

Secrets Spa Limited

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Secrets Spa Limited on 9 February 2022. 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 Secrets Spa Limited on 12 October 2021 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 Secrets Spa Limited dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

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 12 October 2021.

Are services well-led?

Summary of findings

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 12 October 2021.

Background

Secrets Spa Limited is in Southport and provides private dental care and treatment for adults and children.

There is a ramp at the front entrance of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available directly outside the practice with additional street parking nearby.

The dental team includes two dentists, two dental nurses, a practice manager and a receptionist. The practice has two dental treatment rooms and a third treatment room for aesthetic services.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Secrets Spa Limited is the practice manager.

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

The practice is open:

Monday to Friday 8.30 am to 5pm

There were areas where the provider could make improvements. They should:

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance PHE-CRCE-023 on the safe use of Hand-held Dental X-ray Equipment.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure audits have documented learning points and the resulting improvements can be demonstrated.

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 the inspection on 9 February 2022 we found the practice had made the following improvements to comply with the regulations:

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff had undertaken appropriate training in safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. Staff had completed training in infection prevention and control as recommended. Records were available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

Staff followed up to date standard operating procedures for Covid-19. We saw evidence that masks worn by staff were fit tested except for one dentist. The practice manager took immediate action to arrange this and sent evidence of a satisfactory fit test.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. The responsible person had completed legionella awareness training and records were available to demonstrate that water testing and dental unit water line management were carried out.

The practice had procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We saw a contract and consignment notes which, showed clinical waste was now regularly removed by a licensed waste contractor.

The practice had a recruitment procedure to help them employ suitable staff. These reflected the relevant legislation. No new staff had commenced employment since the last inspection. We saw that retrospective recruitment checks had been carried out, in accordance with relevant legislation and these were now evidenced in staff files.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. Evidence of the satisfactory response to vaccinations against Hepatitis B had now been obtained for all clinical staff.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. Pressure vessels had been inspected, serviced and validated. Contracts were in place to carry these checks out on an annual basis.

The practice now had arrangements to ensure the safety of the handheld X-ray equipment and we saw the required radiation protection information was available.

A Radiation Protection Advisor (RPA) had been appointed and X-ray equipment had been serviced and maintained according to manufacturer's requirements. The practice had not followed a recommendation from the RPA to carry out dosimetry for a period of one year. Dosimetry is the measurement, calculation and assessment of the ionizing radiation dose absorbed by the human body. The registered manager sent evidence after the inspection that arrangements had now been made with their RPA.

A fire risk assessment had not been carried out in line with the legal requirements. We saw the practice had improved fire safety by installing additional fire detection points, the fire alarm and emergency lighting system had been serviced and the faults identified were addressed. Staff were logging their regular checks of fire extinguishers but not the emergency lighting.

Are services safe?

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. A sharps risk assessment had been created to help them manage risks to staff and patients. We noted this lacked detail to ensure that procedures for the safe handling of sharp items were in place and consistently followed. The practice manager told us this would be addressed. We saw evidence that staff had held a meeting to ensure staff had sepsis awareness. Visual resources were provided to support staff to assess and triage patients effectively.

Emergency equipment and medicines were available and checked in accordance with national guidance. An automated external defibrillator (AED) had been obtained and we saw evidence staff had completed training in emergency resuscitation and basic life support.

The practice manager was in the process of carrying out risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We saw that a full inventory of hazardous substances including the relevant safety data sheets had been compiled to enable them to carry out risk assessments in relation to the safe storage and handling of substances hazardous to health.

Information to deliver safe care and treatment

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. A referral log had been introduced to adequately monitor systems to follow up referrals and ensure patients received care in a timely manner. We saw how this had been used effectively to follow up a recent urgent referral.

Track record on safety, and lessons learned and improvements

The practice now had a system for receiving and acting on safety alerts and national guidance updates. In particular, in relation to Covid-19.

Are services well-led?

Our findings

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

At the inspection on 9 February 2022 we found the practice had made the following improvements to comply with the regulations:

Leadership capacity and capability

We saw evidence of leadership and emphasis on continually striving to improve. They had prioritised the necessary improvements accordingly and submitted evidence of their ongoing progress.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. The lead for infection prevention and control and legionella had completed appropriate training. There were further plans to delegate responsibilities to other members of staff and provide appropriate training and support.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time. Systems and processes were in the processes of being embedded and the practice engaged external companies to ensure the safety of the premises and equipment. Contracts were now in place for ongoing servicing, checks and assurances.

There were areas where further improvements should be made. In particular, ensuring a fire risk assessment is in place and acting on the recommendations of the RPA.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs informally and during meetings. The practice had introduced arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had responsibilities, roles and systems of accountability to support governance and management.

The practice had a system of clinical governance in place which included policies and procedures that were accessible to all members of staff. Policies had still not been updated since 2017 as other areas had been prioritised for improvement, but procedures had been reviewed and amended according to the improvements made.

We saw there were now effective processes for managing risks, issues and performance. For example, radiography and sterilisation equipment had been serviced and validated, medical emergency arrangements and fire safety had been improved and there were arrangements to ensure the safe disposal of clinical waste. Staff files had been compiled with evidence of essential recruitment checks, up to date training, indemnity and immunity.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and an audit of infection prevention and control was in progress. Staff kept records of the results of these audits but there were no conclusions or action plans to show that these led to improvements.