

# Enslin Limited

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## Inspection Report

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### Overall summary

We undertook a focused inspection of Enslin Limited on 18 March 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 dental specialist advisor.

We undertook a comprehensive inspection of the practice on the 19 June 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 dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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.

As part of this inspection we asked:

- Is it well-led?

### Background

Enslin Limited Dental Care is a small, well-established dental practice that provides NHS treatment to about 10,000 adults and children. The dental team includes two dentists, three dental nurses, one receptionist and a practice manager. The practice has two treatment rooms.

As the practice is not on ground level, there is no access for people who use wheelchairs. The practice does not have its own parking facilities, but there is on street parking nearby.

The practice is open from 8:45 am to 5 pm each day.

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 the practice is the principal dentist.

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

### Our findings were:

# Summary of findings

- The provider had made good improvements in relation to the regulatory breach we found at our previous inspection and was now providing well-led care in accordance with the relevant regulations.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

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

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

Effective action had been taken to address the shortfalls we had identified at our previous inspection. For example; the assessment of risk, and health and safety had improved, missing emergency equipment had been purchased; audits of dental records, infection control and radiographs were undertaken, and their findings shared; medicines management had strengthened and dental care records met guidelines provided by the FGPD.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 19 June 2018, we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection, we found that staff had implemented the following improvements.

- Rubber dams to protect patients' airways were now routinely used by both dentists. We viewed minutes of a meeting where the use of rubber dams had been discussed and the dentist had watched a You-tube video to demonstrate their use. There was evidence both in the clinical records and on X-rays we viewed of their use.
- The practice's business continuity plan was kept off-site, making it accessible in the event of an emergency
- A comprehensive fire risk assessment had been commissioned and recommendations for three new fire doors, more fire extinguishers, night glow fire exit signs and an updated evacuation plan had been implemented. Four members of staff had undertaken fire marshal training in March 2019.
- Beam aiming devices were now available on both X-ray units.
- Dental care records we viewed demonstrated that patients' radiographs had been justified, graded and reported on. A radiograph audit had been undertaken in December 2018.
- A comprehensive health and safety risk assessment had been commissioned to help identify hazards in the practice. Signage to warn of low ceilings and gas storage had been implemented, staff who used display screen equipment had received an eye test and new amalgamators had been purchased.
- Specific risk assessments had been completed for a trainee nurse and a pregnant employee.
- Portable suction had been purchased for the practice's emergency medical kit.
- Loose and uncovered items in treatment room drawers had been covered and boxes had been purchased to store dental burs.
- Sharps bins had been labelled correctly. Neither dentist used the safest types of syringes, but a risk assessment justifying this had been completed and was available to view.
- Infection control audits had been completed every six months as recommended and the practice had scored 96% on its latest audit, indicating it met essential quality requirements.
- We viewed minutes of dentists' meetings which showed that they regularly discussed results from audits that had been undertaken so that learning could be shared.
- Glucagon was stored correctly and prescriptions were tracked and monitored. Dentist were prescribing antibiotics according to national guidance from NICE.
- Minutes of a staff meeting we viewed showed that significant events and RIDDOR reporting requirements had been discussed to ensure all knew of their responsibilities in reporting incidents.
- Patients' dental records we viewed demonstrated that clinicians were following guidelines provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. A traffic light system was now used to highlight patients' cancer, periodontal and caries risk. Patients' medical histories were signed at every examination and verbally updated at every visit.
- A system to record and actively follow up patients' referrals had been implemented.
- A portable hearing loop had been purchased to help patients with hearing aids.
- The practice had obtained recent disclosure and barring checks for all its staff.

These improvements demonstrated the provider had taken effective action to comply with regulation.