Staff induction and appraisal were now embedded and we saw documentation to support this.

Systems in place to manage risk had been improved; risks associated with sharps handling, manual instrument cleaning and fire safety had been assessed. The management of emergency medicines and equipment was now embedded and staff were able to demonstrate this.

Security of the practice had been considered and measures put in place to protect staff and patients.

No action



Are services well-led?

Our findings

At our previous inspection on 29 May 2018 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 17 September 2018 we found the practice had made the following improvements to comply with the regulation:

- The practice had reviewed the availability of policies and procedures. Staff members had read and signed all the practices policies. Staff described to us how they were now more involved with reviewing policies and the principal dentist would check for understanding.
- An effective system was now in place to monitor patient safety alerts; the principal dentist was the recipient for alerts, a policy now supported the process and staff members had undertaken a course on adverse drug reactions reporting to enhance their understanding. We saw confirmation that a retrospective check had been carried out and staff were able to demonstrate their understanding of the new process in place.
- The practice had reviewed its audit processes and implemented action plans for every audit process. We saw a protocol was in place to support this and a new template was introduced detailing a summary of findings and changes for improvement. Staff were able to explain the new system.
- We reviewed all staff files and found all relevant documentation was now in place.
- The practice reviewed its staff induction and appraisal process and we saw documentation to support this. The practice had recently employed a new staff member; we saw that an appropriate induction had been conducted. We saw documents to support that a staff appraisal process was now in place.
- The practice had reviewed their risk awareness and implemented processes to mitigate risks associated with health and safety, sharps management, emergency medicines and equipment and manual instrument cleaning. For example:
 - A risk management policy was introduced and all staff had read and signed it, the policy identified areas of risk such as lone working, latex use, sharps management and manual instruments cleaning.
 - A sharps policy and sharps risk assessment was now in place to mitigate the risks associated with sharps

handling. The principal dentist was identified as the responsible person for handling needles and matrices. Other sharps items had been assessed and replaced with a disposable item.

- The practice reviewed its procedure for managing the medical emergency medicines and equipment, for example, weekly checks are now conducted by two staff members and an additional daily visual check carried out on the automated external defibrillator. We saw that all checks are now recorded.
- The practice had reviewed its manual cleaning of instruments process and produced a risk assessment to identify and mitigate risks associated with the task.

Staff were able to demonstrate their understanding of the improvements made in relation to risk awareness and risk management.

The practice had also made further improvements:

- The practice reviewed its responsibilities in respect to safeguarding awareness. Policies were more comprehensive and took account of children and vulnerable adults separately. Staff were able to demonstrate their awareness of the correct reporting procedures.
- Fire safety management systems had been reviewed and were now in line with relevant regulations, for example, fire equipment checks were carried out and recorded on a monthly basis. Staff had read and signed the fire precautions policy and risk assessment, fire safety was included in the induction process and fire training had been carried out.
- The practice had reviewed its incident reporting procedures and evidence showed that a more effective process was now in place. Improvements included an up dated policy, a documented reporting process and an analysis template. Staff were aware of the changes and were able to demonstrate how the new process worked.
- Improvements to the security of the practice had been made and included combination locks to unsecured areas, staff members do not to leave the reception area unsupervised and a live closed circuit television (CCTV) feed was installed and sited in the waiting area. A policy was in place to support this and CCTV signage was visible behind the reception area.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 17 September 2018.