

Dr. Valentine Macgreevy

# Farnham Road Dental Surgery

## Inspection Report

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Date of inspection visit: 5 March 2015  
Date of publication: 02/07/2015

### Overall summary

Farnham Road Dental Surgery provide a range of NHS and private dental services to adults and children. The practice is open on Monday to Friday and offers appointments between the hours of 9am to 5pm. The practice team consists of principal dentist and a dental nurse.

The practice occupies a residential property and treatment is provided from the ground floor. There is a small reception, waiting area and patient toilets.

This focussed inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

- The practice infection control systems did not reflect national guidance.
- The practice did not have systems in place to protect patients from unsafe or unsuitable equipment.

# 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?**

The practice infection control systems did not reflect national guidance. The practice did not have systems in place to protect patients from unsafe or unsuitable equipment.

### **Are services effective?**

The practice did not have a system in place to record the training that had been attended by staff working within the practice.

### **Are services caring?**

We observed staff treated patients with respect, kindness and sensitivity. The consultation rooms were kept closed during treatment. This ensured people's dignity and privacy were protected.

### **Are services responsive to people's needs?**

The treatment rooms at the practice were on the ground floor. The waiting room and toilet were on the ground floor and were accessible to patients who had mobility difficulties.

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

The practice had not taken measures to always identify, assess and manage risks.

# Farnham Road 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 focussed inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an unannounced inspection on 5 March 2015. This inspection was carried out by a CQC Inspector and a specialist advisor.

We observed how people were being cared for and talked with staff and reviewed the information given to us by the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

**Not all areas of this section were inspected as part of this focussed inspection.**

### Infection control

We found the non-clinical areas were clean and tidy. The cleaning of these areas was completed by an external cleaning company.

Patients were not protected from the risk of infection because appropriate systems were not in place and national guidance had not been followed.

The practice staff were not aware of the national cleaning guidelines. We found the practice did not use the correct colour coding system for their cleaning equipment. We noted that there was no colour coded equipment used in the practice. Current cleaning equipment had been used to clean all the areas of the practice, including the clinical areas.

There were no cleaning schedules in place. Staff we spoke with were not aware who was responsible for monitoring the cleaning of the practice. We found no cleaning audits had been carried out by the practice.

An infection control policy was in place, which was dated May 2013. Staff we spoke with were aware how to access the infection control policy. However, they did not know who the infection control lead was for the practice.

The practice did not have systems in place to reduce the risk and spread of infection control. The practice had not completed infection control audits. This was supported by the staff who told us they were not aware if any audits had been carried out. We found no hand washing audits were completed.

The practice had a treatment room and a dedicated decontamination room. We saw in the treatment room, staff had access to protective personal equipment, this included goggles, gloves and masks. We saw in the decontamination room staff had access to heavy duty gloves but there was no disposable aprons or visors.

The cupboards and drawers in the treatment room were not cleaned to an appropriate standard. We saw in one of the cupboard a newspaper was lined and the cupboards were in disrepair. We found food items in one of the drawers in the treatment room. The seal of some of the

clinical flooring was deficient and impossible to keep fully clean. We noted the practice did not use disposable suction tips. The practice did not have robust systems in place to reduce the risk of spread of infection.

We were shown the process for decontamination of used equipment and instruments. We spoke to a dental nurse who described the process for cleaning consultation rooms between each patient. Instruments were then transported to the decontamination room on a metal tray with a non-lockable lid. The process of cleaning and sterilising was then demonstrated.

During our inspection of the cleaned equipment, we found there were traces of cement on them, despite having been told by staff that the equipment had been autoclaved. Dental instruments were placed in sterile pouches once cleaned and these were date stamped to ensure the instruments were not used after their sterile period expired.

We saw in the decontamination room there were two sinks available for staff to use, however no sink was designated for hand washing and hand washing information was not displayed. We found staff had access to hand gel but soap was not available. We saw a loose paper towel roll was placed on the window sill, and found this was not attached to the wall, and could be easily moved from dirty to clean area.

We found the contamination room did not have a clear layout or marking for the dirty and clean areas. The work flow of the room and layout of equipment meant risk of cross contamination between dirty and clean equipment had not been minimised.

We found a legionella risk assessment had not been completed. This meant appropriate steps had not been taken to control the potential risk of legionella bacteria. We were told all staff had received an up to date Hepatitis B Immunisation. However, records were not available to this support this.

Clinical waste was dealt with appropriately. Bins for used sharps (including needles and single use instruments) were kept out of reach of patients and in a position where they were unlikely to be knocked over. Bags of clinical waste were stored securely awaiting collection. All hazardous and clinical waste was subject to collection by an approved contractor. We saw the contract that was in place and the consignment notes confirming the contractor collected the waste at regular intervals.

# Are services safe?

## Equipment and medicines

The practice did not have systems in place to protect patients from unsafe or unsuitable equipment. The practice used a range of equipment which we reviewed during our inspection. The practice used an autoclave and ultrasonic cleaner. We saw records confirming the autoclave had been serviced in February 2015. However, there was no evidence

to confirm the ultrasonic cleaner had been serviced. We saw each cycle was data logged from the autoclave and records were kept and were made available to us. However, we saw no evidence of daily tests being carried out. Staff members told us protein test checks were completed for the ultrasonic cleaner regularly, however records were not kept. We found foil penetration tests were not carried out.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Not all areas of this section were inspected as part of this focussed inspection.**

### Staffing

Staff told us they had received infection control training. We found no documentary evidence to support this, and no

certificates were available at the time of the visit. Staff told us that a team meeting took place November 2014, where infection control was discussed. Minutes of this meeting were not available for us to review. The practice did not have a system in place to record the training that had been attended by staff working within the practice.

# Are services caring?

## Our findings

**Not all areas of this section were inspected as part of this focussed inspection.**

### **Respect, dignity, compassion & empathy**

There were a range of information leaflets available on display in the surgery reception. These included guidance

as to dental hygiene and associated issues. Information about dental procedures was also available. We observed staff treated patients with respect, kindness and sensitivity. The consultation rooms were kept closed during treatment. This ensured people's dignity and privacy were protected.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Not all areas of this section were inspected as part of this focussed inspection.**

### **Access to the service**

The treatment rooms at the practice were on the ground floor. The waiting room and toilet were on the ground floor and were accessible to patients who had mobility difficulties. The practice was open every week day, and appointment are offered between the hours of 9am and 5pm.



# Are services well-led?

## Our findings

**Not all areas of this section were inspected as part of this focussed inspection.**

### **Governance arrangements**

We found the practice had not taken measures to always identify, assess and manage risks. This was because the practice infection control systems did not reflect national guidelines. The practice did not have systems in place to ensure equipment used was safe and suitable.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Care and treatment must be provided in a safe way for service users. The registered person must ensure they assess the risk of, preventing, detecting, and controlling the spread of, infections, including those that are health care associated. Regulation 12 (1) & (2) (h).

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