Hopwood Corporation Limited

Hopwood Dental Practice

Inspection report

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Overall summary

We undertook a follow up desk-based review of Hopwood Dental Practice on 11 January 2021. This review 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 review was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Hopwood Dental Practice on 22 August 2019 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 and well led care and was in breach of Regulations 12 and 17 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 Hopwood Dental Practice on our website www.cqc.org.uk.

As part of this review we asked:

• Is it safe?

• Is it well-led?

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 review or inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 22 August 2019.

Are services well-led?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 22 August 2019.

Background

Hopwood Dental Practice is in Lancashire and provides private treatment for adults and private and NHS treatment for children.

The premises are not accessible for people who use wheelchairs. Wheelchair users can be seen at the provider's sister practice. On street parking is available near the practice.

The dental team includes three dentists, three dental nurses (one of which is the practice manager and one is the receptionist) and a part-time dental hygienist. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Hopwood Dental Practice is the principal dentist.

During the review we spoke with the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Friday 9am to 1pm and 2pm to 4.30pm

Tuesday, Wednesday and Thursday 9am to 1pm and 2pm to 5.30pm

Our key findings were:

- Staff knew how to deal with emergencies. Action had been taken to ensure the provision of all necessary life-saving equipment.
- Systems were introduced to receive and act on patient safety alerts.
- The systems to help identify and manage risk in relation to sharps, fire safety, Legionella, and validation of equipment were improved.
- The practice sought radiation protection advice and ensured the appropriate radiographic safety tests and protocols were in place.
- The provider reviewed staff recruitment procedures to ensure essential checks and thorough induction processes are carried out for any future employees.
- Evidence of vaccination history and immunity was obtained for clinical staff.

Summary of findings

- Private and NHS prescription security and processes were improved.

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

- Take action to ensure audits of infection prevention and control are completed accurately to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services well-led?	**No action** ✓

Are services safe?

Our findings

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

At our previous inspection on 22 August 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the review on 11 January 2021 we found the practice had made the following improvements to comply with the regulations:

- At our previous inspection, we found that disclosure and barring service (DBS) checks or a suitable risk assessment were not carried out for new staff members. The practice had not employed any new staff but reviewed their recruitment policy and procedure to ensure that all necessary essential checks are carried out on any staff employed in the future. The provider made further improvements by introducing a role-specific process to ensure that staff are familiarised with practice procedures.
- A process was now in place to make sure agency staff had the necessary checks to work in the practice, and to provide a suitable induction to ensure that they were familiar with the practice's procedures.
- The provider reviewed the report of the fire risk assessment which had been carried out in December 2018 and acted on the recommendations. These included the installation of a carbon monoxide detector and an additional smoke detector in a back room, A log of checks carried out to ensure smoke detectors are working correctly was introduced. Annual servicing of the fire detection and emergency lighting systems was carried out. Arrangements had been made for a contractor to attend the practice to release the rigid gas isolation switch as recommended in the gas safety certificate.
- The practice sought advice from their radiation protection adviser (RPA) about the necessary testing of X-ray equipment and the use of X-ray units in relation to an unprotected window and unprotected walls in line with the dental chairs. Satisfactory routine test certificates were sent to us to show that equipment was safe to use. Operating instructions were updated with the advice provided by the RPA and made available to staff to prevent access to the hygienist room (and the upstairs waiting room which had a door directly into the surgery) when exposures took place.
- The sharps risk assessment was reviewed and amended to include the risk from all sharp items, and to specify how these should be handled to reduce risks to staff.
- The provider obtained evidence of immunity to Hepatitis B for clinical staff members where these results had previously not been requested. There was one clinical member of staff whose vaccination history was unknown. This individual had a review of their immunisation needs as described in the Green Book chapter 12, Immunisation of healthcare and laboratory staff and gaps were addressed.
- The practice had introduced a system to check emergency equipment and medicines which were available as described in recognised guidance and within their expiry date. Expired items had been replaced and staff monitored the temperature of the refrigerator where Glucagon was stored.
- The practice had decommissioned and removed an unvalidated washer disinfector. Daily and monthly validation checks of a backup steriliser had been instigated to ensure this device was safe to use and we were sent evidence of these. The door to the decontamination room had been marked private to deter unauthorised entry.
- The practice had reviewed the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned. The responsible staff member had received Legionella awareness training. Monthly water temperature testing was now carried out on the correct outlets specified in the risk assessment report. The use of dental unit water line bactericidal agent had been reviewed to ensure all staff understood the correct usage and not to remove the bottles at the end of each day.

Are services safe?

- The provider now carried out infection prevention and control (IPC) audits twice a year. Daily checklists were used to evidence that staff carried out IPC checks and tasks as part of their daily set up and close down procedures. We noted that the IPC audit questions were not always completed correctly. For example, the audit incorrectly stated that nailbrushes were available and dental unit waterline bottles were removed at the end of each working day. We highlighted the importance of ensuring this tool was completed accurately.
- Prescription security and logging processes had been improved. Staff ensured that NHS prescriptions were not pre-stamped with the practice name and address; and the system to track these was amended to identify if a prescription went missing. A new private prescribing policy had been introduced and a practice template was in use for these.
- Systems for staff to investigate and learn from incidents, accidents or significant events had been reviewed to ensure that all actions taken were documented and learning from incidents was discussed with staff. An example was provided of a recent incident where a patient slipped on the premises. The actions taken at the time and to prevent future occurrences were documented.
- There was a system for receiving safety alerts and acting on these appropriately. We saw a range of recent alerts where staff had documented the actions taken in response. There were systems to share and discuss these with staff as appropriate.
- A lone worker risk assessment was now in place, this included an assessment for the dental hygienist who was occasionally not supported by a trained member of the dental team when treating patients as described in guidance issued by the General Dental Council.

The provider was in the process of making further improvements:

- The practice was in the process of reviewing hazardous substances to ensure these were stored, used and disposed of in line with the manufacturer's instructions. The practice manager had undertaken an inventory of hazardous substances in use and was collating safety data sheets to risk assess the use of each substance to minimise the risk from these substances.

These improvements showed the provider had taken action to comply with the regulations when we carried out our review on 11 January 2021.

Are services well-led?

Our findings

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

At our previous inspection on 22 August 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the review on 11 January 2021 we found the practice had made the following improvements to comply with the regulations:

Action was taken to respond to the concerns identified during the inspection in August 2019. For example, issues with the medical emergency equipment and medicines were addressed immediately and the sedation service ceased in response to the risks highlighted. The provider had reviewed and introduced new processes to identify and manage risks, issues and performance and prevent reoccurrence. In particular:

- Systems were in place to receive and act on relevant patient safety alerts, recalls and rapid response reports.
- The provider had engaged with their RPA to ensure that radiography equipment was tested appropriately, act on report recommendations and provide clear operating instructions to staff.
- The provider ensured that emergency equipment and medicines were available and checked as described in recognised guidance.
- Systems to assess, monitor and manage risks in relation to sharps, fire safety, hazardous substances, incidents, the validation of decontamination equipment before use, Legionella control and prescription security and monitoring were improved.
- The provider reviewed recruitment processes to ensure all relevant essential recruitment checks would be carried out for any future staff employed and provide them with a structured induction programme for employed staff and sufficient orientation processes for agency staff.
- The provider had systems to assess immunisation needs and ensure evidence of the effectiveness of Hepatitis B vaccinations is checked for clinical staff members.
- The provider had implemented quality assurance processes to encourage learning and continuous improvement.Audits of infection prevention and control were undertaken but these could be improved by ensuring all questions are answered accurately.

The practice had also made further improvements:

- Protocols for the use of closed-circuit television cameras had been implemented taking into account the guidelines published by the Information Commissioner's Office.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out our review on 11 January 2021.