

Nationwide Healthcare

Abbeydale Road Family Dental Centre

Inspection Report

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Overall summary

We undertook a follow up desk-based review of Abbeydale Road Family Dental Practice on 29 December 2020. This review 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 review was led by a CQC inspector who had access to a specialist dental adviser.

We undertook a comprehensive inspection of Abbeydale Road Family Dental Practice on 29 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 well led care and was in breach of regulation 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 Abbeydale Road Family Dental Practice on our website www.cqc.org.uk.

As part of this desk-based review, we reviewed the provider's action plan and evidence submitted to us. The practice had identified where there was a shortfall and had actions in place to ensure the practice was providing well-led care in accordance with the relevant regulations.

Our findings were:

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 we found at our review on 29 December 2020.

Background

Abbeydale Road Dental Practice is in Sheffield and provides mainly NHS 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 on local roads.

The dental team includes three dentists, four dental nurses and two receptionists. The practice has five treatment rooms.

The practice is owned by a partnership 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

Summary of findings

the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Abbeydale Road Dental Practice is the clinical quality and care manager.

The practice is open:

Monday to Friday 9am – 6pm.

Our key findings were:

- Oversight of the practice's hot water system in respect to Legionella management and health and safety was effective.
- Infection prevention and control (IPC) procedures followed guidance 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.
- Emergency lighting was installed at the practice to comply with current fire regulations.
- Safer sharps systems were brought in line with current regulations.
- Oversight and management of the medical emergency kit was revised to reflect current guidance.
- Systems to identify, record and investigate significant incidents and events were reviewed to ensure they were embedded.
- The provider reviewed the staff rotation and induction processes to ensure up-to-date, on-site information is available to reduce the risks associated with rotating staff throughout the organisation.
- The practice reviewed its waste handling protocols to ensure waste is stored and disposed of in compliance with the relevant regulations.
- An effective system was implemented to identify, dispose and replenish of out-of-date stock.
- The provider updated policies and procedures for obtaining patient consent to care and treatment to ensure the practice was compliant with legislation and guidance.
- Systems were put in place to ensure staff were aware of the requirements and responsibilities associated with the Mental Capacity Act 2005.

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?

No action



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 29 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 desk-based review on 29 December 2020 we found the practice had made the following improvements to comply with the Regulation:

During the inspection in January 2020, we noted that hot water was not available at the practice. This was found to be a fault with the boiler; an engineer was called without delay to rectify the issue. Evidence sent to us since the inspection in January 2020 confirmed that hot water has been available since the boiler was repaired. Information received confirmed that the oversight of Legionella management systems and health and safety in respect to the provision of hot water was now compliant with current regulations.

The practice's IPC process was reviewed after we identified some aspects could be improved to bring processes in line with recommended guidance and the practice policy. Measures taken to improve IPC procedures included:

- Addition of manual cleaning detergent and measuring scoop to ensure correct usage.
- Addition of separate cleaning and rinsing bowls with water measure indicators.
- Visual aids used to remind staff to mark the heavy-duty gloves with a disposal date.
- Implementation of a daily decontamination room daily set up log which covered areas previously identified in need of improvement.
- An IPC audit was completed November 2020 and an action plan produced; actions identified on the audit were addressed.

We noted at the inspection in January 2020 that there was no form of emergency lighting at the practice. Evidence sent to us as part of this review confirmed that emergency lighting was installed 4 March 2020. Action taken ensured that fire safety management systems reflected current regulations.

To ensure safer sharps processes were brought in line with current regulations and the practice policy, the provider revised the practice's healthcare waste policy and removed a sharps container from the decontamination room to ensure damaged sharp instruments and used needles and cartridges were disposed of at point of use. Action taken and evidence sent to us confirmed the practice's safer sharps systems were compliant.

Oversight and management of the medical emergency kit was revised to reflect current guidance. Evidence sent to us confirmed that:

- Daily, weekly and monthly checks were completed on the emergency medical oxygen, medical equipment and medicines.
- Photographic evidence of the medical kit is sent on a monthly basis to the practice support team giving them one month notice of any items due to expire.
- The practice support team monitor the monthly checks and submit an emergency kit log to all practice locations on a quarterly basis as part of their monitoring systems.

Systems to identify, record and investigate significant incidents and events were reviewed to ensure they were embedded. For example, the practice team completed a significant event workbook and now have a better understanding of significant events. Day to day events are discussed more frequently and any actions disseminated and discussed. New staff members receive the workbook as part of the induction process, and it will also be used for annual refresher training.

Staff were rotated throughout the organisation when there was a need at different locations. During the inspection in January 2020 we identified areas where there was limited awareness of site-specific processes. In response, the provider reviewed this and implemented a staff rotation induction process which covers site specific areas of risk. For example: Medical emergency processes, fire safety, practice/staff safety and patient safety. The staff rotation induction process gave assurances that rotation systems are safer, and staff are given the most up-to-date information at the sites they are required to work at.

The practice had also made further improvements:

Are services well-led?

- The provider improved the waste handling protocols to ensure clinical waste was stored and disposed of in compliance with regulations. A revised policy was implemented, and signage displayed in prominent positions to remind staff of the revised protocol.
- An effective system for identifying, disposing and replenishing of out-of-date stock was implemented. This included a stock control notice in the practice stockroom, the introduction of an expired stock box and a daily surgery opening log, which included a tick box segment for checking the stock levels and expiry dates.
- The provider updated practice policies and procedures for obtaining patient consent to care and treatment to

ensure they were in compliance with relevant guidance and legislation. The regional manager provided update training to all staff in July 2020, staff training certificates were forwarded to us to support this.

- A revised system was implemented to assess staff awareness and responsibilities associated with the requirements of the Mental Capacity Act 2005. The provider applied a Mental Capacity Act 2005 workbook for inclusion into the staff induction process and as a refresher for existing employees.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulation when we carried out our review on 29 December 2020.