

Mr. Duncan Feirn

Kingston Road Dental Practice

Inspection Report

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Overall summary

We carried out a follow-up inspection at the Kingston Road Dental Practice on the 20 December 2016.

We had undertaken an announced comprehensive inspection of this service on the 10 May 2016 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against one of the five questions we ask about services: is the service safe? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Road Dental Practice on our website at www.cqc.org.uk.

We revisited the Kingston Road Dental Practice as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

Our findings were:

Are services safe?

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

Background

Kingston Road Dental practice provides private and NHS dental services to children and adults at the surgery on Kingston Road, Willerby, East Riding of Yorkshire. The practice has two treatment rooms on the first floor, a waiting area, a reception area and a decontamination room. Staff facilities were located on the ground floor.

Due to the surgeries being located on the first floor, patients with mobility requirements are referred to a local practice which was more accessible.

There is one dentist who is supported by three dental nurses (one of whom is a trainee).

The practice is open:

Monday –Friday 09:00 – 13:00 14:00 – 17:30

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

Our key findings were:

Summary of findings

- The practice had systems in place to assess and manage risks to patients and staff including infection prevention and control, health and safety and the management of medical emergencies.
- The practice was visibly clean and tidy.
- Detailed COSHH risk assessments for materials were now in place
- Infection control procedures were in accordance with the guidance published by the Department of Health.
- Oral health advice and treatment were provided in line with the 'Delivering Better Oral Health' toolkit (DBOH).
- Treatment was well planned and provided in line with current best practice guidelines.

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 safe?

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies.

All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The practice was in the process of having the decontamination room upgraded to ensure the flow of dirty to clean was more effective.

We reviewed the legionella risk assessment dated July 2016. Evidence of regular water testing was being carried out in accordance with the assessment. We found surgery checklists were in place to log daily purging of all dental unit waterlines. All actions had been addressed.

The practice had implemented a detailed COSHH folder with a risk assessment for each material stored on the premises.

No action



Kingston Road Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 20 December 2016 and was led by a CQC Inspector.

We informed the NHS England area team and Healthwatch we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the dentist and three dental nurses. We saw policies, procedures and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

- Is it safe?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider.

The registered provider told us they had a system in place to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The registered provider told us when they received an alert this was shared with all the staff although this was not documented and no evidence of any alerts were available on the day of the inspection.

Reliable safety systems and processes (including safeguarding)

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment in July 2016.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily checks were carried out on the emergency medicines, medical oxygen cylinders and the AED. These checks ensured the oxygen cylinders were

sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. We saw that the oxygen cylinders were serviced on an annual basis.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice.

The practice maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The policy was not dated and referred to an older version of guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. The staff were aware of all the daily and weekly tests that should be carried out to ensure the sterilisers were in working order.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The practice owner had detailed plans in place to ensure the decontamination room flow was in line with the guidance. The work was due to start early in the new year.

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit in September 2016 relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). This is

Are services safe?

designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Action plans and learning outcomes were in place.

We inspected the decontamination and treatment rooms. The rooms were very clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in July 2016. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the treatment rooms at the beginning and end of each session and between patients and the monitoring of hot and cold water temperatures. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used appropriate cleaning equipment in line with HTM01-05 guidelines.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, a grade and a report was documented in the dental care records for all X-rays which had been taken.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

Intra-oral X-ray audits were carried out by the practice as a continual process. The audit and the results were in line with the National Radiological Protection Board (NRPB) guidance.