

Dr. Abbas Abdollahi

Elm Street Dental Surgery

Inspection report

5 Elm Street
Ipswich
Suffolk
IP1 1EY

Tel: 01473231199
Not applicable

Date of inspection visit: 3 November 2020
Date of publication: 05/01/2021

Overall summary

We undertook an inspection of Elm Street Dental Surgery on 3 November 2020. This was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

We had undertaken a comprehensive inspection on 24 February 2020 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 in accordance with the relevant regulations 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 Elm Street Dental Surgery on our website .

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.

As part of this review we asked:

- Is it safe
- Is it well-led

Background

Elm St Dental Practice is in Ipswich, Suffolk and provides NHS and private dental care and treatment for adults and

children. The dental team includes one dentist, two dental nurses, one trainee dental nurse and the practice manager. The practice has two treatment rooms, only one of which is in use.

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 dentist and looked at practice policies and procedures, and other records about how the service was managed.

Our findings were:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breach we found at our inspection on 24 February 2020.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

The provider had made insufficient improvements to put right the shortfalls and had not responded to the Warning Notice served on 3 March 2020.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

Enforcement action



Are services well-led?

Enforcement action



Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We are considering enforcement action in relation to the regulatory breach identified and will report further when any enforcement action is concluded.

During this review, we found the provider had made some improvements to comply with the regulation:

- All staff had undertaken training in safeguarding children and vulnerable adults, and the practice's child protection policy had been updated on 20 August 2020.
- The practice's compressor had been serviced on 27 February 2020.
- A Legionella Risk Assessment had been undertaken on 6 October 2020.
- Fixed wire testing had been undertaken on 3 March 2020.
- Staff had undertaken training in Sepsis awareness and management.
- A new first aid kit had been purchased.

However, the following shortfalls had not been addressed:

- Medical emergency equipment was not available as described in national guidance. There was no paediatric self-inflating bag and the full range of clear masks was not available. There were no recorded checks of the medical equipment to ensure it remained fit for safe use. This issue was identified in our report of 24 February 2020.
- There was no AED in the practice and no assessment in place to mitigate the risk of this. This issue was identified in our report of 24 February 2020.
- Glucagon was stored out of the fridge, but its expiry date had not been reduced to ensure it was fit for safe use.
- The provider was not aware of the latest guidance in relation to antibiotic prescribing. The provider told us

they consulted a British National Formulary dated 2015-2016. They were not aware of how to access updated medicines' prescribing guidance. Antimicrobial audits were not conducted to check you were prescribing in line with national guidance.

- The practice's adult safeguarding policy was dated 20/06/2015 and it had not been reviewed and updated since then. We were not assured that the contact numbers had been checked to see if they were still current.
- The provider stated they manually resheathed dirty needles and did not use any devices to do this safely. Nurses handled the dirty needles to dispose of them. There was no sharps' risk assessment in place. The provider stated there had never been any sharps injuries at the practice, but we noted three that had been recorded in the practice's accident book.
- The sharps box was dated February 2020 and had not been disposed of after a period of three months.
- The provider was not able to evidence that they had been vaccinated for Hepatitis B.
- There was not a mercury or bodily spillage kit available in the practice.
- DBS checks were not available for two members of staff. There was no photographic proof of identity for one member of staff.
- Mops heads were not stored in line with guidance. They were not clearly coded and did not have corresponding buckets to use. This issue was identified in our report of 24 February 2020.
- We noted worn carpets in the hallway stairs and uneven flooring outside the toilet. This issue was identified in our report of 24 February 2020.
- There was no latex free rubber dam available for patient use. We noted multiple clamps bagged together and a plastic rubber dam frame was unbagged and loose in the treatment room drawer.
- We noted that the Perspex screen at the reception desk was very low and did not provide adequate protection for reception staff.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

We are considering enforcement action in relation to the regulatory breach identified and will report further when any enforcement action is concluded.

At our inspection of 24 February 2020, we found systems in place around infection control were insufficient. During our inspection of the 3 November 2020 we found that:

- The recommendation from the practice's legionella assessment to flush all water outlets through twice a week whilst the practice was closed had not been undertaken. There was no named legionella lead within the practice and staff had not undertaken any training in legionella management.
- We viewed training certificates for four members of staff. We noted there were no certificates to demonstrate that three of these staff members had undertaken recent training in infection control.
- Although the practice had a washer disinfectant, staff continued to manually scrub dirty instruments. We explained to the provider at our previous inspection of 24 February 2020 that this was the least effective method of cleaning instruments and carried an increased risk of injury. We noted there was no long-handled brush for staff to manually clean instruments safely.
- The provider stated that staff used TST strips to check the temperature and pressure reached for each cycle of the practice's autoclave. However, staff did not log or record these checks in accordance with the daily and housekeeping tasks outlined in HTMO1-05. Infection control audits were not undertaken in line with national guidance.
- Staff did not change heavy duty rubber gloves every week. This issue was identified in our report of 24 February 2020.

At our inspection of 24 February 2020, we found systems in place around the governance and management of radiation were insufficient. During our inspection of 3 November 2020, we noted:

- There was no documentation available to demonstrate that staff had undertaken training in dental radiography. There was no information available about who was the Medical Physics Expert or Radiation Protection Advisor or Radiation Protection Supervisor for the practice.
- We viewed X-ray units in two surgeries and neither had a rectangular collimator fitted to reduce patient exposure to radiation.
- Staff were not able to provide a radiation equipment inventory or any in-house quality assurance checks on equipment or on patient radiographs taken. We viewed bite wing holders in the surgery that were not bagged to ensure their cleanliness.
- There was no evidence available to show registration with the Health and Safety Executive.
- We viewed the practice's local rules which were dated 2012 and had not been updated regularly.
- Radiography audits had not been completed as recommended in national guidance. The last one shown to us was dated 2012.
- Whilst there were bitewing holders, there were no periapical holders present. When questioned, the provider stated that they used bisecting angle technique to take periapical radiographs, which did not meet current guidance.

At our inspection of 24 February 2020, we found systems in place around fire safety were insufficient. During our inspection of the 3 November 2020 we found that:

- Fire checks were not recorded appropriately, and daily, weekly and monthly checks as recommended in the practice's fire risk assessment had not been completed.
- We were not provided with evidence to show that staff had undertaken fire training or that evacuation drills had been completed to ensure staff knew what to do in the event of a fire.
- The Fire System Certificate stated that it must be serviced every 5 years. It had not been serviced since 2012.
- We noted that the upstairs fire exit was obstructed by a chair and computer monitor.

At our inspection of 24 February 2020, we found systems in place for staff development and appraisal were insufficient. During our inspection of the 3 November 2020 we found that:

Are services well-led?

- None of the staff had received a formal annual appraisal of their performance.