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Prescot House Dental Surgery

Inspection Report

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Overall summary

We undertook a follow-up focused inspection of Prescot House Dental Surgery on 19 December 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 was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Prescot House Dental Surgery on 2 July 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 or 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 Prescot House Dental Surgery on our website www.cqc.org.uk.

As part of this inspection 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. We then 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.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 2 July 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 2 July 2019.

Background

Prescot House Dental Surgery is in Prescot, Merseyside and provides NHS and private treatment to adults and children.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including for blue badge holders, are available near the practice at a pay and display car park.

The dental team includes six dentists, eight dental nurses, one of whom is a trainee, and one dental hygiene therapist, and a practice manager.

The practice is owned by a partnership 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 Prescott House Dental Practice is the practice manager.

During the inspection we spoke with two dentists, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed. We also reviewed actions taken by the provider, to address the regulatory breaches highlighted at our last inspection.

The practice is open: Monday to Friday, 9am to 1pm and from 2pm to 5.30pm. The practice provides extended opening hours on Wednesdays, when the practice is open until 8pm, and on Saturday morning from 9am to 1pm.

Our key findings were:

- Medicines and equipment for use in a medical emergency were available as described in recognised guidance. This included medical oxygen available in sufficient quantity and portable suction.
- All medicines were in date and ready for use. All medicines were stored correctly, in line with manufacturer guidance.
- All required recruitment checks were in place for all staff.
- The Hepatitis B immunity status was confirmed for all staff. Those staff who required a booster immunisation had received this. For any staff who had shown an immune response below that expected, there was a risk assessment in place which was focussed on minimizing the risk of injury from contaminated instruments and materials.
- Staff were using appropriate personal protective equipment (PPE) when carrying out decontamination duties and when working in treatment rooms.
- Oversight of staff training had improved. We saw that training in infection control, safeguarding and basic life support was in place for all staff, and to the appropriate level.
- Effective recruitment processes were in place and were followed for recruitment of staff new to the practice.
- Effective checks on emergency equipment and medicines were in place; all items as required by recognised guidance were present and ready for use.
- Radiography audits were in place which covered the work of all dentists at the practice.
- Infection control audits were in place and were scheduled to take place at the correct intervals (six monthly).
- A system was in place for receiving and sharing medical alerts, updates and bulletins from relevant agencies, for example, the Medicines and Healthcare Regulatory Agency (MHRA) and the National Institute of Health and Care Excellence (NICE).

The provider had also made further improvements.

- A system of antibiotic audit was in place and was being followed by all dentists at the practice.
- A calendar of audit was in place to drive continuous improvement. This included radiograph audit, patient record audit and infection control audit.
- A disability access audit was now in place. A hearing loop was now available in the practice for those patients that required this. This device was also portable so could be used in the treatment rooms.

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 2 July 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. At the inspection on 19 December 2019 we found the practice had made the following improvements to comply with the regulations:

- Appropriate check lists for all items recommended for inclusion in medical emergency kit and emergency medicines were in place. This included medical oxygen and adrenaline. All items were available and ready for use and stored correctly.
- Training for all staff was up to date. This included safeguarding of children and adults, studied to the required level, and training in infection control and basic life support.

- Evidence of all required recruitment checks was held in staff files. This included checks on immunity status in respect of Hepatitis B. Where any staff had shown a lower than expected immune response, and a booster immunisation was required, this had been arranged.
- For any staff who required it, a risk assessment was in place, aimed at minimising the possibility of injury from contaminated dental instruments and materials.
- We saw that there was an adequate supply of personal protective equipment (PPE) and staff used this as recommended in recognised guidance.
- Decontamination of dental instruments was being carried out in line with recognised guidance.
- Water temperature testing was being carried out and records of this maintained, in accordance with a Legionella risk assessment.
- NHS prescription pads were being stored and managed in line with recognised guidance.
- Staff were receiving, reading and acting on medical alerts, updates and bulletins, as required. These were kept in a file for review by staff as necessary.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 19 December 2019.

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 2 July 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. At the inspection on 19 December 2019 we found the practice had made the following improvements to comply with the regulations:

- Oversight of staff training had improved. We saw that training in infection control, safeguarding and basic life support was in place for all staff, and to the appropriate level.
- Effective recruitment processes were in place and were followed for recruitment of staff new to the practice.
- Effective checks on emergency equipment and medicines were in place; all items as required by recognised guidance were present and ready for use.
- Radiography audits were in place which covered the work of all dentists at the practice.
- Infection control audits were in place and were scheduled to take place at the correct intervals (six monthly).

- Record keeping had improved. This included records of water temperature testing in line with a Legionella risk assessment.
- Antibiotic audit was now in place for all dentists at the practice.
- A system was in place for receiving and sharing medical alerts, updates and bulletins from relevant agencies, for example, the Medicines and Healthcare Regulatory Agency and the National Institute of Health and Care Excellence.

The practice had also made further improvements:

- A disability access audit was now in place. A hearing loop was now available in the practice for those patients that required this. This device was also portable so could be used in the treatment rooms.
- A regular calendar of practice meetings was now in place. Minutes of these meetings were kept. Meetings were used to ensure all staff had seen and acted on any alerts, to discuss any training needs and to plan for the future delivery of services.
- A regular programme of audit was in place, contributing to continuous improvement.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 19 December 2019.