NDC Plus Limited

ADF Clinic

Inspection Report

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Overall summary

We undertook a focused inspection of ADF Clinic on 15 August 2019. 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 comprehensive inspection of ADF Clinic on 20 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We also undertook focused inspections of ADF Clinic on 25 September 2018, and again on 19 February 2019. We found the registered provider was not providing well led care and was in breach of regulation 17, Good Governance 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 ADF Clinic on our website www.cqc.org.uk.

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. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

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 breaches we found at our inspections on 20 November 2017, 25 September 2018 and 19 February 2019.

Background

ADF Clinic is in Clacton On Sea and provides private treatment to adult patients. There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes one dentist, one dental nurse, a clinical manager, and two receptionists. The practice has one treatment room.

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

Summary of findings

The practice is open: Tuesday to Wednesday from 1pm to 6pm, Thursday from 12pm to 6pm and is closed on Monday and Friday open for emergency appointments only.

Our key findings were:

- The practice appeared clean and well maintained.
- We reviewed logs of checks which ensured the emergency equipment was available, within the expiry date, was in working order and had been stored appropriately
- The provider had a clear understanding and oversight of what actions were required following the servicing of the X-ray equipment and had systems in place to mitigate any risks.
- We saw evidence of work undertaken to complete the 15 actions identified in the legionella risk assessment from January 2018. The provider had not undertaken any legionella training as yet but had read widely on the subject.
- The provider had infection control procedures which reflected published guidance.
- Checks were in place to monitor all equipment and we were assured a system was in place to mitigate risks we had previously identified.
- The practice had moved to a system of safer sharps.
- Following the previous inspection, the practice had provided an action plan detailing what actions they would take.

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

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

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 inspections on 20 November 2017, 25 September 2018 and 19 February 2019 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 inspection on 15 August 2019 we found the practice had made the following improvements to comply with the regulation:

- Visual checks of the automated external defibrillator, the medical oxygen cylinder and the medical emergency medicines and equipment had been introduced. Records we reviewed showed these had been undertaken at regular intervals. We reviewed logs of checks which ensured the equipment was available, within the expiry date, was in working order and had been stored appropriately.
- We saw evidence of work undertaken to complete the 13 recommended actions identified from the full survey, servicing and maintenance of the Cone Beam Computed Tomography scanner (CBCT) undertaken in October 2018. These were clearly evidenced in the file. We were assured the provider had a better understanding and oversight of what actions were required and had systems in place to mitigate any risks.
- We saw evidence of work undertaken to complete the 15 actions identified in the legionella risk assessment from January 2018. In particular we noted plumbing recommendations had been completed, a double sink had been installed in the decontamination room and new cleaning equipment such as brushes were in place. The provider had created a comprehensive legionella protocol. This assured they had a better understanding and oversight of what actions were required and had systems in place to mitigate any risks. The provider described the reading they had undertaken on the subject of legionella, however they had not completed any legionella training. We discussed this with the provider who confirmed they would undertake legionella training ensuring this was also available for the other members of the practice team.
- The practice had taken action to address the areas identified at the inspection on February 2019. We noted brushes used for manual cleaning had been replaced and were in good order, the area in and around the decontamination room was clean on the day of the inspection and the practice had replaced the three small bowls used to manually scrub instruments with a large double sink to ensure instruments were cleaned in line with guidance.
- The practice had moved to a system of safer sharps. A sharps risk assessment was in place and we were assured there were now systems in place to mitigate the risks we had previously identified.
- There had been no newly recruited members of staff since the inspection in February 2019 and therefore no evidence of any new staff induction. Following the previous inspection, the practice had provided an action plan detailing what actions they would take. This included confirmation of Hepatitis B immunity for one member of staff. The practice had facilitated their blood test to confirm immunity. We were told that risk assessments had also been completed to mitigate the risks. However, during our inspection we were unable to review these documents. We have asked the provider to forward this information as soon as they are able.
- Servicing of the compressor and autoclave had been undertaken.

The practice had also made further improvements:

- The practice had undertaken a review of its sharps procedures to ensure it is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- A disability risk assessment had been undertaken in March 2019 to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

These improvements demonstrated the provider had taken satisfactory action to comply with regulation.