

Highfield Practice Limited

# Highfield Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Highfield Dental Practice on 5 July 2023. This inspection was carried out to review 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 had remote access a specialist dental advisor.

We had previously undertaken a focussed inspection of Highfield Dental Practice on 18 January 2023 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 treatment 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 Highfield Dental Practice on our website [www.cqc.org.uk](http://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 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.

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 18 January 2023.

## **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 18 January 2023.

## **Background**

Highfield Dental Practice is in Barrow-in-Furness, Cumbria 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 are available near the practice.

The dental team includes 4 dentists, 6 dental nurses, 4 of whom are trainees and 1 who is now the practice manager; 1 dental hygiene therapist and 3 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 2 receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from Monday to Friday 9am to 5.30pm.

# 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 5 July 2023 we found the practice had made the following improvements to comply with the regulations:

- The practice was visibly clean and tidy. Additional staff had been recruited to enable better environmental cleaning throughout the practice. Cleaning schedules were in place and staff had been assigned designated areas to clean and oversee. The practice had been re-painted throughout; new flooring, as recommended by recognised guidance on infection prevention and control, had been installed throughout the practice.
- A risk assessment in respect of staff working in isolation or alone after the practice had closed, was in place.
- Dental chairs had been fitted with temporary, wipeable covers, suitable for use in dental practice. Arrangements were in place to have all dental chairs and stools used in treatment rooms re-covered over the coming weeks.
- All recommended emergency medicines and equipment was available and ready for use. Staff had created new checklists which detailed each medicine and all relevant equipment, as recommended in recognised guidance. The practice manager had oversight of these checks.
- All required recruitment checks for staff had been completed and records of these were available. This included the confirmation of staff protection against blood borne diseases.
- Safeguarding policies had been updated to show the contact details of local authority safeguarding leads. Flowcharts with this information were available throughout the practice.
- The practice had commissioned and installed two new Intra-oral X-ray sets and these had been appropriately tested and checked for safety before use. Existing radiography equipment which served two of the five treatment rooms, had undergone the required testing and servicing. Local rules to support staff using X-ray equipment, were in place for all the treatment rooms that had X-ray equipment fitted.
- Audit on radiography, antimicrobial prescribing and clinical record keeping was now in place. Results of these audits were shared and discussed at practice meetings. Areas for improvement were identified and followed up in a further cycle of audit.
- Work in the decontamination room had been reviewed and staff had been given time to study and demonstrate that the work they carried out was in line with recognised guidance 'HTM01-05: Decontamination in primary care dental practice.'
- Training on sharps handling policy for the practice had been undertaken and discussed in a practice meeting. All staff were now aware that they should not be dismantling any sharps and that this was something only dentists would do. To re-inforce this, there was no sharps bin in the decontamination room, meaning dentists would have to perform this task in the treatment room.
- Filters used in air purifying equipment in each treatment room had been changed; calendar reminders were in place to prompt staff when filters would need to be replaced in the future.
- Recommendations made in the Legionella risk assessment had now been addressed. Dead leg piping within the practice had been removed, and infrequently used outlets were being flushed on a weekly basis. When we made checks, the water temperatures for hot and cold water, were within the recommended range for effective control of Legionella.
- Staff had completed Sepsis awareness training and there were visual prompts for staff displayed at the reception desk, to remind them to ask questions about this when triaging patients.

The improvements made by the provider demonstrated they are now working in compliance with regulations.

# 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 5 July 2023 we found the practice had made the following improvements to comply with the regulation(s):

- Systems and processes were in place to oversee staff training, and to ensure all clinicians were completing continuous professional development in a timely manner. The practice manager was able to demonstrate how they could prompt all staff, to undertake refresher training in highly recommended subjects, for example, safeguarding and infection prevention and control. We observed that all staff had now received Sepsis awareness training and had completed training on the Mental Capacity Act. To reinforce learning, these topics were discussed at practice meetings.
- Audit was now in place for antimicrobial prescribing, radiography, patient dental records and infection control. The practice had adopted a compliance support system, which provided template audit tools. These provided consistency across audit, identifying areas for improvement and prompting repeat cycles of audit. We noted that audit of patient dental records included checks on consent being recorded, both verbal and written and had been used to drive improvement in the level of detail recorded in patient dental records.
- We saw governance overall had improved. This included areas of record keeping, for example, staff recruitment. A recruitment checklist was in place for all staff recruited, and for any future recruitment. This listed all documents required in line with Schedule 3 of the Health and Social Care Act 2014.
- Risk assessments had been reviewed and any outstanding actions had been addressed. This included the practice Legionella risk assessment, the lone working risk assessment and the review of local rules applicable to use of radiography equipment.
- As part of the appraisal of staff, including trainees, we saw instances of supervision were increased, for example, in appraising and supervising trainee staff working the decontamination room.
- The practice manager and principal dentist were now far more confident in the governance processes in place, and both said the use of a compliance support package had helped to marshal areas of work more effectively, and helped plan which areas they would target for further improvement. We observed that continuous improvement was now a greater part of practice working.
- Evidence from inspection and the improvements made, demonstrated that the provider was now working in compliance with regulations.