

S A Harrison Laboratories Limited

# Safe Dental

## Inspection report

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Date of inspection visit: 21 June 2021  
Date of publication: 03/08/2021

### Overall summary

We undertook an unannounced follow up focused inspection of Safe Dental on 21 June 2021. 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 follow up focused inspection of Safe Dental on 16 April 2021 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](http://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 breaches we found at our inspection on 16 April 2021.

# Summary of findings

## 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 breach/es we found at our inspection on 16 April 2021.

## Background

Safe Dental is in Morley, Leeds 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 five dentists (one who also works as a dental nurse), a dental hygienist and therapist (who also works as a dental nurse), a dental nurse, a practice manager and a clinical dental technician. 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 managers at Safe Dental are the clinical dental technician and the practice manager.

During the inspection we spoke with one dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Saturday variable hours

## Our key findings were:

- Further improvements had been made to the system for managing the risks associated with fire.
- Improvements had been made to the recruitment procedures.
- Improvements had been made to the system for managing emergency medicines and equipment.
- Improvements had been made to the system for managing the risks associated with Legionella.

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

- Continue to declutter the basement to further reduce the risks associated with fire.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services safe?**

**No action**



**Are services well-led?**

**No action**



# Are services safe?

## Our findings

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

At our previous inspection on 16 April 2021 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 warning notice. At the inspection on 21 June 2021 we found the practice had made the following improvements to comply with the regulations:

- Further improvements had been made to the fire safety in the basement. The fire risk assessment had been reviewed and updated. Staff were in the process of de-cluttering the basement. There had been clear improvements in this area and the exit pathway was now clear in the event of a fire. However, more de-cluttering was needed to further reduce the risks associated with fire.
- Since the previous inspection the provider had taken action to address the out of date medicines in the medical emergency kit. We saw the out of date adrenaline had been removed and the glucagon had been replaced. Due to restrictions in obtaining controlled medicines the provider had struggled to obtain the buccal midazolam. We were sent evidence of the completed forms which had been sent to obtain the buccal midazolam. As of the day inspection they had yet to receive the buccal midazolam.
- Improvements had been made to the management of the risks associated with Legionella. At the previous inspection we noted logs of water temperature had either not been completed or had not reached the correct temperature. At this inspection we saw evidence the monthly water temperatures had exceeded 55°C as required by the risk assessment.
- Improvements had been made to the recruitment procedures. We reviewed the recruitment records of the two new members of staff and saw evidence of all documentation as required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- During the inspection we noted not all areas of the practice were visibly clean. The patient toilet was not clean. The bin had not been emptied and the floor was visibly dirty. This was addressed immediately. In addition, the office area was visibly dusty. We discussed the environmental cleaning of the practice with staff who told us they were in discussion with the provider about recruiting a cleaner.

These improvements showed the provider had taken action to comply with the Regulations when we inspected on 21 June 2021.

# Are services well-led?

## Our findings

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

At our previous inspection on 16 April 2021 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 warning notice. At the inspection on 21 June 2021 we found the practice had made the following improvements to comply with the Regulations:

- Improvements had been made to the system for managing the risks associated with Legionella. We saw evidence of monthly water temperature log sheets and flushing of infrequently used outlets. The new registered manager told us they and the dental nurse were taking on the responsibility to carry out the temperature testing of the sentinel outlets.
- Improvements had been made to the recruitment process. We reviewed two recruitment records for new members of staff and saw evidence of all documentation as required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The new registered manager told us they had a system in place to ensure any new members of staff had all the correct checks carried out before commencing work.
- During the inspection we noted that all recruitment documents were being held securely.
- We saw evidence of a new infection prevention and control audit which had been carried out. This audit indicated that the practice was meeting the essential quality requirements as laid out in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. We discussed this audit with the new registered manager with regards to the environmental cleaning and we were told this would be addressed.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulations when we inspected on 21 June 2021.