Solid Rock Services Limited

Solid Rock Specialist Dental Practice - Doncaster

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Solid Rock Specialist Dental Practice - Doncaster on 18 April 2019. 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 had telephone access to a specialist dental adviser.

We undertook a comprehensive inspection of Solid Rock Specialist Dental Practice - Doncaster on 5 November 2018 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 well led care and was in breach of Regulation 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 Solid Rock Specialist Dental Practice - Doncaster on our website www.cqc.org.uk.

As part of this inspection we asked:

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

Our findings were:

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 breach we found at our inspection on 5 November 2018.

Background

Solid Rock Specialist Dental Practice is in Doncaster and provides private routine dentistry, oral surgery and dental implants to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear of the practice.

The dental team includes the principal dentist, who is registered with the General Dental Council as an Oral

Summary of findings

Surgeon and three trainee dental nurses. The practice has three treatment rooms, one of which is out of commission. On occasion a locum dentist will cover holidays and sickness.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist and one dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 10:30am – 1:30pm and 5pm – 8pm

Saturday 9am – 1pm.

Our key findings were:

- Appropriate measures were taken to ensure Legionella management systems were in place and that these reflected the risk assessment.
- Appropriate measures were taken to ensure fire safety systems were in place and that these reflected the risk assessment.
- The Control of Substances Hazardous to Health (COSHH) process had been reviewed and appropriate risk assessments put in place.
- Systems to ensure patient safety alerts were received and acted upon were in place.
- A system was in place to identify, report and record significant incidents including awareness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2005 (RIDDOR).
- Appropriate staff checks were in place and reflected relevant legislation.
- Suitable security measures for patient care records were in place.
- Appropriate measures were taken to prevent accidental use of the instrument washer disinfector.
- A system to ensure policies and procedures were reviewed and updated at appropriate intervals was in place.
- The use of closed-circuit television (CCTV) was appropriately reflected by a policy and a privacy impact statement in line with published guidance.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action

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

The provider had made improvements to the management of the service. This included providing additional staff time for management, administration and establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

The provider had taken steps to ensure legionella management and fire safety management systems were now in line with respective risk assessments.

Risk assessments and safety data sheets were in place for each hazardous material in use at the practice.

A system to ensure patient safety alerts were received and acted upon was in place.

The provider had reviewed the practice's processes to identify, report and record significant incidents, which including an awareness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2005 (RIDDOR).

A system was in place to ensure appropriate staff checks were carried out for all staff employed at the practice.

Patient care records were locked in a suitable metal cabinet and systems were in place to ensure they remained secure.

The provider had disconnected the un-used instrument washer disinfector to prevent accidental use.

The provider had implemented a system to ensure policies and procedures were reviewed and updated at appropriate intervals.

The use of closed-circuit television (CCTV) was appropriately reflected by a policy and a privacy impact statement in line with published guidance.

Are services well-led?

Our findings

At our previous inspection on 5 November 2018 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 inspection on 18 April 2019 we found the practice had made the following improvements to comply with the regulation:

At our previous visit we found the provider had not followed up on the location of the Legionella risk assessment which was carried out in 2016 and no measures were in place to mitigate associated legionella risks.

During our follow up visit, records showed the risk assessment had been located and all recommendations had been completed. In addition, a further legionella risk assessment was undertaken in February 2019. We reviewed documentation relating to the most recent risk assessment and found water line management system checks were in place and evidence supported this. There were no further recommendations highlighted in the risk assessment.

We reviewed the fire risk assessment dated September 2018 at our previous visit and found areas of non-compliance where recommendations had not been acted upon. We also noted that routine fire safety checks were not carried out. During our follow up visit we reviewed an engineer's report dated 5 November 2018 which confirmed the fire alarm system had been replaced and the fire safety systems had been brought in line with British Standards. In addition: records from November 2018 confirmed that staff now carried out weekly fire safety checks on call points, fire alarm and emergency lighting. These processes were now embedded as part of the practice's risk management systems.

We reviewed the practice's COSHH folder which was implemented in 2016. Since our previous visit where multi-product risk assessment were in place, the provider had reviewed all dental materials used at the practice and carried out an individual assessment of risk on each product. A staff member had delegated responsibility for keeping the folder up to date and a policy was in place to support the process.

The provider had registered with the Medicines and Healthcare Products Regulatory Authority (MHRA) in November 2016. At our inspection in November 2018, we found no recorded alerts since initial registration. During the follow up visit we reviewed where improvements had been made and found the provider had implemented an electronic database system to capture and record dental alerts as they come through the system. The provider was responsible for monitoring the MHRA website twice a week; any action taken in response to an alert would be discussed and recorded during a practice meeting and on the database.

A significant event, incident reporting policy and protocol was implemented in December 2016, which included RIDDOR. During our inspection in 2018 we found staff were unaware of RIDDOR and unsure of what constituted an incident. No documented evidence was recorded to support that an effective system was in place. At the follow up visit we reviewed the process and found staff were well informed and could describe what constituted an incident. We reviewed the incident reporting folder and found several relevant entries from November 2018 to January 2019. Records also showed that incidents were discussed with the team and solutions put in place to prevent re-occurrence. A policy also supported the new system which included information on RIDDOR.

The provider had reviewed the practice's recruitment processes to ensure appropriate staff checks were carried out in a timely manner and risk assessments put in place when necessary. We saw evidence that the staff members where Disclosure Barring Service checks were previously not current were now up to date and represented the practice and were role specific.

During our previous visit to the practice we saw that patient care records were kept in an unlocked cabinet in an unsecured area. The provider had since replaced the cabinet with a new lockable cabinet and a record of it being unlocked and locked is now in place. Patient care records are now kept in line with General Data Protection Regulations (GDPR) requirements and a policy is in place to support this. The recording system of locking and unlocking came about after the provider found the new cabinet was unlocked when it should have been secure. This was recorded as an incident and a log book was introduced to prevent a repeat incident.

At our previous visit to the practice we received conflicting information regarding the use of the instrument washer disinfector. Staff told us it was being used occasionally,

Are services well-led?

when the provider assured us it was out of service. Because of the conflicting information and no evidence of regular maintenance or validation, the provider rendered the machine out of service to prevent accidental use. We confirmed with the provider during the follow up visit that the washer disinfector was disconnected and rendered incapable of accidental use.

We highlighted at our previous visit that some policies and procedures had been reviewed and updated within the two-week period of announcing the inspection, the provider had since implemented a table system to ensure practice policies were reviewed and updated at appropriate intervals throughout the year. For example, we saw that equipment servicing schedules, audit reviews and facility servicing schedules were all annotated with a review date, providing assurance that a more effective governance system was in place.

The practice had also made further improvements:

The use of closed-circuit television (CCTV) at the practice was now appropriately reflected by a policy and a privacy impact statement in line with published guidance.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 18 April 2019.