

Mr. Peter Miller

Allandale Dental Practice

Inspection Report

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Ratings

Overall rating for this service

No action 

Are services safe?

No action 

Overall summary

We carried out an announced comprehensive inspection at Allandale Dental Practice on 15 March 2016 and at this time breaches of legal requirements were found. After the comprehensive inspection the practice wrote to us and told us that they would take action to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

On 22 November 2016 we carried out a follow up inspection of this service under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check whether the provider had completed the improvements needed and identified during the comprehensive

inspection in March 2016. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Allandale Dental Practice on our website at cqc.org.uk

Background

The practice is situated in Hoole, Chester and has a reception/waiting room, a treatment room, a decontamination area and a storage area/administrative office. The practice has one dentist and a dental nurse. The practice provides primary dental services to private patients. The practice is open as follows:

Monday, Tuesday, Thursday and Friday 9am – 5pm

The principal dentist is the registered provider. A registered provider is a person who is registered as a 'registered person' with the Care Quality Commission.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

CQC inspected the practice on 15 March 2016 and asked the provider to make improvements in relation to:

- Ensuring the practice's recruitment policy and procedures were suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks were in place for all staff and the required specified information in respect of persons employed by the practice was held.
- Ensuring there were effective systems in place to assess the risk of and prevent, detect and control the spread of infections including a current legionella risk assessment, a cleaning schedule that was monitored and followed National Patient Safety Association (NPSA) guidance on the cleaning of dental premises, sharps handling procedures and protocols and hand wash to include wall mounted liquid hand wash dispensers were provided.
- Ensuring there were arrangements in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Ensuring the practice's safeguarding policies and staff training covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Ensuring electrical safety tests and pressure vessel scheme of examinations are in place and carried out at the required intervals.
- Ensuring that appropriate fire safety training is carried out annually.

We checked these areas as part of this focussed inspection and found these had been resolved.

The findings of this review were as follows:

We found that this practice was now providing safe care in accordance with the relevant regulations.

- Staff working at the practice had a Disclosure and Barring Service (DBS) check undertaken. However this was a basic level disclosure. Clinical staff roles should have an enhanced level disclosure undertaken appropriate to their role.
- A cleaning schedule was in place and monitored,
- A Legionella risk assessment had been undertaken and processes were in place to minimise the risk posed by the water systems.
- Wall mounted liquid hand wash dispensers were in place.
- Arrangements were in place to receive and act on patient safety alerts.
- The safeguarding policy and procedures had been revised and reissued and reflected current guidance. Staff had undertaken safeguarding training in relation to their role.
- Electrical safety tests, pressure vessel examinations, fire training and fire drills were now in place.

We found that the practice had acted upon other recommendations made at the previous inspection to improve the service and care. For example:

- Information on how to complain was included in the practice information leaflet.
- A business continuity plan had been implemented.
- The practice computers were password protected.
- A translation policy was in place
- An automated external defibrillator (AED) was in place and checked on a regular basis to monitor its working order

There were areas where the provider could make improvements and should:

Review the recruitment policy to include an enhanced level of DBS check for all clinical staff roles.

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 safe?

Evidence we saw at this inspection demonstrated improved systems and processes were in place.

Since the last inspection on 15 March 2016 the practice had effective systems and processes in place to ensure that care and treatment was carried out safely. For example, safeguarding was managed appropriately with staff having undertaken DBS checks, training and policies and procedures having been revised. Health and safety risks were assessed and action taken to minimise them.

No action



Allandale Dental Practice

Detailed findings

Background to this inspection

We carried out a follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had completed the requirements identified during the comprehensive inspection carried out in March 2016. The checks made were to ensure the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection was undertaken by a CQC Lead Inspector who had remote access to a dental specialist advisor on 22 November 2016.

To get to the heart of patients' experiences of care and treatment, we ask the following five questions:

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

At this review we asked the question - Is it safe? This was to follow up the concerns identified at the last inspection.



Are services safe?

Our findings

We found that this practice was now providing safe care in accordance with the relevant regulations.

When we inspected the practice in March 2016 we were concerned with the way the practice managed safety. The practice did not have effective systems and processes in place to monitor, and mitigate the risks associated with health and safety, in particular infection risks, electrical safety, fire safety and pressure vessel safety.

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had systems, processes and practices in place to keep patients safe from harm and the associated health and safety risks:

- A Legionella risk assessment had been undertaken by the provider. The provider had undertaken 'competent persons' training and required actions were taken and documented in respect of minimising the risk of Legionella. (A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place).
- Cleaning schedules were in place for clinical cleaning, dental chair cleaning and hand cleaning. There was a record book to monitor the cleaning.
- Wall mounted liquid soap dispensers were now in place in clinical areas.
- We saw evidence that the practice now received patient safety alerts. These were held for reference in a folder on the computer and action would be taken as necessary.
- Fire safety training had been reviewed and included regular fire safety/evacuation drills.
- A practice business continuity plan had been implemented.
- The practice computers were secure and password protected.
- A portable appliance test (PAT) had been undertaken for practice electrical equipment.
- The air compressor had been tested for safe use.

When we inspected the practice in March 2016 we were concerned with the way the practice managed safeguarding. The practice did not have effective systems and processes in place to keep patients safe and safeguarded from abuse:

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had policies and practices in place to keep patients safe and safeguarded from abuse, which included:

- Staff had received training in safeguarding as part of their continuing professional development.
- Safeguarding policies and procedures had been updated and included child protection.

When we inspected the practice in March 2016 we were concerned that not all the required information was held in relation to persons working at the practice. The practice did not undertake disclosure and Barring checks (DBS) prior to employment:

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection. The practice had undertaken a DBS check on the person they employed, however this was at a basic level and not an enhanced level which should be done for clinical staff. We found other documented information in relation to the staff member was in place such as a C.V and photographic identification.

The practice had acted upon other recommendations made at the previous inspection to improve the service and care for example;

- Information relating to how to make a complaint was contained in the practice information leaflet.
- A business continuity plan had been implemented.
- Dental records were secured on the practice computers by use of password protection.
- A translation policy had been implemented.
- An automated external defibrillator (AED) had been purchased and checks on its working order were documented.