

Mr. Michael Forde

# Green Lane Dental Surgery

## Inspection Report

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Date of inspection visit: 1 February 2019  
Date of publication: 07/03/2019

### Overall summary

We undertook a follow-up focused inspection of Green Lane Dental Surgery on 1 February 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 Green Lane Dental Surgery on 7 August 2018 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 Green Lane Dental Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked if care and treatment was:

- safe?
- 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 breach we found at our inspection on 7 August 2018.

##### **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 breach we found at our inspection on 7 August 2018.

#### **Background**

Green Lane Dental Surgery is in Liverpool and provides NHS and private treatment to adults and children.

The approach to the practice is served by three large stone steps, with level access beyond this point for

# Summary of findings

people who use wheelchairs and those with pushchairs. Car parking spaces are available immediately in front of the practice and in front of the community pharmacy next door to the practice.

The dental team includes one dentist, three dental nurses, one of whom is the practice manager, and two part-time dental hygienists. The practice has two treatment rooms. A implantologist visits the practice to provide care and treatment as required.

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, a dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Tuesday, Wednesday and Thursday from 8.45 am to 5.30pm; Monday from 8.45am to 7pm, and Friday from 8.45am to 2.00pm The practice closes for lunch Monday to Thursday from 1pm to 2pm.

## Our key findings were:

The provider had taken sufficient steps to ensure that care and treatment was provided in a safe way to patients.

The provider had established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

- The practice appeared clean and adequately maintained. Cleaning schedules were in place for all areas of the practice.
- All staff had received up to date infection control training; staff were aware of protocols for the flushing and management of dental unit water lines. Refresher training also covered the requirement for boxes used for the carrying of instruments between the surgery and decontamination room, to be scrubbed and decontaminated.
- Mops were stored correctly.

- Emergency medicines and equipment were available and ready for use, including emergency oxygen, sufficient to provide at least 30 minutes supply in an emergency.
- Weekly checks had been in place on the practice defibrillator. The practice had changed this to daily checks which were recorded.
- Staff were carrying out required tests on decontamination equipment, for example, the autoclave, to ensure required temperatures were being reached in the sterilising of dental instruments.
- Risk assessments were in place, in particular for Legionella management, fire risks and evacuation plans. Some items in the fire risk assessment required attention sooner rather than later. We discussed these with the principal dentist on the day of inspection, for example, the need to establish whether asbestos is present in some parts of the building.
- Copies of all checks required for recruitment of staff were available and held securely in staff files.
- Information governance overall had been improved. For example, the provider was now using an up-to-date audit tool for the audit of infection prevention and control.
- A log was in place to aid the secure and safe management of prescription pads. This enabled the practice to carry out prescribing audits.

The practice had made additional improvements. We saw that:

- Regular practice meetings were being held, where training needs for staff were being discussed.
- A training register was now in place allowing oversight of all staff training and any training requirements. All staff training was up to date.
- Appropriate products were being used for the cleaning of dental instruments.
- The provider had set a date for April 2019 when it would move to computerised record keeping.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### Are services safe?

We found that this practice was providing safe care and was complying with the relevant regulations.

- Cleaning schedules were in place for all areas of the practice.
- Staff training was up to date. All staff had received training on safeguarding adults and children to the required level. Fire training had been delivered, and all staff were up to date with basic life support and emergency procedures.
- A fire risk assessment was in place. There were some outstanding actions which required addressing. We discussed these with the provider who confirmed that these were in hand.
- Infection control training had been delivered for all staff. Protocols were in place for operations in the decontamination room, use of appropriate decontamination products and for the flushing and management of dental unit water lines.
- The risk assessment for management of Legionella was being followed and any dead-legs on pipework in the practice had been removed.
- Gas and electrical safety was up to date and certificates to confirm this were available.

No action



### Are services well-led?

We found that this practice was providing well-led care and was complying with the relevant regulations.

The provider had made improvements to the management of the service. This included:

- Providing additional staff time for management and administration
- Establishing clear roles and responsibilities for all the practice team.
- Recruitment files were up to date; all required staff checks were in place.
- Audits were in place for radiography and for prescribing. The practice had plans in place to conduct audits of patient treatment records.
- A log of prescriptions issued was kept, enabling the practice to track and trace prescriptions if required.
- Records to provide better oversight of staff training needs, and the continuing professional development of staff were in place.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



# Are services safe?

## Our findings

At our previous inspection on 7 August 2018 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 1 February 2019 we found the practice had made the following improvements to comply with the regulation.

All the recommended medical emergency equipment and medicines were held in one place that was accessible to all staff but secure. This included medical oxygen in the quantities recommended by guidance. The medical oxygen cylinders we inspected were ready and available for use.

All staff training had been updated. When we reviewed records, we could see that all staff were up to date with highly recommended training, for example, basic life support and emergency procedures. Staff had refreshed their training on infection prevention and control and safeguarding training, covering safeguarding of both adults and children. Contacts at local area teams for safeguarding were available in the safeguarding policy, in treatment rooms and in reception to allow quick access to this information.

Cleaning schedules were now in place for all treatment rooms and the decontamination room. Each of the treatment rooms underwent a deep cleaning once each week. Staff were now using proprietary products for manual cleaning of dental instruments and water temperature testing was in place to ensure it met manufacturers guidelines when cleaning instruments. Training on which items are re-usable had been revisited; staff said they were confident in their duties when carrying out decontamination duties.

A new fire risk assessment had been carried out. This gave a list of actions which the provider was working through. We discussed with the provider, some actions which were marked for completion immediately, and how these should be prioritised, for example, a risk assessment and survey to establish whether there is asbestos in the building. The Legionella risk assessment had been reviewed and all required actions had been addressed. Fire and electrical safety checks were up to date and certificates were in place to support this.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 1 February 2019.

# Are services well-led?

## Our findings

At our previous inspection on 7 August 2018 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 1 February 2019 we found the practice had made the required improvements to comply with the regulation.

We found all recruitment files had been updated. All documents required to be held by the provider, under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, were in place and available for inspection.

Staff had been given additional time for management and administration, specifically in relation to highly recommended training, refresher and update training, and completion of training in line with continuous professional development. Records to provide better oversight of staff training needs, and the continuing professional development of staff were in place.

Systems were in place for the receipt into the practice, of safety alerts, updates and changes in clinical guidelines. All staff were allowed time to review and discuss these at practice meetings.

Job descriptions were in place for all staff. Where additional duties, or changes to duties were made, for example, for the monitoring of cleaning within the practice treatment rooms, staff were given an overview of what should be done and how this should be recorded. Clear roles and responsibilities were in place for all the practice team, which underpinned good governance systems.

Protocols had been updated where required. For example, for the management of dental unit water lines. Audits were in place for radiography and for prescribing. The practice had plans in place to conduct audits of patient treatment records.

A log of prescriptions issued was kept, enabling the practice to track and trace prescriptions if required.

The provider had made a commitment to moving all patient records to computer from April of 2019.

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 1 February 2019.