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# Manor Square Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Manor Square Dental Practice on 18 May 2022. 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 Manor Square Dental Practice on 15 December 2021 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 care and was in breach of regulation 12 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 Manor Square Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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 area where improvement was required.

As part of this inspection we asked:

- Is it safe?

### **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 15 December 2021.

### **Background**

# Summary of findings

Manor Square Dental Practice is in Otley to the north west of Leeds and provides NHS and private dental care and treatment for adults and children.

The practice has six treatment rooms, one of which is located on the ground floor. There are car parking spaces, including dedicated parking for people with disabilities, near the practice.

The dental team includes nine dentists, 14 dental nurses and four non-clinical members of staff.

During the inspection we spoke with 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:

Monday to Friday: 8:30am to 5pm.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular ensure regular testing of the washer disinfectant is carried out and recorded.

# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> 
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# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 18 May 2022 we found the practice had made the following improvements to comply with the regulation:

The practice had infection control procedures which reflected published guidance. However, we noted logbook records for the washer disinfectant had not been completed since 8 March 2022. Weekly protein tests on the washer disinfectant had not been recorded since 14 March 2022. This highlighted a staff training issue as it appeared staff were under the impression the data logger would capture all relevant information.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices states logbooks and records should be kept by the designated user. The operator should ensure visual examination of all load items and confirm that the cleaning process retains the capability of removing protein. This information would not be captured by the data logger alone.

The practice was using an ultrasonic enzyme solution as an instrument holding enzyme spray, which was contrary to the manufacturer's instructions for its use.

Manual cleaning was being completed in line with national guidance.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. At our inspection on 15 December 2021 we identified an autoclave which the service engineer had put out of service. This autoclave was re-checked on 22 December 2021 and found to be working correctly and was put back into service.

The practice had arrangements to ensure the safety of the X-ray equipment. We saw that X-ray audits had been completed in December 2021 and were scheduled to be repeated in June 2022. The practice was using the new grading system for X-rays.

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety.

An external company had completed a new fire safety risk assessment on 12 February 2022. The risk assessment had highlighted some action points which had either been addressed or were being worked through. A five-year fixed wire electrical safety check had been completed on 4 January 2022.

Emergency equipment and medicines were available and checked in accordance with national guidance. Items identified as missing at the inspection in December 2021 had been purchased and the emergency equipment was as identified in national guidance.

The Hepatitis B immunity status for all staff was either known and recorded or was in the process of being checked.

The practice had systems for appropriate and safe handling of medicines. Improvements should be made to ensure the security of NHS prescription pads. The practice had introduced a system for monitoring all NHS prescriptions issued at the practice. However, this did not take into account prescriptions held at the practice but not yet issued. We discussed this with the practice manager and assurances were given that the system would be amended to increase security and assist the auditing process.