Solid Rock Services Limited

Solid Rock Specialist Dental Practice - Doncaster

Inspection Report

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Overall summary

We carried out a follow up inspection on 28 December 2016 of Solid Rock Specialist Dental Practice.

We had undertaken an announced comprehensive inspection of this service on 10 November 2016 as part of our regulatory functions and during this inspection we found two breaches of the legal requirements.

During the follow up inspection the practice produced an action plan detailing what they had prepared to meet the legal requirements in relation to the breaches. This report only covers our findings in relation to those requirements.

We checked whether they had followed their action plan to confirm that they now met the legal requirements.

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

A copy of the report from our last comprehensive inspection can be found by selecting the 'all reports' link for Solid Rock Specialist Dental Practice on our website at 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

Solid Rock Specialist Dental Practice is situated in Doncaster. The practice offers private routine dentistry, oral surgery and implants.

The practice comprises of two treatment rooms, one X-ray room, a decontamination room, a waiting and reception area, staff facilities and a patient toilet.

There are two dentists (one is the registered manager), two trainee dental nurses and a part time locum dental nurse.

The practice is open between 10:30am – 1:30pm and 5:00pm – 8:00pm Monday to Friday,

9:00am -1:00pm Saturday.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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:

- The practice had addressed issues relating to the management of medical emergencies on the premises having purchased an Automated External Device (AED).
- The practice had addressed issues relating to the transport of dental instruments within the practice having purchased additional equipment and reviewing existing procedures.
- The practice had completed an infection control audit and had developed an action plan to address any areas for improvement.
- The practice had addressed issues relating to the fire safety management by the implementation of a professional fire risk assessment and regular fire safety checks.
- The practice had applied a safe sharps system, staff received training; dentists were now responsible for the dismantling and disposal of local anaesthetic sharps.
- The practice had registered with the Medicines and Healthcare Products Regulatory Authority (MHRA) and embedded the process within the practice.
- The practice had embedded reporting processes for Reporting of Incidents, Death and Dangerous Occurrences Regulations 2013 (RIDDOR) within the practice and significant event reporting and analysis.
- The practice had produced appropriate induction processes to protect staff safety during training and work placement.
- The practice had implemented a Control of Substances Hazardous to Health (COSHH) folder, produced a practice COSHH risk assessment and began to assemble safety data sheets for all COSHH related materials held at the practice.
- The practice had produced a clinical governance policy which covered quality assurance and analysis for learning and improvement.

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?

No action

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

Since the last inspection on 10 November 2016 the practice demonstrated to us that risks associated with the carrying on of the regulated activities had been reduced. These included receipt of an Automated External Device (AED) on 6 December 2016.

The practice had implemented a more effective instrument transportation system within the practice. Staff were fully aware of this system.

The practice had completed an IPS audit and developed an action plan. They were currently in the process of implementing the action plan.

The practice had applied a safer sharps system to protect staff from sharps injury and trained staff on it use.

The practice had employed a professional to carry out a fire safety management site visit and risk assessment on the 21 December 2016, an effective fire safety management check process was embedded.

A Control of Substances Hazardous to Health (COSHH) folder was produced to align with COSHH Regulation 2002.

Are services well-led?

No action

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

Since the last inspection on 10 November 2016 the practice demonstrated to us that risk associated with the carrying on of the regulated activity had been reduced. These included, registering with the Medicines and Healthcare Products Regulatory Authority (MHRA).

The practice had produced and embedded a reporting policy for Reporting of Incidents, Death and Dangerous Occurrences Regulations 2013 (RIDDOR) and significant event reporting and analysis within the practice.

The practice had produced appropriate induction processes to protect trainee staff and work placement individuals.

A Control of Substances Hazardous to Health (COSHH) folder was produced to align with COSHH Regulation 2002 and a clinical governance policy was now in place which covered quality assurance and learning for improvement.

Solid Rock Specialist Dental Practice - Doncaster

Detailed findings

Background to this inspection

We undertook a follow up inspection of Solid Rock Specialist Dental Practice on the 28 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 10 November 2016 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some of the legal requirements in relation to this question.

The inspection was carried out by two CQC inspectors.

Are services safe?

Our findings

Medical Emergencies

The practice purchased an Automated External Device (AED) on the 6 December 2016 and implemented regular weekly checks to ensure its functionality, staff had also completed basic life support training on the 16 December 2016 which included use of the AED.

Infection Control

The practice had implemented a more effective instrument transportation system within the practice having purchased additional rigid boxes to carry dirty and clean instruments separately. Staff were able to demonstrate the updated processes.

The practice had completed an infection control audit and developed an action plan. They were currently in the process of implementing the action plan.

Monitoring health & safety and responding to risks

The practice had employed a professional to carry out a fire safety management site visit and risk assessment on 21 December 2016, fire safety management process included regular fire safety equipment and management checks and we saw the fire extinguishers were serviced December 2016.

A Control of Substances Hazardous to Health (COSHH) folder dated November 2016 was produced to align with COSHH Regulation 2002, individual COSHH assessments were produced and safety data sheets were being collected for COSHH materials used at the practice.

Reliable safety systems and processes (including safeguarding)

The practice had implemented a safer sharps system to mitigate the risk of a sharps injury, staff had received training on the process and we were told dentist were responsible for dismantling and disposal of local anaesthetic sharps.

Are services well-led?

Our findings

Governance arrangements

The practice had registered with the Medicines and Healthcare Products Regulatory Authority (MHRA) December 2016 to receive and action alerts relevant to the dental profession. A folder was in place with the most recent alerts actioned accordingly.

The practice had produced an incident reporting policy dated 18 December 2016 for Reporting of Incidents, Death and Dangerous Occurrences Regulations 2013 (RIDDOR) and significant event reporting and analysis within the practice, staff were aware of the policy.

The practice had produced appropriate induction processes and a policy dated 16 December 2016 to protect trainee staff and work placement individuals.

Learning and Improvement

A clinical governance policy was now in place which covered quality assurance and learning for improvement.