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Shakespeare House Dental Practice

Inspection report

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Overall summary

We undertook a follow up desk-based review of Shakespeare House Dental Practice on 8 October 2020. This follow up was 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 review was led by a CQC inspector who had access to a specialist dental adviser.

We undertook a comprehensive inspection of Shakespeare House Dental Practice on 11 November 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 and well led care 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 Shakespeare House Dental Practice on our website .

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. 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.

Are services well-led?

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

Background

Shakespeare House Dental Practice is in Grimsby and provides private treatment for adults and children.

There is a single step to enter the practice. A portable ramp is available to assist people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice on local roads.

Summary of findings

The dental team includes the principal dentist, one dental nurse, one receptionist and the practice manager. The practice has two treatment rooms, with one in use.

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.

As part of the desk-based review, we reviewed the provider's action plan and all written and photographic evidence submitted to us. The practice had identified where there was a shortfall and had actions in place to ensure the practice was providing safe and well-led care in accordance with the relevant regulations.

The practice is open: Monday 9am – 5.30pm, Tuesday 9am – 5pm, Wednesday 9am – 3pm and Friday 10am – 4pm.

Our key findings were :

- Fire safety management systems were in line with current regulations.
- Systems to ensure equipment held in the medical emergency kit reflected recommended guidance was effective.
- Medicines were prescribed in line with relevant guidance.
- The risk mitigation process to protect staff with a low response to the Hepatitis B vaccination was effective.
- Safe sharps systems had been risk assessed and complied with current regulations.
- A system was in place to confirm the practice's response to patient safety alerts.
- Audits were carried out in line with guidance.
- All seating in the treatment room was wipeable and complied with relevant guidance.
- Staff awareness of Gillick competency and associated staff responsibilities was reviewed and updated.

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 on 11 November 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. During the review on 8 October 2020 we found the practice had made the following improvements to comply with the regulation:

Fire safety management systems had been reviewed and were in line with current regulations. In particular:

- An external fire risk assessment was completed in November 2019 and evidence sent to us showed as action plan was in place to meet the Regulations.
- Photographic evidence showed that fire extinguishers were housed correctly.
- A weekly check sheet dated from January 2020 showed that escape routes remained clear, the smoke alarms were function tested and fire extinguishers were in the correct location and remained serviceable.
- The fire safety action plan showed that plans were in place to install emergency lighting; remedial action was taken in the meantime to use torches throughout the practice.
- The fire safety action plan showed that plans were in place to upgrade the fire alarm and smoke detection system. A quotation for works required was sent to us as evidence dated February 2020 and this was completed in March 2020.

The system to ensure equipment held in the medical emergency kit reflected recommended guidance was effective. For example:

- Evidence showed that a monthly audit of the emergency medical kit was in place.
- The temperature of the medicine's fridge was being monitored.
- The emergency oxygen cylinder, the automated external defibrillator and emergency medicines and equipment were being checked weekly.

The registered provider confirmed that systems were in place to ensure medicines were prescribed and audited in line with relevant guidance. In particular:

- Medicine dosage was prescribed in line with guidance.
- The practice details were recorded on dispensed packaging.
- Antimicrobial prescribing audits were taking place.

The provider had also made further improvements:

- We were shown all seating in the treatment room and waiting area was wipeable and complied with the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation, when we completed the desk-based review on 8 October 2020.

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 November 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. During the review on 8 October 2020 we found the practice had made the following improvements to comply with the Regulation:

- Fire safety systems were reviewed and updated. A fire risk assessment was undertaken, and the provider had implemented an effective audit process to ensure fire safety remained in line with fire regulations.
- Evidence sent to us showed the provider had initiated a risk assessment process to ensure the Hepatitis B immunity level for all clinical staff was checked. The risk assessment showed that risk mitigation would be implemented when the immunity status was unknown, or the immunity response was low.
- Safer sharps systems were reviewed, and the policy updated to reflect the updated risk assessment. Evidence sent to us identified the handling responsibility and correct process for dismantling used sharps. An update to the safer sharps process was documented and discussed during a team meeting dated 5 November 2019.

- The system to ensure emergency medicines and equipment reflected recognised guidance was reviewed and updated. Emergency equipment missing at the time of the previous inspection was ordered immediately and a protocol applied to ensure the manager had oversight of weekly checks on stock levels.
- The provider had updated their current system to record action taken upon receipt of patient safety alerts. Since our last inspection visit, a retrospective check was completed, and the new process included discussion with all staff at team meetings and the retention of relevant information in respect to action taken.
- The provider was able to demonstrate that audit systems had been reviewed and were improved. Evidence confirmed that infection prevention and control audits and antimicrobial audits were completed in line with guidance. In addition, fire and emergency medicines and equipment were also audited regularly.

The practice had also made further improvements:

- Training was completed to improve and develop staff awareness of Gillick competency and to ensure all staff are aware of their responsibilities in respect to this.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulation, when we inspected on 8 October 2020.