

Smileright Limited

Ambience Dental Practice

Inspection Report

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Overall summary

We carried out a follow- up inspection of this service on 14 March 2018.

We had undertaken an announced comprehensive inspection of this service on 14 February 2018 as part of our regulatory functions where breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We reviewed the practice against two of the five questions we ask about services: is the service safe and well-led?

We revisited the surgery as part of this review and checked whether they had followed their action plan.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Ambience Dental Practice on our website at www.cqc.org.uk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection we had found that the practice did not have effective systems and processes to provide safe care and treatment and to use learning from incidents to help them improve. The practice failed to assess the risk of, and prevent, detect and control the spread of infections. The number of instruments available did not provide assurance that effective sterilisation took place between patients. Appropriate validation checks had not been completed for an autoclave and ultrasonic baths. Staff did not comply with the practice sharps policy in order to reduce the risk of a sharps injury. The practice had not completed essential recruitment checks.

At our inspection on 14 March 2018 we found that this practice was now providing a safe service in accordance with the relevant regulations. The practice had put into place arrangements to improve infection control and the validation of equipment. Appropriate validation checks were completed for the autoclave and ultrasonic bath. The practice was in the process of updating staff files and carrying out essential recruitment checks.

Following our review on the 14 March 2018 we were assured that action had been taken to ensure that the practice mitigated the risks relating to the health, safety and welfare of patients and staff.

No action



Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. Policies and procedures were not effective to ensure the smooth running of the service.

At our previous inspection we found quality improvement measures such as audits on infection control had not been effective. The practice did not have evidence to show that three clinical staff had completed training in infection prevention and control. Four clinical members of staff did not have a full immunisation history for Hepatitis B. The practice did not have evidence to show two trainee dental nurses were registered on a course which could lead to registration with the General Dental Council.

At our inspection on 14 March 2018 we found that this practice had implemented effective clinical governance arrangements. The practice had completed a risk assessment for Legionella and fire safety. Staff appraisals had been completed. The provider was in the process of updating staff files.

Following our review on 14 March 2018 we found evidence which showed that the practice had taken adequate action to ensure that the practice was well-led.

No action



Ambience Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a review of this service on 14 March 2018. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 14 February 2018 had been made. We reviewed the practice against two of the five questions we ask about services:

- Is the service safe?

- Is the service well-led?

The review was carried out by a CQC inspector and a dental specialist advisor.

During our review, we spoke with the practice manager and a dental nurse. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Infection control procedures
- Legionella risk assessment
- Fire risk assessment
- Continuing Professional Development (CPD) training certificates
- Immunisation
- Practice policies and procedures
- Audits such as infection prevention and control

Are services safe?

Our findings

The practice had implemented a system to receive and act upon patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and other external organisations. The practice had a safety alerts folder which included guidance on the Yellow Card System, alerts on defective medicines and products.

The practice had undertaken a fire risk assessment in February 2018. The practice was rated as a moderate risk and there was an action plan in place including fire safety management, emergency lighting, fire extinguishers and fire safety equipment.

The practice had reviewed its procedure for the safe handling of sharps.

Staff recruitment

The practice had a staff recruitment policy. However, we noted the practice did not follow its recruitment procedure. We reviewed 13 staff recruitment files. We found a full immunisation history for Hepatitis B was not available for four clinical members of staff. The practice did not have evidence of Disclosure and Barring Service (DBS) checks for one staff. Following our inspection the practice sent us confirmation of a DBS check.

Infection control

The practice had improved the infection prevention and control procedures. The practice had followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice had obtained additional instruments which were stored centrally in the decontamination rooms. We were assured the practice had enough instruments to complete effective decontamination. We observed the treatment rooms were clean and expired dental material had been removed. Validation checks had been carried out for the autoclaves and ultrasonic bath.

The practice had installed a handwashing sink in the first floor decontamination room and improved the flow of instruments from dirty-to-clean.

We found the practice had not reviewed the infection control audit of 04 January 2018 which had not been completed appropriately. For example, the audit states washer disinfectors were used to clean instruments. The practice had two washer disinfectors which staff told us were not in use. Following our inspection the practice sent us an updated infection control audit.

A Legionella risk assessment had been undertaken on 26 February 2018. The practice was rated as a high risk and there was an action plan in place.

Are services well-led?

Our findings

Governance arrangements

The practice had improved the governance system. We saw records of one staff meeting following our previous inspection. Staff told us the clinical governance manager had attended the staff meeting to provide an update on infection control. Staff had discussed the procedure for keeping instruments free from contamination and instrument rotation.

Risk assessments for fire and Legionella had been completed and staff were in the process of completing the action plans. The practice had improved the infection control procedures. Additional instruments had been obtained and the practice had moved to central storage of the instruments in the decontamination rooms. Two of the autoclaves had been replaced and validation checks had been carried out for the autoclaves and ultrasonic bath.

The practice did not have an effective system to ensure all staff were up-to-date with continuing professional development. The practice did not have evidence of up-to-

date training in infection control for three clinical members of staff. The practice did not have evidence of up-to-date training in medical emergencies and safeguarding children and vulnerable adults for one clinical member of staff. Following our inspection the practice sent us confirmation of up-to-date training in medical emergencies and safeguarding children and vulnerable adults.

At our previous inspection we found the practice did not have evidence to show that three trainee dental nurses were registered on a course which could lead to registration with the General Dental Council. At our inspection on 14 March the practice did not have evidence to show two trainee dental nurses were registered on a course. When asked staff could not provide evidence of registration. Following our inspection the practice sent us confirmation that the trainee dental nurses were registered on a course which could lead to registration with the General Dental Council.

Appraisals had been completed for staff. The practice manager told us staff files were in the process of being updated.