

S A Harrison Laboratories Limited

Safe Dental

Inspection report

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Overall summary

We undertook a follow up focused inspection of Safe Dental on 7 November 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 dental adviser.

We undertook a comprehensive inspection of Safe Dental on 6 June 2022 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 Safe Dental on our website www.cqc.org.uk.

When 1 or more of the 5 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?

Our findings were:

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 breach we found at our inspection on 6 June 2022.

Background

Summary of findings

Safe Dental is in Morley and provides 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. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 2 dentists, 1 dental hygienist and therapist, 1 trainee dental nurse, 1 receptionist and 1 practice manager (who is also a qualified dental nurse). The practice has one treatment room.

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

The practice is open:

Monday and Tuesday from 9am to 5pm

Wednesday from 9am to 7:30pm

Thursday from 8am to 5pm

Friday from 8am to 6pm

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

- Improve the practice's processes for the control of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action 

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 7 November 2022 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the system for identifying, replacing and disposing of out of date medical emergency equipment and medicines. We were shown the new process for managing this. When we checked the contents of the medical emergency kit, we found that all medicines and equipment were available and within the expiry date.
- Improvements had been made to the system for identifying, replacing and disposing of out of date local anaesthetic. We were shown the new process for managing this. When we checked the surgery, we found all the local anaesthetic was within its expiry date.
- Improvements had been made to the system for ensuring equipment is maintained appropriately. We were shown the new process for managing this. When we reviewed records of equipment servicing (including the autoclave) we saw that all equipment was appropriately maintained.
- Improvements had been made to the system for ensuring staff are up to date with required training. We saw evidence that all staff had completed face to face basic life support training.
- Improvements had been made to the infection prevention and control audit. We saw a new audit had been completed and this reflected our findings on the day of inspection.
- We saw evidence that some improvements had been made to the process for managing the risks associated with hazardous substances. We saw that material safety data sheets had been collected. However, risk assessments had not been completed for all these substances. We discussed this with the registered manager who told us these would all be completed.

The provider had also made further improvements:

- An audit of antimicrobial prescribing had been carried out.