

Genix Healthcare Ltd

Genix Healthcare Dental Clinic – Garforth

Inspection Report

54 Main Street
Garforth
Leeds
West Yorkshire
LS25 1AA
Tel: 0113 286 6133
Website: www.genixhealthcare.com

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Overall summary

We undertook a focused inspection of Genix Healthcare Dental Clinic – Garforth on 28 March 2019. 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 Genix Healthcare Dental Clinic – Garforth on 3 January 2019 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 safe or well led care and was in breach of regulations 12 (Safe care and treatment) and 17 (Good governance) 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 Genix Healthcare Dental Clinic – Garforth on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 3 January 2019.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breach we found at our inspection on 3 January 2019.

Background

Genix Healthcare Dental Clinic – Garforth provides NHS and private treatment to adults and children.

Summary of findings

There is one small step at the front entrance to the practice. The provider has a portable ramp available to facilitate access to the practice for wheelchair users and for pushchairs. Car parking spaces are available near the practice.

The dental team includes eight dentists, seven dental nurses, one dental hygiene therapist, three receptionists and a practice manager. They are supported by an operations manager. The practice has eight treatment rooms.

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. At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the delivery of services for which the practice is registered.

During the inspection we spoke with three dentists, two dental nurses, the dental hygiene therapist, one receptionist and the operations manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Thursday from 8:45am to 5:00pm

Tuesday and Wednesday from 8:45am to 7:30pm

Friday from 8:45am to 4:00pm

Saturday from 8:45am to 2:00pm

Our key findings were:

- Improvements had been made to the overall safety of the service.
- Staff had all received safeguarding refresher training and infection control training.
- Improvements had been made to the process for managing the risks associated with Legionella. Further improvements could be made.
- Steps had been taken to address the risks associated with the use of the ground floor X-ray machines. Further improvements could be made in line with recommendations from the Radiation Protection Advisor (RPA).

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the providers registration conditions to ensure the regulated activities at Genix Healthcare Dental Clinic – Garforth are managed by an individual who is registered as a manager.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care and was complying with the relevant regulations.

Improvements had been made to the overall safety of the service. For example:

- All staff had received refresher training for safeguarding vulnerable adults and children. Staff described the process they would follow if they had concerns about the welfare of a patient.
- The Legionella risk assessment had been reviewed and improvements made to the process for reducing the risks associated with Legionella. Further improvements could be made to ensure full compliance.
- Improvements had been made to the process for reducing the risks associated with the use of radiation. The door to the Orthopantomogram (OPG) was locked. Some improvements had been made to the use of the intraoral X-ray machines. Further improvements could be made in line with recommendations from the RPA.
- We saw evidence of up to date indemnity for the dentist which was missing at the inspection on 3 January 2019.
- Sharps bins were not overfilled.

No action



Are services well-led?

We found that this practice was not providing well-led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Improvements had been made to some processes for managing the risks associated with the carrying out of the regulated activities. For example:

- A risk assessment was in place for clinical staff working without chairside assistance.
- The system for ensuring staff were up to date with training was effective.
- The system to ensure medical emergency equipment is replaced and disposed of was effective.
- The practice information leaflet and complaints policy in the reception area had been updated.

Insufficient improvements had been made to the overall governance arrangements including the management of the risks associated with the carrying out of the regulated activities. For example:

- The process in place for ensuring the recommendations made by the RPA were actioned was not effective.

Requirements notice



Summary of findings

- The process in place for ensuring all recommendations made in the Legionella risk assessment were actioned was not effective.
- Improvements had been made to the recruitment process. Further improvements could be made.
- The process in place for ensuring the validation of the temporary autoclave was not effective.

Are services safe?

Our findings

At our previous inspection on 3 January 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our enforcement notice. At the inspection on 28 March 2019 we found the practice had made the following improvements to comply with the regulation:

- We were told that staff had all completed safeguarding refresher training. We saw evidence of certificates confirming this. In addition, we were told that safeguarding had been discussed with all staff and they were all now aware of their individual responsibilities to act if they had concerns about a patient. There had been no safeguarding concerns within the practice since the previous inspection.
- We examined the sharps bins around the practice and found they were not overfilled.

- The pads had been changed on the Automated External Defibrillator (AED) and were now fit for purpose.
- A risk assessment had been undertaken to review clinical staff working without chairside assistance. The organisation had decided that clinicians were no longer permitted to work without chairside assistance.
- We saw evidence that the data was downloaded for the autoclave on a regular basis. In addition, the temperature of the solution used for manually scrubbing instruments was being monitored. All staff had completed infection control training.
- The Legionella risk assessment had been reviewed and we saw evidence that some of the recommendations had been actioned. For example, they had identified that there are no infrequently used outlets which needed flushing and the boiler had been checked to ensure it was reaching the correct temperature.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 3 January 2019.

Are services well-led?

Our findings

At our previous inspection on 3 January 2019 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 enforcement notice. At the inspection on 28 March 2019 we found the practice had not made sufficient improvements to comply with the regulation:

- The systems and processes in place to ensure recommendations made from the RPA were actioned was not effective. At the first inspection on 3 January 2019 we noted the critical examination for two new X-ray machines installed in May 2016, stated that the control panel/exposure switch may be accessible to unauthorised persons.
- Further advice sought from the RPA dated 15 March 2019 stated that engineering controls, followed by safety systems and warning lights should be used to prevent unauthorised use of the X-ray machines. It further advised that if these options were not practicable the further advice from the RPA should be sought.
- The provider had put in place a safety system whereby staff turned off the mains switch for the X-ray machine when not in use. We asked if any further advice had been sought from the RPA and we were told that it had not. In addition, the RPA had commented about access to two of the surgeries from the interjoining “recovery room” when the X-ray machine was in use. The RPA had advised that the doorways be blocked up or warning lights be installed. Neither of these had been done and there was no evidence of any further liaison with the RPA. We saw the RPA report had been annotated stating that “the operator will restrict access to the controlled zone by continuous supervision”. Due to the location of where the operator would be standing when taking an X-ray, it would not be possible to view the door into the recovery room.

- The Legionella risk assessment had advised that water spouts on the spittoons were disinfected weekly. We asked to see evidence that this had been acted upon. Staff confirmed these were flushed but not disinfected.
- We discussed the recruitment process with staff and were told that a corporate operational decision had been made recently that if a receptionist did not have any references at the time of employment then a Disclosure and Barring Service (DBS) check would be carried out. We were told that a new receptionist had been employed since the previous inspection and a DBS check had not been carried out. We asked if references were available that they be sent over after the inspection. Evidence of references have not been received.
- At the inspection on 3 January 2019 we noted that the data from the autoclave was not downloaded on a regular basis. We were told that this was now being done. During the inspection on 28 March 2019 we noted a temporary autoclave was being used as one had broken. When asked, staff could not demonstrate successful completion of each cycle.

The practice had also made improvements:

- A risk assessment had been carried out for clinical staff working without chairside assistance. Staff confirmed that this had been done and enforced.
- The system for ensuring staff were up to date with training was effective. We checked training records and found all staff had completed safeguarding training and infection control training.
- The system to ensure medical emergency equipment is replaced and disposed of was effective. We checked the medical emergency medicines and equipment and found them to be all in date and reflected nationally recognised guidance.
- The practice information leaflet and complaints policy in the reception area had been updated. These had the correct details for external organisations.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The registered person failed to ensure systems and processes were working effectively to manage the risks associated with Legionella.• The registered person failed to ensure systems and processes were working effectively to manage the risks associated with the use of radiation.• The registered person failed to ensure systems and processes were working effectively to ensure information required under schedule 3 of The Health and Social Care Act 2008 was available.• The registered person failed to ensure the systems and processes to demonstrate successful completion of each sterilisation cycle was not effective. <p>Regulation 17 (1)</p>