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# Oakley Dental Practice

## Inspection Report

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### Overall summary

We undertook a follow up inspection of Oakley Dental Practice on 12 February 2020. 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 Oakley Dental Practice on 11 September 2019 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 Oakley Dental Practice on our website [www.cqc.org.uk](http://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 and send us an action plan (requirement notice only). 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.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 11 September 2019.

#### 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 11 September 2019.

### Background

Oakley Dental Practice is in Oakley and provides private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

# Summary of findings

The dental team includes two dentists, one dental nurse/administrator, one dental nurse, one trainee dental nurse, one dental hygiene therapist and one cleaner. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with one dentist, one dental hygiene therapist and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8.30am to 6.30pm
- Tuesday to Thursday 8.30am to 5.30pm
- Friday 8.30am to 12.30pm

## **Our key findings were:**

- The provider had infection control procedures which reflected published guidance.
- Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- Improvements had been made to the management of equipment maintenance to ensure there were no gaps in planned maintenance.
- The X ray folder contained the required information.
- The practice had obtained sharps safety equipment and staff had been trained in their use.
- A legionella risk assessment had been carried out by an external contractor and the recommendations had either been implemented or were planned.
- The external medical waste bins were secured.
- The provider had staff recruitment procedures which reflected current legislation.
- The practice now had a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 file with assessments of hazardous substances.
- We saw that the practice had carried out audits for infection prevention control and antimicrobial medicines, and there was a planned approach to ongoing auditing.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services safe?**

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

**No action** 

### **Are services well-led?**

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

**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 on 11 September 2019 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 12 February 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider showed us evidence that all practice equipment was maintained and serviced in accordance with manufacturers requirements. The provider was able to show us records of planned air conditioning servicing during the next two weeks following our inspection. We saw no waste water on the floor of the plant room, where suction and compressors equipment were located; and were told by the practice that the leaking equipment which had been responsible for the water leak had been replaced. We were shown a folder which included records of all completed and planned ongoing future maintenance which would ensure facilities and equipment were safe. All equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.
- The provider showed us a complete file of all of the X-ray information as required in guidance. We were shown evidence of installation or servicing documentation. The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.
- The provider provided evidence that a sharps risk assessment had been completed, which reflected guidance on safer sharps. We saw that the practice was using a safer sharps system, as recommended in guidance. The staff followed the relevant safety regulation when using needles and other sharp dental items.

- The provider was able to provide evidence that the layout of the decontamination area conformed to guidance and reduced the risk of cross contamination. We saw that there had been a rearrangement within the decontamination area, with improved ventilation, which reduced the risk of cross contamination between dirty and clean instruments undergoing decontamination procedures. The provider was able to provide evidence that testing of the ultrasonic cleaner included soil tests as recommended in guidance.
- The provider was able to provide evidence of a legionella risk assessment carried out by a qualified or competent person to guide the practice in the actions it needed to take in line with regulation and guidance for legionella management in the dental practice. Most recommendations in the assessment had been actioned, or we saw evidence they were planned. Records of water testing and dental unit water line management were maintained.
- The provider had ensured that the practice's waste bins were secured in line with guidance.

The practice had also made further improvements:

- We saw that action had been taken to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 11 September 2019.

# 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 on 11 September 2019 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 12 February 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider produced evidence of a risk assessment for the practices' use of a community automated external defibrillator. The provider told us that the practice intended to purchase their own automated external defibrillator in line with guidance during March 2020.
- We saw evidence of a Control of Substances Hazardous to Health (COSHH) Regulations 2002 file which

contained safety information as required in guidance. The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

- The provider produced evidence of infection prevention and control audits as required in guidance. Staff kept records of the results of these audits and the resulting action plans and improvements.
- We were shown evidence of antimicrobial prescribing audits as required in guidance. The most recent audit indicated the dentists were following current guidelines.
- The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at all staff recruitment records. These showed the provider followed their recruitment procedure.

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 11 September 2019.