

# Alan Lam Family Dental Practice Limited

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## **Inspection Report**

6 Weardale Terrace Ropery Lane Chester le Street DH3 3PQ Tel 0191 3888381 Website:www.lamdentalcare.com

Date of inspection visit: 6 January 2020 Date of publication: 16/01/2020

## Overall summary

We undertook a follow up inspection of 6 January 2020. 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 Alan Lam Family Dental Practice Ltd on 16 July 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 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 Alan Lam Family Dental Practice Ltd 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. 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 16 July 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 16 July 2019.

#### **Background**

Alan Lam Family Dental Practice is in Chester le Street and provides private treatment to adults and children.

# Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes two dentists and three dental nurse/receptionists and a practice manager. The practice has two 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 the practice is the senior partner.

During the inspection we spoke with two dentists, one dental nurse/receptionist 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, Wednesday and Thursday 8:45am -6pm, Tuesday 9am-7pm and Friday 8am-3pm

#### Our key findings were:

- Improvements had been made to infection control procedures, staff understanding of decontamination procedures had improved.
- The decontamination room met relevant guidance.
- Emergency medicines and life-saving equipment were in line with Resuscitation Council UK standards.
- Improvements had been made to the storage of clinical waste and management of sharps.
- Improvements to fire, electrical and gas safety had been made.
- Effective monitoring of systems regarding Legionella were in place. The designated lead had completed legionella training.

# Summary of findings

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

Are services well-led?	No action	<b>✓</b>
Are services safe?	No action	<b>✓</b>
We asked the following question(s).		

## 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 16 July 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 6 January 2020 we found the practice had made the following improvements to comply with the regulations.

- The decontamination room met HTM 01-05
  decontamination in primary dental care practices
  guidance. The room had been refurbished with sealed
  flooring and clearly designated clean and dirty areas. A
  new hand washing sink had been fitted. The staff toilet
  had been decommissioned and cleaning material
  alternatively stored.
- The medical emergency equipment had been reviewed and was as described in Resuscitation UK guidance and required by General Dental Council standards. Portable suction, a full assortment of masks for the self-inflating

bags, oropharyngeal airways and buccal midazolam were now in place. Glucagon was stored in the fridge with daily fridge temperature checks now in place. We noted that the adrenaline needles were not easily accessible in an emergency and that the medical oxygen cylinder could not deliver adequate amount of oxygen in the event of an emergency. These were remedied by the practice manager after the visit.

- The staff had a good understanding of the autoclave in use, which was both vacuum and non-vacuum autoclave. We saw that a Helix validation test was completed, and appropriate action was now taken if the test failed.
- Legionella water testing was being completed weekly with a designated lead in place who had completed relevant legionella awareness training
- Clinical waste was being stored in line with guidance. The clinical waste was stored safely in a locked bin at the rear of the premises.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 6 January 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 16 July 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 6 January 2020 we found the practice had made the following improvements to comply with the regulations.

- Systems and processes were now in place to manage the risks associated with electrical and gas safety. Safety certificates were in place for gas safety and electrical fixed wiring.
- Fire safety systems had been improved with weekly checks of the fire detection systems in place and fire drills in place.
- Improvements had been made to the infection control auditing systems, with audits referencing improvements needed with clear action plans in place.

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 6 January 2020.