

Mrs Karen Lesley Archer

@155

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this practice on 10 January 2017. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 17: Good governance. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to that requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for @155 Dental Practice on our website at www.cqc.org.uk.

We carried out an announced follow up inspection on 3 August 2017 to ask the practice the following key question; Are services well-led?

Our findings were:

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

The dental practice @155 is located in premises situated to the west of Derby city centre. There are two treatment

rooms, both of which are located on the ground floor. The practice provides solely private dental treatment. The practice has its own car park for patients to the rear of the premises.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, oral surgery, implant placement, restoration and root canal treatments.

The practice's opening hours are – Monday: 8 am to 6 pm; Tuesday: 8 am to 2 pm; Wednesday: 8:30 am to 4:30 pm; Thursday: 8 am to 3 pm; Friday: 8 am to 1 pm

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons 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 has one dentist; one oral surgery specialist, one therapist/ hygienist; two qualified dental nurses; and one receptionist.

Our key findings were:

Summary of findings

- The practice had purchased an automated external defibrillator (AED) and all staff had taken part in medical emergencies training.
- The practice had purchased rubber dam kits and was following guidance from the British Endodontic Society in relation to endodontic treatment (root canal treatment).
- A new first aid kit had been purchased.
- Six monthly infection control audits had been completed in line with the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.
- There was a full range of personal protective equipment (PPE) available within the practice to protect members of staff working in the decontamination room.
- A long handled brush and illuminated magnifying glass as identified in HTM 01-05 were available in the decontamination room.
- The practice had changed its protocol for dealing with matrix bands which made the process safer and ensured matrix bands were not reused.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had purchased an AED and staff had received training in dealing with medical emergencies.

Systems and processes had been reviewed relating to infection control and records kept to ensure an audit trail and good governance.

Equipment available at the practice used in the infection control process had been reviewed and complied with recommendations within HTM 01-05.

No action



Are services well-led?

Our findings

Governance arrangements

Following the comprehensive inspection of this dental practice in January 2017 a number of systems had been reviewed, and policies and guidance updated.

A new automated external defibrillator (AED) had been purchased. We saw training certificates which showed all staff had completed medical emergencies training on 9 May 2017. In addition a new first aid box had been purchased in January 2017. We saw there were systems to check the AED was working correctly and the contents of the first aid box were checked regularly. Records to demonstrate the checks had been introduced and were available for inspection.

The practice had purchased a supply of rubber dam kits and was following guidance from the British Endodontic Society in relation to endodontic treatment (root canal treatment). Staff said there were no patient care records to demonstrate the use of rubber dam, as no endodontic treatment had been completed since the kits had been purchased.

We saw that infection control audits had been completed in August 2016, March 2017 and July 2017. This was in-line with the guidance contained in HTM 01-05. Action points relating to the audits had been identified and progress against those action points recorded.

We discussed personal protective equipment (PPE) with a staff member. The practice had all of the PPE that HTM 01-05 identified as necessary. The staff member was able to describe the decontamination process and identify what items of PPE would be used at which stage in the process.

We discussed the use of manual cleaning techniques in the decontamination process. The staff member concerned was knowledgeable regarding water temperatures and the techniques required. We saw that the necessary equipment identified in HTM 01-05 was available in the practice. This included a long handled brush and an illuminated magnifying glass.

We discussed the use of matrix bands. Following the inspection in January 2017 the practice had changed its protocol for the handling of matrix bands. The new protocol ensured that matrix bands were disposed of at the point of use, and therefore could not be reused. The dental nurse described an appropriate protocol for sterilising the new band with the holder ready for use. This demonstrated that the risks identified in January 2017 had been removed.

We saw data logger records to demonstrate that the autoclave in the practice was working correctly. Following the inspection in January 2017 the practice had introduced the use of daily time, steam and temperature indicator strips (known as TST strips) to provide a daily confirmation that the autoclave was working correctly.

The practice had two intraoral X-ray machines. We noted that rectangular collimation was not fitted to either machine. However, digital X-rays had reduced the dose of radiation delivered to patients and therefore the risk. Staff said that a beam aiming device was used when taking X-rays which increased the likelihood of an image with good diagnostic quality. The addition of a rectangular collimator would also help in achieving radiation doses as low as reasonably practicable, as identified in relevant guidance.