

Azam & Associates Healthcare Ltd

# Chesterfield Road Dental Practice

## Inspection Report

655-657 Chesterfield Road  
Sheffield  
S8 0RY  
Tel: 01142 556344  
Website: No Website

Date of inspection visit: 7 August 2019  
Date of publication: 02/09/2019

### Overall summary

We undertook a focused inspection of Chesterfield Road Dental Practice on 7 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 Chesterfield Road Dental Practice on 11 February 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, Safe care and treatment and 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 Chesterfield Road Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection 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 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 11 February 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 11 February 2019.

#### **Background**

Chesterfield Road Dental Practice is in Sheffield and provides mainly NHS and some private treatment to adults and children.

# Summary of findings

There is portable ramp access for people who use wheelchairs and those with pushchairs at the rear of the practice. Road side car parking spaces, are available near the practice.

The dental team includes six dentists, nine dental nurses (three of whom are trainees and one is the reception manager), two dental hygienists and a dedicated receptionist. The team are supported by a practice manager. The practice has four treatment rooms.

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 Chesterfield Road Dental Practice is the practice manager.

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

The practice is open:

Monday to Thursday 8:45am – 5:30pm

Friday 8:45am – 5pm.

## Our key findings were:

- Infection control procedures reflected published guidance. Improvements had been made to bring processes fully in line with guidance and a lead person was appointed.
- Environmental and clinical cleaning standards were monitored visually but documented evidence of this was not kept.
- Legionella management, safer sharps management and sharps injury protocols were now better understood and were being managed effectively.
- Systems to manage medicines and life-saving equipment were improved and reflected recognised guidance.

- The practice had registered to receive patient safety alerts.
- Improvements had been made to the fire safety management systems.
- Clinical waste management systems were now effective and reflected recognised guidance.
- A process to monitor and track referrals had been implemented.
- Staff files were now kept secure.
- Improvements had been made to system for assessing materials and substances that are hazardous to health; further adjustments to the risk assessment process was required to ensure the process was effective.
- The practice had assessed the use and impact of the closed-circuit television with voice recording system.
- The system in place to monitor and track prescriptions required further action.
- A 5-year electrical fixed wiring safety check had taken place and recommendations were being acted upon.
- A process was now in place to ensure audits had action plans and the improvements can be demonstrated.
- Systems were in place to more effectively monitor and embed staff training.
- Leadership, teamwork and management had improved.

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

- Review the practice's system for recording and monitoring environmental cleaning standards taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review the practice's policy for the control of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure appropriate risk assessments are undertaken.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

# 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 11 February 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 7 August 2019 we found the practice had made the following improvements to comply with the regulations:

At the previous inspection we noted that infection prevention and control (IPC) and instrument decontamination processes were not being carried out in line with current guidance. At the focused inspection we found the following improvements had taken place:

- The ground floor decontamination room was now decommissioned. No equipment or instruments were present. All instrument cleaning and decontamination processes were now carried out in the first-floor decontamination room.
- The use of colour coded tape on dental instruments was no longer standard practise. We saw that tape was removed and a colour coded instrument tray system was now in use to identify the instruments to a particular clinician.
- A staff member was appointed as the lead person for infection, prevention and control.
- We reviewed the most up to date IPC audit. These were completed by the lead person in collaboration with the practice manager who ensured that recommendations were actioned. Records we reviewed support that systems were now managed effectively, and recommendations were being actioned.
- We reviewed the environmental and clinical cleaning process to establish if cleaning standards were being monitored. The practice manager told us that a visual check was carried out daily, but no record was kept. We discussed how recording the checks would ensure an audit trail was in place to identify and address cleaning standards which were below expectation. We were assured this would be implemented.

We reviewed the Legionella water management systems and processes to identify where improvements had been made. We noted that:

- The practice manager had undertaken Legionella management training and was now the appointed lead person. Evidence supported that in-house training was carried out with all staff to enhance their knowledge and awareness of the Legionella management process.
- Hot and cold-water temperature testing results were now consistent and in line with the Legionella risk assessment recommendations. Staff told us how they had used professional help to adjust the temperature settings to align with the risk assessment after our last visit to the practice.
- We identified at our previous visit that staff knowledge and awareness could be improved. During the focused inspection, we found staff to be well-informed and aware of their responsibilities in respect to dental unit water line management.

At the previous inspection we noted that the management of the medical emergency kit was not effective. At the focused inspection we found the following improvements had taken place:

- There was an effective system to check the expiry dates for all emergency medicines and equipment. All staff were aware of its location.
- A lead person was appointed to oversee the management of the medical kit and all required items were in place which brought the system in line with relevant guidance.

We reviewed the practice's safe sharps systems and found the risk assessment had been updated to include all sharps items in use at the practice and disposal processes for each was included. Staff were able to describe the correct action to take in the event of a sharps injury and guidance for this was visible in the staff room and on all computer desktops for easy reference.

The practice had registered to receive patient safety alerts and we saw a system was now in place to respond accordingly to alerts as they were received.

We reviewed the practice's updated fire safety systems. At the previous inspection we noted fire extinguishers were not positioned securely to prevent accidental removal. This had been addressed; all fire extinguishers were now wall mounted and appropriate extinguisher signage was in place. We also noted a safe system was being enforced to prevent the fire escape side gate from being double locked when the practice was open.

## Are services safe?

At the previous inspection we had identified that clinical waste procedures could be improved upon. We found appropriate action had been taken to address this. In particular:

- The external clinical waste bin was found to be insecure, this had been addressed and a system was in place to monitor its security.
- New foot operated clinical waste bins were now located in each surgery and appropriate clinical waste bags were in place. The use of black bin liners was now restricted to the kitchen and bathrooms only.

The process for monitoring and tracking referrals had been reviewed and a protocol implemented to ensure all referrals were recorded and monitored by the reception team. Urgent referrals were actively monitored and evidence of this was seen.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 7 August 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 11 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 7 August 2019 we found the practice had made the following improvements to comply with the regulations:

- Staff files were now kept in a secure cabinet. Access was restricted and co-ordinated by the practice manager.

At the previous inspection, we found dental materials were not risk assessed to minimise the risk that can be caused from substances which can be hazardous to health. We reviewed the changes and found improvement was still needed. For example:

- Dental materials had been categorised together, i.e. all filling materials and all anaesthetics; these were risk assessed as a collective rather than individually. This would not ensure that the separate risk of using each material had been assessed appropriately and measures taken to mitigate risks of using the items to as low as reasonably practicable.
- We discussed this with the practice manager who assured us they would be reviewed and completed correctly.
- The practice had assessed the use and impact of the closed-circuit television with a voice recording system. Appropriate signage was in place and the data protection policy had been reviewed and updated.

A system to monitor prescription usage had been implemented. We reviewed the new system and noted that it would not identify if a prescription was missing. We discussed this with the practice manager who assured us they now fully understood how to monitor and track prescription use and would adjust the recording process accordingly.

- We saw evidence to support that a 5-year fixed electrical wiring test had taken place in April 2019. There were six recommendations listed, all of which were non-urgent. We saw evidence on the inspection day that these recommendations were being investigated by the practice manager to assess if remedial action was required.
- We reviewed audits undertaken since our previous inspection and found the audit processes was being effectively managed. Records showed that audits had action plans and learning was documented for improvement. The practice manager had oversight of all audits and took action where the audit had identified non-compliance.

During our previous inspection we noted that whilst staff training and induction was carried out, learning from the training was not embedded in areas such as infection, prevention and control sharps injury, immediate action drills and medical emergency kit location and contents. At the focused inspection we noted that staff induction, training and learning was more comprehensively carried out. For example:

- Staff induction was more structured to ensure full coverage of practice systems and processes.
- Training sessions were now routine during staff meetings and learning was challenged to ensure staff had understood what they had been taught.
- Staff appraisals were now conducted at six-monthly intervals to capture knowledge gaps and training needs.

We confirmed during the focused inspection that staff awareness had improved and newer staff members were well informed of the practice's protocols.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: when we inspected on 7 August 2019.