

Mr. Edmund Acheampong

Highview Dental Practice

Inspection Report

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Ratings

Are services well-led?

No action



Overall summary

We carried out a focused inspection of Highview Dental Practice on 5 March 2018 to follow up concerns we originally identified during a comprehensive inspection at this practice on 15 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with 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 Highview Dental Practice on our website www.cqc.org.uk.

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 adequate improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 15 February 2017. The provider must ensure that the newly implemented improvements are embedded and sustained in the long-term in the practice.

Summary of findings

There were areas where the provider could make improvements and should

Review the practice's responsibilities to the needs of people with a disability and the requirements of the Equality Act 2010 and ensure an Equality Act audit is undertaken for the premises.

Review the staff supervision protocols and ensure an effective process is established for the on-going appraisal of all staff.

Review the practice's current audit protocols to ensure audits of key aspects of service delivery are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant staff.

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?

The provider had made improvements to the management of the service. This included improvements in infection prevention and control procedures, ensuring equipment used in the decontamination process was adequately serviced, maintained and routine checks were completed and taking action to address issues identified in the legionella risk assessment. Infection prevention and control audits were being completed on a six monthly basis. The provider had completed the required amount of mandatory training regarding dental radiography and radiation protection. The practice had introduced the use of safer sharps and dental nurses were no longer dismantling and disposing of used anaesthetic needles. Action had been taken to address the issues identified in the fire risk assessment and staff were now completing regular fire drills. Control of Substances Hazardous to Health items were now securely stored when not in use. Audits had been completed regarding dental care records and improvements in record keeping were noted. A log was now being used to record the expiry dates of medicines and equipment in use at the practice. These were checked on a regular basis and items nearing their expiry were replaced as required.

The provider had failed to address some minor issues we had raised in our previous report; the provider must ensure action is taken to address all outstanding issues.

No action





Are services well-led?

Our findings

At our inspection on 15 February 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 5 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The practice had taken action to ensure that they worked in accordance with the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. Staff were now correctly using the clearly defined clean and dirty zones during the decontamination process. Improvements had been made to ensure that instruments were safely transported between the treatment room and the decontamination room and then once sterilised back to the treatment room. Instruments were being pouched and date stamped with the date of expiry. We saw that matrix bands were being pouched and stored in dental treatment rooms appropriately.
- Routine tests and checks were being completed on equipment used during the decontamination process. We were shown evidence to demonstrate that the ultrasonic cleaner had been serviced and validated in August 2017. Weekly protein residue tests were being completed. Daily log and test sheets were also available as were quarterly foil tests. We saw that occasionally daily log sheets were not completed; we were told that this was when the practice was closed and the equipment was not used. Notes were not always included on daily log sheets to demonstrate this. The practice had two autoclaves and records were available to demonstrate that these were serviced as appropriate. We were told that only one autoclave was in regular use and the other was a backup machine. Time, steam, temperature tests strips were available to demonstrate that the autoclave in regular use was in good working order. Autoclave process log sheets were available as were records regarding weekly safety checks.
- The practice had taken action to address issues for action identified in the practice's legionella risk assessment dated March 2015. A further risk assessment had been completed in February 2017 and the practice manager had completed an action plan which recorded action taken to meet the requirements made in this risk assessment.
- Systems had been put in place regarding the management of distilled water.
- Start-up, close down and cleaning logs were being completed for the decontamination room.
- Audit systems had been implemented to help improve the quality of the service provided. We were shown evidence to demonstrate that infection prevention and control audits were completed on a six monthly basis. Some issues for action had been identified on the most recent audit; the practice manager was aware of this and confirmed that these actions remained outstanding. We were told that an action plan would be developed shortly.
- We were shown a patient record audit for January and July 2017. Improvements were noted in patient records from the July 2017 audit. The practice manager confirmed that a further audit would be undertaken and this would include the newly employed associate dentist. A log and analysis of X-rays taken was completed by dental nurses. We noted that the nurses were not always recording the grade of the X-ray on this form and were therefore unable to complete the analysis for each dentist. There were no recorded learning points on this document. We were shown evidence to demonstrate that the X-ray grades were recorded on patient records.
- The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 were being followed. The practice had changed to use safer sharps and the dental nurse and dentist we spoke with confirmed that it was only the dentists who removed needles and disposed of sharps. We saw that local anaesthetic syringes were pouched in drawers in treatment rooms. A sharps injuries checklist/audit had been completed in June 2017.
- Systems were in place to ensure the appropriate review of training, learning and development needs of staff members. We were shown evidence to demonstrate that the principal dentist had completed a five hour course in dental radiography and radiation protection in June 2017.



Are services well-led?

- We discussed appraisal with the practice manager who told us that there had been no change at the practice and formally documented appraisal meetings were not held. The practice manager confirmed that an appraisal system would be implemented in the near future.
- The practice manager discussed the improvements made to dental care records. We were told that medical history forms were completed for each new course of treatment and verbal confirmation was obtained at every visit to the practice. During this inspection we observed patients being requested to complete medical history forms. The patient record audit noted improvements in recording medical history, information about costs given to patients and the dentist was recording details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth at each routine appointment. The dentist explained that they were following the National Institute for Health and Care Excellence guidelines in respect of dental recall.
- A log system had been put in place for the identification and disposal of out of date stock.
- Fire safety systems including regular fire drills and the ongoing checking of fire safety equipment had been

implemented. A fire maintenance log book was being completed with weekly and monthly test records available. Fire drills had taken place at the practice in February and August 2017.

- The practice had reviewed its responsibility with regard to the Control of Substance Hazardous to Health (COSHH) Regulations to ensure that all COSHH items were safely and securely stored.

The practice had also made further improvements:

- The practice manager confirmed that they had reviewed the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society. We were shown rubber dam kits and were told that these were used when practically possible.
- Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 and were aware of their responsibilities under the Act as it related to their role. Dentists would refer patients to community dental services if capacity could not be ascertained.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 15 February 2017.