S A Harrison Laboratories Limited

Safe Dental

Inspection report

32 Commercial Street
Morley
Leeds
LS27 8HL
Tel: 01132525428
www.safe-dental.co.uk

Date of inspection visit: 23 September 2020
Date of publication: 01/12/2020

Overall summary

We undertook a follow up inspection of Safe Dental on 23 September 2020. 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 Safe Dental on 20 January 2020 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 and 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 Safe Dental on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it safe?

• 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. The provider had not submitted an action plan prior to the inspection on 23 September 2020. An action plan was present on the day of inspection.

Our findings were:

Are services safe?

Summary of findings

We found this practice was not providing safe care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not completely responded to the regulatory breaches we found at our inspection on 20 January 2020.

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 completely responded to the regulatory breaches we found at our inspection on 20 January 2020.

Background

Safe Dental is in Morley and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes four dentists, a dental nurse, a receptionist, a clinical dental technician and a marketing assistant. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Safe Dental is the clinical dental technician.

During the inspection we spoke with the registered manager, the dental nurse and the receptionist. We looked at practice policies and procedures and other records.

The practice is open:

Monday to Friday variable hours

Our key findings were:

- Recommendations and urgent actions from the Legionella risk assessment, fire alarm service and emergency lighting service report had not been acted upon.
- Systems and processes in place to reduce the risks associated with Covid-19 did not reflect nationally recognised guidance and the justification to not follow guidance was not provided to us.
- Systems and processes had not been implemented to ensure good governance was maintained. These included the auditing of infection control processes and systems to ensure staff had adequate levels of indemnity and emergency resuscitation equipment was within its use by date.

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

Summary of findings

- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Send CQC a written report setting out what governance arrangements are in place and any plans to make improvements

Full details of the regulations the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Enforcement action**
Are services well-led?	**Enforcement action**

Are services safe?

Our findings

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report). After the inspection we served a notice of decision to impose urgent conditions on the providers registration.

At our previous inspection on 20 January 2020 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 requirement notice. At the inspection on 23 September 2020 we found the practice had made insufficient improvements to comply with the regulations and identified additional concerns:

- We were shown a fixed wire installation test certificate which had been carried out in April 2020 which stated the installation was satisfactory.
- We checked the contents of the emergency medicine kit and found it reflected guidance as laid out in the British National Formulary.
- We were shown evidence the washer disinfector had been serviced in February 2020.
- We were shown a fire alarm service and inspection report. This was carried out on 18 September 2020. This stated the condition of the fire alarm system was “unsatisfactory”. This was because there were no internal sounders to premises, no fire detection on the 1st floor (where there is a dental lab), no carbon monoxide detector in the boiler location, no smoke detectors to the back room in cellar and no call points to exits or emergency exits. We asked the registered manager if any action to address these had been taken. We were told that the contractor who had installed the fire alarm was at fault for fitting an illegal system. We saw evidence in an e-mail trail that the provider had not fully paid for the installation and hence it had not been fully completed. We were told that a verbal agreement had been made with a company to address these issues but there was no supporting evidence to demonstrate this. We asked if anything else had been put in place to mitigate the current risks. Nothing had been implemented.
- At the inspection on 20 January 2020 we identified the emergency lighting had not been serviced. We were shown an emergency lighting inspection report. This was carried out on 18 September 2020. This identified that there was no emergency light to the rear emergency exit and no emergency light to the basement. In addition, one of the lights failed on duration of lighting. We asked if any steps had been taken to address this. The registered manager was unable to demonstrate that these issues had been addressed.
- A Legionella risk assessment had been carried out on 17 March 2020. This had identified some high and medium priority actions. Some of these were of a high priority. These included fixing a broken tap in the decontamination room. The risk assessment had been annotated stating “Tap needs fixing!!”. We were advised that they had attempted to fix it but this had been unsuccessful. We were told that the installer does not do dental installations anymore & the registered manager was looking for an alternative source. This tap was therefore creating a dead leg. There was also an additional dead leg in the decontamination room where the cold feed for the shower had been disconnected. The risk assessment had stated this needed to be removed. Dead legs are sections of potable water piping systems that have been altered, abandoned or capped such that water cannot flow through them. These lead to stagnation and increase the risk that the water inside the pipe becomes contaminated with potentially dangerous bacteria, including legionella. The risk assessment had been annotated with “Planning on re-connecting shower to go back to full function”. We asked if this had been actioned and the registered manager told us it had not. The risk assessment had identified the shower was not in regular use as it was not free from scale. The cold water from the shower had been disconnected and the risk assessment had stated this shower presented a risk of scalding. The registered manager told us, and the risk assessment had been annotated stating that this outlet is only used to draw water for environmental cleaning.

Are services safe?

- The registered manager had implemented systems with regards to the reduction of the risks associated with the transmission of COVID within the dental surgery. A standard operating procedure had been written up to support this. Much of the system was based on personal research by the registered manager. We asked to see supporting evidence of this research, the registered manager was unable to provide this.
- The service was carrying out both aerosol generating procedures (AGP) and non-AGP. We were shown evidence of fit testing for enhanced personal protective equipment (PPE) for two members of staff. Another member of staff had not successfully passed a fit test for enhanced PPE. We asked if they were involved in the provision of AGP and the registered provider confirmed they were. They wore a standard fluid resistant surgical face mask during these procedures. Guidance from Public Health England (PHE) states that when carrying out AGPs, all person's present should wear enhanced PPE. We were told by the registered provider that the risks associated with the lack of enhanced PPE was mitigated using a patient aerosol face box and the use of a particulate matter monitoring system within the surgery.
- The registered provider demonstrated the use of the particulate matter monitoring system and told us when there was a visible spike on the computer this indicated the presence of an aerosol. When staff noticed this, they could stop the procedure either permanently or temporarily. We asked if the presence of a spike on the computer was a risk to staff not wearing enhanced PPE and to the next patient that came in to the surgery. We were told that the exposure would be insignificant as it would only be for a matter of seconds and would not pose a risk to staff. This is not in line with current guidance.
- We discussed the use of the aerosol face boxes and were shown two which had been self-made from what appeared to be acrylic and a flexible acetate material. Staff confirmed that these were not single patient use and were re-used on patients after being disinfected. Due to the construction of the it could be difficult to effectively disinfect all areas of it. Guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05) states that surfaces should be impervious and easily cleanable. The registered provider told us the aerosol face boxes provided protection for staff from aerosols produced during an AGP. This therefore makes the aerosol face box a form of PPE. All PPE, even self-made, must comply with the relevant regulations. In addition, an aerosol containment device is not listed by PHE as a form of PPE required when undertaking AGPs. We were later sent evidence that these aerosol face boxes had been taken out of use.

Are services well-led?

Our findings

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

At our previous inspection on 20 January 2020 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 23 September 2020 we found the practice had made insufficient improvements to comply with the Regulations and identified additional concerns:

- We were shown updated evidence and certification of adequate indemnity cover for one member of staff. The registered provider was unable to demonstrate evidence for another clinical member of staff and we saw evidence they had been working for more hours than the indemnity covered. The registered provider told us they had asked the member of staff but evidence of increased cover had not been brought in. We restated that the registered provider had overall responsibility to ensure staff had adequate indemnity in place. We noted there was no evidence of registration with the General Dental Council for two new clinical members of staff. On the day of inspection their registrations were checked by the registered provider. We discussed the importance of effective recruitment procedures prior to a member of staff starting employment.
- We were shown an infection prevention and control audit which had been completed on 14 September 2020. There were some questions which had not been answered within the audit including those relating to hand hygiene. In addition, this audit did not reflect our findings on the day of inspection. For example, one question asked if pre-wrapped instruments are placed only in a vacuum-type steriliser. This had been answered “yes”. Staff told us that instruments were not wrapped prior to going through a sterilisation cycle and that this was done after sterilisation. Another question asked if heavy duty household gloves are replaced weekly or more frequently if worn or torn. This had been answered “yes”. Staff told us these were changed monthly.
- During the inspection we noted the adult sized emergency oxygen mask and tubing had passed its use by date. This was May 2020. We were told that the medicines and equipment were checked regularly. We asked if a log sheet was kept demonstrating this and we were told it was not. The system for checking emergency equipment was therefore not working effectively.

This section is primarily information for the provider

Enforcement actions

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	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Ensure all premises and equipment used by the service provider is fit for use** **How the regulation was not being met:** **The registered person had failed to ensure that all premises used by the service were properly maintained. In particular:** • Actions identified in the emergency lighting inspection report had not been actioned. • Not all actions identified in the Legionella risk assessment had been actioned. **Regulation 15(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **How the regulation was not being met:** **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:** • The system in place to ensure staff had adequate levels of indemnity was not effective.

This section is primarily information for the provider

Enforcement actions

- The infection prevention and control audit did not reflect our findings on the day of inspection.
- The system for ensuring emergency equipment did not pass its use by date was not effective.

On 3 March 2020, CQC requested from the registered person any plans the registered person had for improving the standard of the services provided to service users with a view to ensuring their health and welfare by 3 April 2020. The registered person failed to send any plans for improvement to CQC.

Regulation 17 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • Actions identified in the fire alarm service and inspection report had not been actioned. **The equipment being used to care for and treat service users was not safe for use. In particular:** • The patient aerosol face box could not be effectively decontaminated. • Not all staff had appropriate PPE for carrying out AGP. **There was additional evidence that safe care and treatment was not being provided. In particular:** • The provider was unable to evidence that a zero fallow time following an AGP was evidence based taking into account guidance and updates issued by recognised bodies. Regulation 12 (1)