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# Hockwell Dental Surgery

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection of this practice on 15 October 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the following key questions; Are services safe and well-led?

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hockwell Dental Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services well-led?**

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

#### **Background**

CQC inspected the practice on 15 October 2015 and asked the provider to make improvements regarding infection control, equipment maintenance and servicing, safe use of X-ray equipment, security of the unmanned

reception area, monitoring of the medicine fridge temperature, storage and transportation of waste, risk assessments for fire, Legionella and control of substances hazardous to health, implementation of clinical audits, regular review of policies and appropriate disclosure and barring service checks for clinical staff. We checked these areas and found these had been resolved, and significant work had been undertaken in the improvement of the service.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

#### **Our key findings were:**

- Infection control procedures met the standard set out in the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health.
- Steps had been taken to address the concerns raised by the reception area being unmanned whilst treatment was carried out in the treatment room.
- Comprehensive risk assessments had been carried out regarding Legionella (a bacterium that can

# Summary of findings

contaminate the water supply of buildings) and fire. The practice had implemented a risk assessment in regard of the Control of Substances Hazardous to Health 2002 Regulations.

- Disclosure and barring service checks had been carried out on all clinical staff and Hepatitis B inoculation status reports were on record for all clinical staff.

# 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?**

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had implemented a policy regarding safeguarding of vulnerable adults and it was available for staff to reference alongside their existing child protection policy.

The practice had made changes to the decontamination procedure, and this was now in line with nationally recognised guidance.

The practice had arranged for external contractors to complete detailed risk assessments for Legionella (a bacterium that can contaminate the water supply of the building) and fire.

### **Are services well-led?**

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

The practice had undertaken a significant amount of work to improve the service.

Policies had been reviewed and clinical audit undertaken.

# Hockwell Dental Surgery

## 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.

The inspection was carried out on the 12th May by a CQC inspector.

During the inspection we spoke with staff and reviewed policies and procedures to ensure that improvements had been made in response to our previous inspection.

# Are services safe?

## Our findings

### **Reliable safety systems and processes (including safeguarding)**

The practice had implemented a policy regarding safeguarding vulnerable adults in conjunction with the child protection policy that was in place at our first visit. This was dated February 2016 and contained information regarding the types of abuse, and how to raise concerns should the need arise. The contact number for the local designated nurse for vulnerable adults was listed.

We raised concerns during our first visit, that whilst treating patients the reception area was unmanned and patients in this area could access the appointments book, as well as the emergency medicines situated in the office. Following this the practice had re-sited the emergency medicines, and ensured that the appointments book was locked away whenever the reception area was unmanned.

### **Staff recruitment**

The practice had undertaken Disclosure and Barring Service checks on all clinical staff (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

In addition the practice had a record of the inoculation status of clinical staff regarding Hepatitis B. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

### **Monitoring health & safety and responding to risks**

The practice had a fire risk assessment dated 8 December 2015. This had been carried out by an external contractor. The risk assessment generated an action plan, and we saw evidence that all the points had been implemented, including regular testing of the fire alarm.

The practice had taken steps and was now meeting the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

### **Infection control**

The practice had made changes to the decontamination process following our visit in October 2015 (decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

Staff were checking the water temperature for manually cleaning instruments, this ensured that the temperature did not exceed 45 degrees Celsius, above which effective removal of protein contaminants could be compromised. They had an illuminated magnifier to inspect the instruments after cleaning. This ensured that all visible debris was removed prior to sterilisation.

We saw that appropriate checks had been implemented to ensure the process was effective.

The practice had put systems in place to reduce the risk of Legionella. This is a bacterium that can contaminate the water supply of buildings. The practice had an external assessment carried out in December 2015. This documented that the practice should be checking the hot and cold water temperature monthly. We saw evidence that this was carried out.

We spoke to the provider regarding the segregation and disposal of clinical waste, he assured us that this was no longer being transported between practices and that collections would be made by waste contractors directly from the service. The practice had not required a collection in the period since these arrangements had been put in place.

### **Equipment and medicines**

The practice had arranged routine maintenance of equipment. Servicing had been carried out on the dental chair, vacuum pump, dental light and compressor in October 2015. We saw evidence that the autoclave had undergone pressure vessel testing; however there was no record that the compressor had been tested in this manner. We received evidence that this was completed following our second visit.

The practice were now storing the temperature sensitive medicines in accordance with manufacturers' instructions.

### **Radiography (X-rays)**

## Are services safe?

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

We saw evidence that the use of X-rays on the premises had been reported to the Health and Safety Executive.

Appropriate servicing and testing of the X-ray equipment had been carried out and local rules (which detail the safety procedures for the X-ray machine, including the responsible individuals) was displayed in the treatment room.

# Are services well-led?

## Our findings

### **Governance arrangements**

We found that governance arrangements had improved following our visit, there was documentary evidence that the governance folder had been reviewed to ensure the policies remained relevant and up to date.

Comprehensive risk assessments had been carried out on Legionella and fire risk. The practice had taken steps and was now meeting the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

### **Learning and improvement**

We saw evidence that clinical audit had been carried out to highlight areas of the service that could be improved. A record keeping audit was completed in February 2016, this highlighted where improvements could be made, and proposed actions to achieve it.

An audit of X-ray quality was carried out on 31 January 2016. This looked at a sample of 100 X-rays. The practice identified that the sample was compliant and there were no improvements required.