

## Hockley Dental Laboratory & Surgery

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### Inspection Report

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## Overall summary

We carried out a focused inspection of Hockley Dental Laboratory & Surgery on 15 December 2017.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 22 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

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

When one or more of the five questions is 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. We did not receive an action plan from Hockley Dental Laboratory & Surgery.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with regulation 17 Good Governance 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 Hockley Dental Laboratory & Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### **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 sufficient improvements to put right the shortfalls and had dealt with all the regulatory breach we found at our inspection on 22 August 2016.

# 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 well-led?**

The provider had made some improvements to the management of the service. This included purchasing an Automated External Defibrillator and ensuring staff training was in place. Protocols and governance systems were undergoing review.

The practice submitted evidence in a timely way following the inspection to provide assurance and evidence that they had addressed issues and mitigated any potential risks. The practice had been experiencing difficulties recruiting and retaining dental nurses due to the hours required. Following this inspection the practice confirmed staff had been recruited and the practice now had a full complement of staff. Following this inspection the practice undertook a Legionella risk assessment, had identified, assessed and mitigated the risks from Legionella, and implemented any necessary measures to control those risks.

**No action**



# Are services well-led?

## Our findings

At our inspection on 22 August 2016 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 15 December 2017 we noted the practice had made some improvements to meet the requirement notice:

The provider had taken sufficient action to address all the shortfalls we found when we inspected on 22 August 2016.

During the inspection on 22 August 2016 we found there was an infection control policy which was reviewed regularly and staff who we spoke with aware of their roles and responsibilities in relation to this. However we were shown staff records which did not include evidence that all relevant staff had undertaken infection control training. We found that cleaning schedules were used and these were maintained and reviewed regularly. However, we found that the practice had not carried out an infection control audit to test the effectiveness of the infection prevention and control procedures.

At this inspection on 15 December we saw that staff had undertaken infection control training. The practice had undertaken an infection control audit on 5 December 2017.

- During the inspection we found there were areas in the practice where the infection control process was not effective. For example; we found there had been no Legionella risk assessment undertaken, and staff were not testing water temperatures or dip slide testing. There was an effective process in place for flushing dental water lines to reduce the risk of legionella and the practice was using a liquid concentrate disinfectant for the maintenance of water quality in treatment water lines in one treatment room and a self-disinfecting unit in another treatment room. We noted the thermometer for testing water temperatures was broken. We discussed the lack of a Legionella risk assessment, testing water temperatures and dip slide testing with the provider and the dental nurse who confirmed action would be taken following the inspection. Following the inspection the practice provided evidence to confirm a Legionella risk assessment had been undertaken on 7 February 2018. Since that time the practice manager and provider had undergone Legionella training and had put procedures in place to reduce the possibility of Legionella or other bacteria developing in the water

systems in line with the risk assessment undertaken. The practice produced evidence to confirm a new thermometer had been purchased and staff were dip slide and testing water temperatures and recording the outcomes.

- We noted that staff were manually cleaning instruments; however there was lack of understanding of water temperature control at the practice. We found some sterilised and pouched instruments had dental cement still on them and we noted the siting of the illuminated magnifier was poor making proper inspection of instruments during cleaning difficult. We discussed this with the dental nurse and the provider who confirmed these instruments would be re-sterilised following our inspection and the illuminator magnifier had been re-positioned. The practice had a decontamination process in place. However due to staff failing to undertake weekly protein or foil tests, the ultrasound was temporarily decommissioned following our inspection. The practice immediately provided information to confirm that the foil test strips, protein tests and a thermometer had been purchased. The practice provided evidence following the inspection which confirmed logs of all checks were now in place and the ultrasound was in commission.
- Other equipment, such as body fluid spillage kit and portable suction, missing during this inspection, had also been purchased.
- Due to the on-going recruitment issues at the practice the dental nurse had taken on the roles of practice organiser, compliance officer, governance updater, decontamination nurse with no protected time to undertake these various roles in addition to her clinical work. We discussed this with the provider who agreed having dedicated and protected decontamination slots throughout the day would provide a more effective process. Following the inspection and recruitment of new staff the practice confirmed this was in place.

During our inspection on 22 August 2016 we found the practice did not have an Automated External Defibrillator. There was no risk assessment in place to mitigate this and therefore the practice could not demonstrate that the risks to the safety and welfare of patients had been considered to support this decision. We were told that all relevant staff

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had undertaken training in basic life support. However staff records which we reviewed did not include details of recent basic life support training and some staff had not undertaken this training since 2011.

- At this inspection on 15 December 2017 we saw that the practice had purchased an AED. We were told weekly checks of this equipment were undertaken and the practice was in the process of creating a log of these checks. We saw that staff had undertaken recent basic life support training and the practice had scheduled a team training session for 29 January 2018 to include training with the AED.

During our inspection on 22 August 2016 we found a Health and Safety policy and risk assessment had been carried out in 2012 to assess risks associated with the practice premises and equipment. The practice had a fire safety policy and procedure in place and fire safety equipment was tested annually. However the fire safety risk assessment had not been reviewed since 2014 and fire evacuation drills were not carried out regularly in line with the practice policy.

- During this inspection on 15 December 2017 we saw that the practice had completed a fire risk assessment on 16 December 2016. Staff had undertaken regular fire drills, the most recent on 22 August 2017. The practice had used the drill to undertake a risk assessment which included fire drill evacuation times, the individuals who took part, an outline of the activity, any learning needs identified and actions to be taken. Following this inspection the practice had put a whistle system in place, whistles and signs were positioned around the practice in the event of an emergency and staff were aware of the evacuation process in the event of a fire.

At the 22 August 2016 inspection we saw the dentists and dental nurses working at the practice were registered with their professional body. Staff training records did not contain documents to demonstrate that staff were maintaining their continuing professional development (CPD) to maintain update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. The practice did not have systems in place for monitoring staff training and development. Records we were shown demonstrated that some staff did not have an annual appraisal. Staff files which we were

shown did not include evidence that all relevant staff had undertaken training updates in areas such as fire safety, infection control, basic life support and safeguarding adults and children.

- During the inspection on 15 December 2017 we were told that the practice was experiencing continued problems with recruiting staff, in particular dental nurses. We were told due to staff shortage it had proved difficult to pin down staff for training. In addition the provider told us the hours required to support the associate dentist had proved difficult to cover. We discussed the current staffing levels with the provider and our concerns that the staffing of the practice did not reflect the needs of the patients. We were told this was an on-going issue and the practice were continuing to promote recruitment as a priority for the practice. Following this inspection the practice confirmed that further staff had been recruited. We saw that staff had completed appraisals and were maintaining their continuing professional development (CPD) to update and enhance their skill levels. Staff had undertaken basic life support, infection control and safeguarding training. There was no evidence of fire safety training, however we noted staff had undertaken fire drills and reviewed the outcome of these to identify any learning needs. Following the inspection the practice confirmed fire training was in the process of being scheduled.

At the 22 August 2016 inspection we saw the practice had some governance arrangements in place for monitoring and improving the services provided for patients. The day to day management of the practice was underpinned by a number of policies and procedures including the recruitment policy, health and safety policy, and an infection prevention and control policy. However there were limited systems in place to ensure that these were followed consistently. The policies and procedures were not reviewed regularly to ensure that they reflected the day to day running of the practice.

- During this inspection on 15 December 2017 we saw that the provider had recently purchased computer software with which they were in the process of familiarising themselves. We were told this and the protocol reviews were an on-going process. Some protocols we looked at were not specific to the practice and named other services. For example a policy regarding the accidental disclosure of confidential

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information was titled Hockley Dental Laboratory & Surgery; however another surgery was named in the text. We discussed this with the dental nurse and the provider who confirmed this was an on-going process and there was scope to further review all the current protocols.

During our inspection on 22 August 2016 we saw there was a lack of leadership and oversight at the practice. We found that lead roles had been identified, such as staff leads for infection control, safety, risk assessments and equipment checks. However there were limited systems in place for monitoring these areas.

- We noted at the 15 December 2017 inspection that due to the recruitment issues the practice had experienced over the previous 12 months, the dental nurse was undertaking a variety of roles along with the provider to

make changes and improve oversight at the practice. Systems in place for monitoring and improving services were on-going, however there was continued scope to improve and embed these within the practice.

At our inspection on 15 December 2017 there were no dentists available to speak with at the practice. The provider told us that since our previous inspection there had been no review of the practice process for the use of rubber dam. We discussed this and any alternative measures undertaken to protect the patient's airways when carrying out these treatments with the provider. Following this inspection the provider reviewed the practice protocol for the use of rubber dam for root canal treatment and confirmed that the practice now ensured all dentists were using rubber dam and giving due regard to guidelines issued by the British Endodontic Society.