

M.I.D.H.S Limited

MIDHS at Beacon Business Centre

Inspection Report

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Overall summary

We undertook a follow up inspection of Maggie's Independent Dental Hygiene Service (MIDHS) at Beacon Business Centre on 28 October 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of MIDHS at Beacon Business Centre on 25 March 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 and well led care and was in breach of regulation 12,17,19 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 MIDHS at Beacon Business Centre on our website www.cqc.org.uk.

As part of this inspection we asked: Remove as appropriate:

- 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 (requirement notice only). We then inspect again 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 breach we found at our inspection on 25 March 2019.

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 25 March 2019.

Background

Summary of findings

Maggie's Independent Dental Hygiene Service (MIDHS) is in Mossley and provides private treatment to adults and children. This is primarily a dental hygiene service, with a routine dentistry provision one day a week. There is single step access into the practice. Car parking spaces are available near the practice.

The dental team includes, two dental hygienists (one of whom is the provider), one dentist, two dental nurses and the accounts manager/receptionist. The practice has one treatment room. The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at MIDHS is the provider.

During the inspection we spoke with the provider, dental nurses and the accounts manager/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Wednesday and Thursday 9am to 5pm.

Our key findings were:

- The provision of a conscious sedation had ceased on the 5 March 2019.
- Action was taken to address the recommendations in the fire risk assessment.
- A system was in place to receive and act on patient safety alerts.
- A system was in place to identify and investigate incidents and significant events.
- The system to ensure the effectiveness of the Hepatitis B vaccination was now effective.
- Quality assurance processes were now embedded in respect to X-ray and radiography processing equipment.
- Continuing professional development was now being effectively monitored.
- An effective system was in place to carry out and review patient care record and X-ray audits in line with guidance issued by the Faculty of General Dental Practice (UK) (FGDP).
- The system to ensure staff recruitment checks are carried out and risk assessed when appropriate was updated and embedded.
- Practice protocols were updated to ensure clinical staff remained up-to-date with guidance issued by the FGDP antimicrobial prescribing.
- The system to risk assess the use of dental materials which could be considered hazardous to health was now effective.

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 25 March 2019 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 the inspection on 28 October 2019 we found the practice had made the following improvements to comply with the regulation:

- During the inspection on the 25 March 2019, we highlighted that there was no effective system in place to ensure equipment brought into the practice for the provision of conscious sedation was fit for purpose, appropriately maintained and validated. The provider took action to mitigate the risk to the health and safety of service users by ceasing the provision of conscious sedation during the inspection on the 25 March 2019. Poor record keeping in respect to conscious sedation was no longer a concern as the provision of this service had ceased.

- Action was taken to address all recommendations in the fire risk assessment and the action plan was completed. For example, the boiler room and cellar walls had been fire-proofed, electric heaters removed and smoke detectors were now checked weekly.
- The system to receive and respond to patient safety alerts was effective. Action taken was shared within the team.
- A system to ensure significant events and incidents were identified, reported and investigated was now in place.
- Staff described how the system to confirm the effectiveness of the Hepatitis B vaccination had been updated. Records showed all staff had undergone appropriate checks. The process to risk assess staff during the confirmation phase was embedded.

The provider had also made further improvements:

- Records showed that antimicrobials were now prescribed in line with guidance issued by the FGDP.
- A review of all dental materials which could be considered hazardous to health had taken place. The risks associated with using these had been individually assessed and the process now reflected current regulations.

These improvements showed the provider had taken action to comply with the regulation: 12 Safe care and treatment when we inspected on 28 October 2019.

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 25 March 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 28 October 2019 we found the practice had made the following improvements to comply with the regulations:

- Systems were now in place to ensure quality assurance processes were embedded in respect to daily checks on X-ray machinery and radiography processing equipment.

- A compliance log was implemented to monitor timely completion of training in line with staff's continuing professional development. A staff member was responsible for the compliance log management to ensure all staff training remained current.
- An effective system was in place to ensure patient care records and X-ray audits were carried out in line with guidance issued by the FGDP.
- The system to ensure appropriate staff checks are carried out was updated and embedded. The process reflected the requirements of Schedule 3 of the Health and Social Care Act 2008. The process included the need to risk assess disclosure barring service records if a record is more than three months old at the point of application.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: 17 Good governance and 19 Fit and proper persons employed when we inspected on 28 October 2019.