

Elland Practice Limited

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Elland Practice Limited on 5 May 2021. 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 focused inspection of Elland Practice Limited on 4 December 2020 and 16 December 2020 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, 17 and 19 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 Elland Practice Limited 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.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection in December 2020.

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 in December 2020.

Background

Elland Practice Limited is in Elland, West Yorkshire and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes two dentists, three dental nurses and two receptionists. The practice has two treatment rooms, a third treatment room is under development.

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 Elland Practice Limited is the principal dentist.

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

The practice is open:

Monday to Friday 9am to 12:30pm and 1:30pm to 5pm.

Our key findings were:

- Clinical areas appeared to be visibly clean and well-maintained. Environmental cleaning and the monitoring of this had improved.
- The provider had implemented standard operating procedures in line with national guidance on COVID-19.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available and there was appropriate checks in place.
- The provider had effective systems to help them identify and manage risk to patients and staff. In particular, radiography, fire, sharps, Legionella, hazardous substances and incident reporting.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff recruitment procedures were in line with current legislation.
- The provider had established effective leadership and systems of governance, staff felt involved and supported and worked as a team.

Summary of findings

- The provider had information governance arrangements. Arrangements for closed-circuit television (CCTV) were in line with legislation.

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

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, ensuring electrical safety recommendations are actioned in a timely way.

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 in December 2020 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 5 May 2021 we found the practice had made the following improvements to comply with the Regulations:

The provider had established comprehensive systems to keep patients safe.

- A Legionella risk assessment had been carried out and all recommendations had been actioned. Staff carried out and documented monthly water temperature checks and the flushing of lesser used outlets to prevent water stagnating. Effective dental unit water line management was maintained.
- Cleaning schedules were in place to ensure the practice was kept clean. A cleaning schedule was in use to ensure staff maintained high standards of cleanliness throughout the practice.
- We reviewed the most recent infection prevention and control audit carried out on 19 December 2020. The latest audit had been completed accurately and showed the practice was meeting the required standards. An ultrasonic cleaning device had been replaced to ensure instruments were cleaned effectively before sterilisation.
- The principal dentist had a certificate to demonstrate they had received training to carry out fit testing of protective face masks, but did not have a certificate to show the protective face mask currently in use had been appropriately fit tested. The provider obtained and sent this evidence after the inspection. Fit testing certificates were available for all other clinical staff members.
- The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three new staff recruitment records. These showed the provider followed their recruitment procedure and carried out pre-employment essential checks and COVID-19 risk assessments. Clinical staff were qualified and registered with the General Dental Council and had appropriate professional indemnity cover.
- The provider confirmed that agency dental nurses were occasionally employed when the practice was short staffed. They had sought evidence from the agency that confirmed essential checks were carried out on these individuals.
- A fire risk assessment and inspection had been carried out in line with the legal requirements. A new fire alarm system had been installed in line with the report recommendations. Staff now carried out and documented weekly safety checks of the fire detection systems in a fire safety logbook. An action plan was in place to carry out further improvements. For example, to install emergency lighting.
- A five-year fixed wire electrical safety test had been carried out in March 2021. Two reports had been received as the building has two electrical systems. One of these reports assessed a system as unsatisfactory. The recommendations relating to an uncovered electrical consumer unit had not yet been acted on. Risks were mitigated by ensuring staff and patients did not enter this area of the building. Portable Appliance Testing (PAT) was carried out in January 2021 and the results were satisfactory.
- Improvements had been made to the arrangements for radiation protection in accordance with The Ionising Radiations Regulations 2017. The practice's use of dental X-ray equipment had been registered with the Health and Safety Executive. A radiation protection file was available, but this had not been completed to provide written procedures including guidelines for medical exposures and radiation doses to operators and ensure these were complied with. The provider took immediate action to complete this and sent us evidence after the inspection. The practice had arrangements to demonstrate that the safety of the X-ray equipment was assessed at the required intervals. Clinical staff completed continuing professional development in respect of dental radiography.

The provider had implemented effective systems to assess, monitor and manage risks to patient safety.

Are services safe?

- The sharps management process and associated risks and responsibilities for all sharp items in use at the practice had been assessed in line with current Regulations. We highlighted how this could be further improved to ensure that sufficient re-sheathing devices were available in each surgery and noted that dental matrices had been assembled and were stored unpouched in one of the surgeries. The principal dentist reviewed the risk assessment and sent us evidence of this after the inspection.
- The provider had a system in place to ensure all clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.
- Emergency equipment and medicines were available as described in recognised guidance. Evidence had been obtained to show the provision of emergency medical oxygen was appropriate. There were processes to carry out regular checks and keep records to make sure these were available, within their expiry date, and in working order.
- The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. These were stored along with the manufacturer's safety data sheets for easy reference.
- The provider had effective systems for reviewing and investigating when things went wrong. Staff understood the importance of reporting incidents, accidents and near misses.
- We saw evidence that patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England were received and actioned if required.

The provider had also made further improvements:

- We looked at dental care records with the principal dentist and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.
- We saw staff stored and kept records of NHS prescriptions as described in current guidance.

These improvements showed the provider had taken action to comply with the Regulations when we inspected on 5 May 2021.

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 in December 2020 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 as described in our requirement notice. At the inspection on 5 May 2021 we found the practice had made the following improvements to comply with the Regulations:

- The provider had established a dental clinical governance compliance package to support them to meet the required standards. Staff had clear responsibilities, roles and systems of accountability to support good governance and management.
- The provider had systems to identify and manage risks, issues and performance. We saw evidence that the provider had engaged with external companies to carry out risk assessments for Legionella, fire, health & safety, gas safety and an electrical installation inspection. The recommendations from these reports had been acted on with the exception of a the electrical safety report. We saw the provider was in communication with their electrical contractor to address these as soon as practicable.

The practice had also made further improvements:

- The provider had quality assurance processes to encourage learning and continuous improvement. There were plans to audit the quality of dental care records and radiographs on an ongoing basis. The infection prevention and control audit had been repeated and improvements made as a result.
- The provider had effective information governance arrangements in relation to the use of closed-circuit television (CCTV) which were in line with the General Data Protection Regulations. A privacy impact assessment had been carried out to justify that the CCTV in use was necessary, proportionate and managed appropriately.

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 5 May 2021.