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Abbeyside Dental Practice

Inspection report

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Date of inspection visit: 30 November 2020
Date of publication: 22/12/2020

Overall summary

We undertook a follow up desk-based focused review of Abbeyside Dental Practice on 30 November 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.

We undertook a focused inspection of Abbeyside Dental Practice on 9 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. Previously we had also undertaken a comprehensive inspection of Abbeyside Dental Practice on 16 July 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, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our reports of those inspections by selecting the 'all reports' link for Abbeyside dental practice on our website www.cqc.org.uk.

For this review, we looked at practice policies and procedures and other records about how the service is managed. We also interviewed three staff members online via a video call.

As part of this inspection we asked:

• 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services well-led?

Summary of findings

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 inspection on 9 January 2020.

Background

Abbeyside Dental Practice is in Stoke on Trent and provides NHS and private treatment for adults and children.

The entire practice is situated on the first floor and there is no level access for people who use wheelchairs and those with pushchairs. The provider has plans to include a ground floor treatment room in the near future. Car parking spaces are available immediately outside the practice.

The dental team includes one dentist, four dental nurses (two of whom also carry out practice management duties) and two receptionists. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During this review we spoke with the dentist and the two practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday: 9am – 5pm

Our key findings were:

- Improvements had been made in areas such as fire and electrical safety, staff training, staff immunisation status records, risk assessments, recruitment, the management of medical emergencies, audits and infection prevention and control.

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are stored in line with the manufacturer's guidance.
- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

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 9 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 review on 30 November 2020 we found the practice had made the following improvements to comply with the regulation:

- Audits had been regularly carried out at the practice in areas such as infection prevention and control, radiography and dental record keeping. We discussed the findings with staff and they described the actions taken as a result of the audits. For example, an infection prevention and control audit had been undertaken in May 2020 and staff described subsequent actions such as the introduction of disposable chair covers. A dental record keeping audit had been completed in June 2020 and this had documented learning points. Staff were due to carry out another dental record keeping audit to ensure that the relevant improvements had been maintained following earlier audits. The radiography audit had been undertaken in March 2020 and this showed that all X-rays had been graded and reasons were listed when the X-rays were grade 2 or grade 3. The audit, however, did not include a standard set by the practice which would have allowed staff to compare their results against it.
- The practice sent evidence that demonstrated the actions taken to improve fire safety. A certificate was issued in February 2020 which showed that emergency lighting and a fire alarm had been fitted. Staff told us that smoke detectors had also been installed throughout the building on both levels. We saw that staff carried out monthly fire drills along with training and simulation exercises to improve their evacuation procedures. They had identified problems and solutions during the fire drills. However, staff had not been recording evacuation times on the records and assured us they would commence this with immediate effect. Staff told us that the landlord of the premises was responsible for the routine maintenance checks of the fire safety equipment but that they would also implement a maintenance system as soon as possible. An electrical installation certificate was issued in January 2020 and a recommendation was made for another safety check to be completed in five years. Staff told us that annual gas safety checks had been completed and all equipment servicing was up to date. An updated fire risk assessment was required as the practice had undergone significant improvements in relation to fire safety since the previous risk assessment. Staff told us they had been unable to book an appointment for an external fire risk assessment due to the Covid-19 pandemic. The practice manager completed an internal fire risk assessment and sent us evidence of this within two days of our review.
- Staff completed weekly protein validation tests on the ultrasonic cleaning bath which was in line with current guidance. We saw that appropriate action had been taken in line with the test results. Staff also completed the recommended quarterly validation tests. We discussed the procedures that were used when rinsing instruments prior to ultrasonic cleaning. The practice manager told us they were inspecting the instruments before and after placing them in the ultrasonic cleaning bath and were rinsing them with water. Current guidance advises the use of a detergent with cold water prior to ultrasonic cleaning. Staff amended their instrument decontamination policy and forwarded evidence of this to CQC on the same day as our review.
- Staff told us they had completed risk assessments and had data sheets in line with the Control of Substances Hazardous to Health regulations. We were sent evidence of the contents page and a selection of entries which were comprehensive. Staff were advised to add entries for blood and saliva as these are also classed as hazardous substances. Evidence of this was forwarded to us on the same day as our review.
- The immunisation status for all clinical staff members had been confirmed and we were sent evidence of this. At the time of our previous inspection, one staff member had partially completed their course of immunisations but had ceased work at the practice before the expected date of completion.

Are services well-led?

- The processes for checking the refrigerated medicine for the management of medical emergencies had improved although we noted a shortfall. Staff checked the fridge temperature daily as one emergency medicine was refrigerated. We reviewed the practice's temperature log and found that the temperature was outside the recommended range on a few occasions. The practice manager explained that one staff member had forgotten to reset the thermometer after it had been used to record a high water temperature as part of the practice's routine Legionella prevention safety checks of the water temperature. We were told that this was recorded as an incident and discussed with staff. On a few occasions, the temperature had dropped below the minimum temperature range that the manufacturer advised. Staff sought advice from a local pharmacy about the storage temperature and were advised to dispose of this medicine and reorder.
- Staff checked the medical emergency equipment and medicines weekly which was in line with current guidance. However, improvements were required relating to the details recorded on the weekly checklists as they did not list individual items of equipment. They sent a checklist to us on the same day as our review and this included all the emergency medicines with expiry dates. Most items of emergency equipment were listed along with expiry dates; however, a few items such as the oxygen cylinder and portable suction were not included in the list.
- The practice's recruitment procedures had improved since our previous inspection. A recruitment policy had been compiled and this included all required information. All new and returning staff received a documented induction which was comprehensive. One new staff member had been recruited at the practice since our previous inspection. All essential recruitment checks were present including photographic identity verification documents, indemnity and qualification certificates. The practice had sought and received two written references too. A Disclosure and Barring Service (DBS) certificate was present from 2010. At the time of recruitment, staff had decided against applying for a new DBS check as one of the staff members had known this individual on a personal and professional level for over twenty years. They had also received a satisfactory reference from a previous employer. Due to the length of time since the previous DBS, it was recommended that they carry out a formal risk assessment. Within two days of our review, staff sent evidence to us of a new DBS check for this individual.
- The practice manager told us that they ensured that all staff were up to date with the recommended training each year. They told us that they checked the provider's training records as well as ensuring that training is covered as part of the induction. All staff had completed hands-on medical emergency training at the practice in September 2020 with the exception of one clinical staff member. This individual was unable to attend due to personal circumstances. They completed online medical emergency training on the same day as our review. All staff had completed training in the safeguarding of children and vulnerable adults. One staff member had completed the training but not to the recommended level for their job role. This member was on annual leave at the time of our review and staff assured us that this training would be completed upon their return to the practice the following week.
- We saw evidence that documented staff appraisals had taken place between March and July 2020. All staff had been appraised with the exception of the provider. The practice managers told us they were considering appraising the provider soon.
- A disability access audit had been completed. There was no date on the audit but staff told us that it had been completed one month ago. Staff identified actions that were required and had included a brief action plan.
- A Legionella risk assessment had been completed in July 2020.
- Clinical waste was stored in a locked room that was otherwise out of use.

The practice had also made further improvements:

Are services well-led?

- An antimicrobial audit had been completed but was undated and there were no documented learning outcomes. The provider told us they completed this audit two months ago and would ensure that all future audits are dated. They also told us that they followed up to date guidance from the Scottish Dental Clinical Effectiveness Programme when prescribing antimicrobials. Within two days of our review, the provider forwarded an analysis and action plan and informed us they would undertake these audits every three months.
- The provider had invested in the services of a dental compliance company to help ensure the practice procedures were in line with national regulations and guidance. All staff had online access to a range of policies and procedures, including the Reporting of Injuries, Diseases and Dangerous Occurrences regulation.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 30 November 2020.