

Flint Dental Surgery Limited

Millhouses Dental Cosmetic and Implant Clinic

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Millhouses Dental Cosmetic and Implant Clinic on 14 September 2018. 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 Millhouses Dental Cosmetic and Implant Clinic on 12 April 2018 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 and well led care in accordance with the relevant regulations 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 Flint Dental Surgery Limited on our website www.cqc.org.uk.

When one or more of the five 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.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 12 April 2018.

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 12 April 2018.

Background

Millhouses Dental Cosmetic and Implant Clinic is in Sheffield and provides private treatment to adults and children.

Summary of findings

A portable ramp is available for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes three dentists, five dental nurses (who also carry out reception and administrative duties), two dental hygienists and a practice manager. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Millhouses Dental Cosmetic and Implant Clinic is the practice manager.

During the inspection we spoke with the principal dentist, dental nurses 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 8.30am to 7pm

Tuesday, Wednesday and Thursday 8.30am to 5.30pm

Friday 8.30am to 6pm

Our key findings were:

- Quality and safety processes were in place to ensure the safety and correct use of the radiographic equipment.
- The practice had introduced systems to ensure equipment was serviced and maintained appropriately.
- Risks relating to fire safety had been adequately assessed and controlled.
- A recruitment policy and process was in place and we saw evidence this had been followed.
- The governance systems had been reviewed and were in place to assess and mitigate risks effectively.
- The provider had implemented processes to ensure that all staff were up to date with highly recommended training, and training related to sedation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

We asked the following question(s).

Are services safe?

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

Staff knew how to recognise the signs of abuse and how to report concerns. We saw evidence that staff were up to date with safeguarding training.

Systems had been introduced to manage risks, in particular staff immunity, emergency equipment, sharps safety and the disposal of waste.

A fire safety risk assessment had been carried out and an action plan was in place to make the recommended improvements. Firefighting equipment was in place and serviced. Inappropriate items had been cleared from the cellar and the attic office.

The practice had reviewed radiographic processes and the Radiation Protection Advisor (RPA) had been consulted to ensure quality.

The practice's protocols for conscious sedation had been reviewed and was now in line with guidance.

Infection control procedures and protocols had been reviewed and were in accordance with guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

No action



Are services well-led?

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

The provider had made improvements to the management of the service. This included establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

Staff files were held securely and contained evidence of up to date staff training. Systems were in place to ensure staff completed recommended training.

The practice had recruitment policies. We saw evidence that these had been followed in relation to newly recruited members of staff.

The practice manager had introduced a diary system to track where servicing of equipment and other routine tasks were due.

No action



Are services safe?

Our findings

At our previous inspection on 12 April 2018 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 14 September 2018 we found the practice had made the following improvements to comply with the regulation:

- The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were up to date with safeguarding training to the correct level and procedures were readily available to staff.
- A sharps risk assessment was in place. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.
- The practice had implemented systems to ensure that the results of vaccinations against Hepatitis B were checked and followed up as necessary. A low responder had been risk assessed to minimise the risk of infection.
- Emergency equipment and medicines were available as described in recognised guidance. Staff had received basic life support training. Staff who provided the sedation service completed immediate life support training.
- A fire safety risk assessment had been carried out and an action plan was in place to make the recommended improvements. Firefighting equipment was in place and serviced. Inappropriate items had been cleared from the cellar and the attic office.
- The practice had reviewed radiographic processes and the Radiation Protection Advisor (RPA) had been consulted. Local rules were in place for equipment. The handheld X-ray machine was used and stored

appropriately. Dosimetry was in the process of being measured. Dosimetry is the calculation of the absorbed dose in tissue resulting from exposure to ionizing radiation.

The practice had also made further improvements:

- The practice had reviewed staff training to manage medical emergencies. Medicines and equipment were in accordance with guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The practice's protocols for conscious sedation had been reviewed, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. Staff were up to date with training and they confirmed the operator-sedationist did not leave the treatment room during treatment or the patients' recovery.
- Infection control procedures and protocols had been reviewed and were in accordance with guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. Sterilised instruments were stored appropriately, Sterilisers were validated and the vacuum sterilisation cycle was used to process dental implant instruments.
- Clinical waste handling protocols were in place to ensure waste was segregated and disposed of in compliance with the guidance issued in the Health Technical Memorandum 07-01. We saw large containers of surplus X-ray chemicals were still located in an upstairs store cupboard. We saw evidence of the waste company being contacted immediately to remove these chemicals.

These improvements showed the provider had acted to comply with the regulation when we inspected on 14 September 2018.

Are services well-led?

Our findings

At our previous inspection on 12 April 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 14 September 2018 we found the practice had made the following improvements to comply with the regulations.

- Staff files were held securely and contained evidence of up to date staff training. The practice ensured that staff completed the appropriate continuing professional development training and were up to date.
- The practice had recruitment policies. We saw evidence that these had been followed in relation to newly recruited members of staff.
- Systems were in place to ensure staff completed highly recommended training, including safeguarding and decontamination training.
- The practice had systems to ensure that the results of vaccinations against Hepatitis B were checked and followed up as necessary. A low responder had been risk assessed to minimise the risk of infection.
- The practice had suitable arrangements to ensure the safety of the X-ray equipment. A radiation protection file was in place. Staff had registered the practice's use of

radiography with the Health and Safety Executive (HSE). Local rules and quality assurance processes were in place in relation to the combined Orthopantomogram (OPG) and cone beam computed tomography (CBCT), and the handheld X-ray machines. There was evidence that the provider had consulted with a Radiation Protection Adviser (RPA) in relation to this.

- The practice had implemented systems to identify and mitigate risk. In particular, risks relating to fire safety, legionella and radiography.

The practice had also made further improvements:

- Policies and procedures were readily accessible to staff.
- Recommendations from the legionella risk assessment had been acted on, including servicing the boiler.
- The practice manager had introduced a system to track where servicing of equipment and other routine tasks were due.
- Radiography audits were carried out and X-rays were consistently graded and evaluated for quality.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulations when we inspected on 14 September 2018.