

Dr. Damian Allen

# D B Allen - Rawtenstall

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection of D B Allen - Rawtenstall on 8 November 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 D B Allen - Rawtenstall on 23 April 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 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

D B Allen - Rawtentstall 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 breach we found at our inspection on 23 April 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 breach we found at our inspection on 23 April 2019.

#### **Background**

D B Allen Rawtenstall is in Rossendale, Lancashire and provides NHS and private treatment to adults and children.

# Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. There is no car parking immediately outside the surgery. A long stay car park is located approximately two minutes' walk from the practice.

The dental team includes two dentists, two dental nurses, two dental hygienists, and one receptionist. The practice has three treatment rooms, two at ground floor level and one at first floor level.

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 one dentist, 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 on Monday and Thursday from 8.30am to 5.45pm; on Tuesday from 8.30am to 7pm; on Wednesday from 8.30am to 1pm; and on Friday from 8.30am to 5pm. The practice closes each day for lunch between 1pm and 2pm.

## **Our key findings were:**

Improvements had been made in relation to safety within the practice. This included:

- Comprehensive fire risk assessments, emergency lighting and a fire alarm system.

- Electrical safety of the building had been checked and certified.
- Individual risk assessments in place for staff using for hazardous substances and for staff who did not have confirmed immunity to blood borne viruses.
- Improved safety in respect of Legionella control.
- Improved infection control.
- Availability of all recommended emergency equipment and medicines.

Governance processes had also been reviewed and improved. This included:

- Effective systems in place to ensure medical alerts and treatment guidance updates were received and shared with all staff at the practice and actioned as appropriate.
- A system was in place for ensuring medical equipment reflected nationally recognised guidance.
- Effective management of risk assessments
- Improved audit across several areas.
- Maintenance work being undertaken throughout the practice.
- Improved management and maintenance of staff recruitment records

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

- Check the requirements for the emptying of waste water storage tanks in the basement of the premises, and whether this should be treated as clinical waste.

# 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 23 April 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 8 November 2019 we found the practice had made the following improvements to comply with the regulations:

- A comprehensive fire risk assessment had been put in place, with recommended actions followed. This included installation of emergency lighting, the fitting of fire doors and a modern fire alarm system.
- Electrical safety of the premises had been checked and any required works addressed. Paperwork was available to evidence that recommended works had been completed.
- Control of substances hazardous to health (COSHH) risk assessments were in place to minimise the risk that can be caused from substances that are hazardous to health.

- The majority of actions required by a Legionella risk assessment had been introduced and were now being followed. An action plan to address the remaining requirements, was in place. We noted that waste water/sediment tanks were present in the basement of the practice. These were not covered by the Legionella risk assessment. We recommended the practice seek advice on the maintenance and management of these, and whether the contents should be classified as clinical waste and disposed of accordingly.
- Checks on the levels of immunity to Hepatitis B for all staff were in place.
- The provider had infection control procedures in place; these reflected published guidance and were being followed by all staff.
- All staff had attended infection prevention and control training since our last inspection.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 8 November 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 23 April 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 8 November 2019 we found the practice had made the following improvements to comply with the regulation:

- There was an effective system in place to ensure medical alerts, for example, from the Medicines and Healthcare Products Regulatory Agency (MHRA) and updates to guidance on treatment, for example, from the National Institute of Health and Care Excellence (NICE), were received and shared with all staff at the practice, and action to be taken was addressed.
- The practices systems to help them manage risk to patients and staff had been reviewed and actions taken. As a result of this:
- All appropriate medicines and life-saving equipment was available, as described in recognised guidance.

- A risk assessment was in place for the dental hygienists who worked at the practice, to assess and address risks posed by working without dental nurse support.
- Sharps risk assessments had been reviewed and personalised for staff.
- Infection control audit was in place and being used to drive improvement.
- The practice was following national guidance for cleaning, sterilising and storing dental instruments.
- Staff now knew how to correctly use the closed Alpron system for management of dental unit water lines.
- Maintenance works to the premises had been addressed and all areas were now accessible to staff.
- Staff recruitment procedures in place reflected recognised guidance and legislation. All staff recruitment records were up to date and complete. Procedures were in place to ensure recruitment checks were applied before locum staff started work at the practice.

The practice had also made further improvements:

- Antibiotic audit had been introduced and was on-going.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 8 November 2019.