

Cadis Practice Limited

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Inspection Report

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Overall summary

We carried out a follow-up, desk based inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions at Cadis Practice Limited on the 8 August 2017.

We had undertaken an unannounced comprehensive inspection of this service on the 6 March 2017 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice manager wrote to us to say what they would do to meet the legal requirements in relation to the breaches. 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 is the service well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cadis Practice Limited on our website at www.cqc.org.uk.

Our findings were:

Are services safe?

We found that this practice was now providing safe care in accordance with the relevant regulations. The improvements needed had been made.

Are services well-led?

We found that this practice was now providing well-led care in accordance with the relevant regulations. The improvements needed had been made.

Background

Cadis Practice Limited is located in South Shore, Blackpool and provides private treatment to adults and children. The services includes preventative advice and treatment routine restorative dental care, dental implants and both inhalation and intravenous sedation. It is also known as the Cosmetic and Dental Implant Surgery.

Wheelchair users or pushchairs can access the practice by alerting the staff via a low level bell and using a portable ramp at the front of the practice. Car parking spaces are available outside the practice.

The dental team is comprised of the principal dentist, a dental nurse who also acts as the practice manager, one trainee dental nurses (one of which is a trainee), a dental hygienist and a receptionist.

The practice has two ground floor surgeries, a dedicated room for taking orthopantomogram (OPG) X-rays, a decontamination room, a staff room/kitchen and a general office.

The practice is open:

Monday 9am - 6pm

Summary of findings

Tuesday 9am - 1pm

Friday 9am – 5pm

Our key findings were:

- The practice had completed an infection control audit using a recognised audit tool and a radiograph audit.
- All missing emergency medical equipment had been purchased.
- Staff recruitment procedures have been review and necessary employment checks had been undertaken.
- Dates for staff appraisals had been identified. Training needs will be identified at appraisal. Training was now monitored by the practice manager.
- The practice had addressed the actions identified in their Legionella risk assessment.
- Safety Data Sheets had been obtained, and risk assessments undertaken, for all COSHH products used in the practice.
- Policies and procedures for the safeguarding of children and adults, infection prevention and control and the reporting of incidents and accidents had been updated.
- Fire safety checks were recorded
- Decontamination processes were validated and results recorded.

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 systems and policies in place to ensure all care and treatment was carried out safely. There were risk assessments available including, the safe use of sharps.

The practice was registered with the MHRA; however alerts were still not being received.

Data sheets and risk assessments were in place for all dental materials used in the practice. (COSHH)

Staff had received training in the reporting of accidents and incidents. Guidance and reporting forms for significant events had been put into place. Staff were aware of their responsibilities in regards to RIDDOR.

Safeguarding policies and guidance had been updated to include the names and telephone numbers of the area teams of the local authority.

Equipment for use in a medical emergency was available, in accordance with the BNF and Resuscitation Council UK guidelines.

The Legionella risk assessment had been updated. Regular water tests were being carried out and findings recorded.

No action



Are services well-led?

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

The practice had undertaken an audit of infection prevention and control using a recognised tool. A radiography audit had been undertaken. The audits had action plans and learning outcomes in place.

There were policies or procedures in place including safeguarding adults and children, infection prevention and control or health and safety.

The practice conducted regular patient satisfaction surveys.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had reviewed their protocol for the reporting of accidents, incidents and significant events. Staff had received update training on the practices reporting systems.

The principal dentist told us they were registered for national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE) that affected the dental profession. Relevant alerts for dental practices were still not being received. The practice manager agreed to review and action this as a priority.

Reliable safety systems and processes (including safeguarding).

The practice have updated the safeguarding policies and procedures to include the contact details of the area teams within the local authority.

Medical emergencies.

Appropriate equipment had been obtained for the use in medical emergencies. Staff had undertaken training on how to treat such incidents should they occur.

Staff recruitment

The practice had a policy and set of procedures for the effective recruitment of staff. The dental hygienist had recently been employed and all the required documentation was available before they commenced in their role.

Immunisation status for all staff was available.

Monitoring health & safety and responding to risks.

The practice had a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances. All safety data sheets for each material were available and risk assessments in place for dental materials used within the practice.

A sharps risk assessment had been performed. The principal dentist is responsible for the dismantling of any sharp instruments.

We found fire extinguishers were serviced and a fire log book was in place to confirm checks of smoke alarms testing and emergency lighting was carried out.

Infection control

There were infection prevention and control policy and procedures in place. The practice had carried out bi-annual Infection prevention and control self- assessment audits using a recognised tool. The audit reflected current practice and contained an action plan and learning outcomes.

Decontamination processes were validated and results recorded.

An updated Legionella risk assessment had been completed. Regular water tests were being carried out and recorded.

Radiography (X-rays)

We saw evidence the staff were up to date with their continuing professional development training in respect of dental radiography.



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice supported by the practice manager. Staff knew the management arrangements and their roles and responsibilities.

The practice had reviewed policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality and safety of the service and make improvements.

The principal dentist kept all staff files, training logs and certificates and these were now stored in an organised way. Protocols had been updated to ensure that staff recruitment as far as reasonably practicable contained documentation as stated under Schedule 3 of the Health and Social Care Act 2014.

Learning and improvement

The practice had introduced quality assurance processes to encourage learning and continuous improvement. These included audits of X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice has signed up to an online education system. This system has a variety of training modules which the practice intends to utilise, for example information governance.

The General Dental Council requires clinical staff to complete continuous professional development. Certificates of training had been provided to demonstrate that staff had completed all recommended training. The practice manager had taken on the responsibility to monitor staff training. A date for all staff to be appraised had been set.

Practice seeks and acts on feedback from its patients, the public and staff.

The practice has systems in place to involve, seek and act upon feedback from staff and people using the service. A patient survey template had been designed. Completed surveys and thank you cards seen showed that all respondents were very happy with the care they received. Patients were also able to give verbal feedback.