

Dr Dan Hines

Azure Dental

Inspection Report

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Date of inspection visit: 3 August 2020
Date of publication: 26/08/2020

Overall summary

We undertook a follow-up desk-based review of Azure Dental on 2 August 2020. This desk-based review was carried out to consider 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 carried out by a CQC inspector.

We undertook a comprehensive inspection of Azure Dental on 28 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 Azure Dental on our website www.cqc.org.uk.

As part of this review 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, or carry out a remote review after a reasonable interval, focusing on the areas where improvement was required.

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 28 January 2020.

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 breaches we found at our inspection on 28 January 2020.

Background

Azure Dental is in Formby, Merseyside 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 in pay and display car parks or on the residential streets nearby.

Summary of findings

The dental team includes two dentists, three dental nurses, one of whom is a trainee, two dental hygiene therapists, one treatment co-ordinator and a practice manager. 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.

The practice is open: Monday and Friday from 9am to 5pm; Tuesday and Wednesday from 9am to 7pm; Thursday from 9am to 6pm and on Saturday by appointment, from 9am to 4pm.

Our key findings were:

- The provider had infection control procedures in place which reflected current guidance. Staff were familiar with products used in the cleaning of dental instruments and how these should be applied and utilised.
- Staff had received refresher training in the use of emergency equipment. Questions introduced to the appraisal process helped confirm that staff were competent in handling emergencies and the use of emergency medicines and equipment.
- Stocks of emergency medicines, including the quantity of medical oxygen held, had been reviewed and all items as recommended by recognised guidance were available and ready for use. All items were stored correctly.
- An electrical safety inspection of the premises had been carried out and paperwork to support this had been provided.
- Water temperature testing, as required for management of Legionella, was being carried out and records to demonstrate this were available.
- Staff had access to printouts from the autoclave in use, which confirmed that each cycle started was completed successfully. These printouts were stored for reference purposes.
- Radiation equipment had been inspected and tested by an appropriately qualified person. Queries around the safe management of the cone beam computed tomography (CBCT) equipment had been checked and addressed.
- A protocol for the cleaning of instruments of visiting dental professionals was agreed and in place. All staff were aware of this.

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 28 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 this desk-based review we found the practice had made the following improvements to comply with the regulations.

The provider had reviewed their infection control procedures to ensure these reflected current guidance. We were told that staff were familiar with products used in the cleaning of dental instruments and how these should be used. For example, the detergent used for cleaning dental instruments, was used with water that was at a temperature of not more than 32 degrees centigrade, which is required for optimum performance.

Staff had access to printouts from the autoclave in use, which confirmed that each cycle started and completed successfully. These printouts were stored for reference purposes.

Water temperature testing, as required for management of Legionella, was being carried out and records to

demonstrate this were available. Staff understood that cold water temperatures should be below 20 degrees centigrade and hot water temperatures should be 55 degrees centigrade or above.

Staff had received refresher training in the use of emergency equipment. The staff appraisal process had been improved, with the introduction of questions around any training undertaken by staff. This helped confirm that staff were competent in handling medical emergencies and the use of emergency medicines and equipment. All equipment to administer emergency medicines was available, for example the correct syringes and needle size for delivering emergency adrenaline. The quantity of medical oxygen held had been reviewed and this was available in line with recognised guidance and ready for use. All items were stored correctly.

An electrical safety inspection of the premises had been carried out and paperwork to support this had been provided to us ahead of our inspection. Radiation equipment had been inspected and tested and we viewed documents held in respect of this. Queries around the safe management of the cone beam computed tomography (CBCT) equipment had been checked and addressed.

These improvements showed the provider had taken action to comply with the regulations: when we carried out this desk-based review on 3 August 2020.

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 28 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. In this desk-based review we found the practice had made the following improvements to comply with the regulations.

The systems and processes in place to support safe care and treatment, and to underpin governance had been reviewed. For example:

- Systems in place to ensure all required emergency equipment was available were reviewed alongside recognised guidance. This included the supply of medical oxygen, which the provider now held in the quantity recommended by guidance.
- The storage of medicines had been revisited to ensure any manufacturer specific guidelines were followed. All medicines were checked to ensure they were in date and ready for use.
- Staff were following a checking regime for water temperature checks. This ensured that taps were left to run long enough for hot water to reach 55 degrees centigrade or above, and that cold water temperatures were below 20 degrees centigrade. Records were available to support this.

- Testing of the cone beam computed tomography (CBCT) equipment had been completed. The siting, management and quality assurance testing had been reviewed by an external suitably competent person.
- A system of diary reminders was now in place to ensure essential safety checks were carried out, for example, the external safety check on electrics for the building.
- The practice manager had reviewed guidance from the Information Commissioners Office, in respect of CCTV in use at the practice. Signage was now in place to advise patients visiting the practice that CCTV was in use.
- A system of checks and audit was in place for a number of functions within the practice. For example, daily checks of the data logger on the autoclave, weekly quality assurance checks of imaging from CBCT equipment, radiography audit, antibiotic audit and six-monthly infection control audits.
- Protocols for the management and cleaning of dental equipment used by the visiting implantologist, were in place and all staff had a clear understanding of these arrangements.
- Staff appraisals had been modified, to include a review of training received by staff to confirm that they were happy with their level of understanding, and to re-visit any areas where staff may require further learning and support.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out this desk-based review on 3 August 2020.