

## Clock House Dental

# Clock House Dental

## Inspection Report

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### Overall summary

We carried out an announced inspection of this practice on 12 April 2016. Breaches of legal requirements were found. After the inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to safe care and treatment.

We undertook this focused inspection to check they had followed their plan and to confirm they had now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clock House Dental on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### **Our findings were:**

#### **Are services Safe?**

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

#### **Background**

Clock House Dental Practice is situated in Heworth Village area of York, North Yorkshire and is situated over three floors. Three surgeries are located on the ground floor of the practice and a further five are located on the first floor. There are eight dentists (two are the owners/Clinical Directors), a team leader, seven dental nurses (three of which are trainees) four receptionists including a reception supervisor, a lead decontamination nurse and a Dental Hygiene Therapist.

The practice offers a mix of NHS and private dental treatments including preventative advice, routine restorative dental care, private Orthodontic treatments and Dental Implants.

The practice is open:

Monday - Friday 08:30 – 17:00

One of the practice clinical directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

#### **Our key findings were:**

- The practice had implemented Control of Substances Hazardous to Health (COSHH) risk assessments for all dental materials used within the practice.
- The practice had completed all practice risk assessments including legionella and fire.
- The practice's recruitment policy and procedures were now suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is to ensure necessary employment checks are in place for

# Summary of findings

all staff and the required specified information in respect of persons employed by the practice is held, in particular all staff now held Disclosure Baring Service checks (DBS).

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

Since the last inspection on 12 April 2016 the practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, the practice had implemented and followed a recruitment policy and procedure for new members of staff joining the team, including the completion of a Disclosure and Barring Service (DBS) check.

All risk assessment had been completed including Legionella and fire safety and adequate checks were now in place for all dental unit water line management.

**No action**



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## Detailed findings

### Background to this inspection

We undertook a follow up inspection of Clock House Dental Practice on the 8 August 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our inspection

on 12 April 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service Safe. This is because the service was not meeting some legal requirements.

The inspection was carried out by a CQC inspector.

During the inspection we spoke with both of the clinical directors and supporting evidence was sent to the inspector to confirm our findings.

# Are services safe?

## Our findings

### **Reliable safety systems and processes (including safeguarding)**

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was a safeguarding lead within the practice. This role includes providing support and advice to

Staff and overseeing the safeguarding procedures within the practice. Evidence was seen to show all staff were now trained to level two.

### **Staff recruitment**

Since the last inspection on 12 April 2016 the registered provider had reviewed their recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies, taking up references and completing a Disclosure and Barring Service (DBS) check.

DBS checks were now completed for all new members of clinical and non clinical staff joining the team and evidence of this was seen by the inspector. The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

### **Monitoring health & safety and responding to risks**

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety,

manual handling and dealing with clinical waste. We saw this policy was reviewed in July 2016

The practice had implemented a Control of Substances Hazardous to Health (COSHH) folder including risk assessments for all dental materials used on the premises. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances – from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

All fire equipment had been checked in March 2016. There was evidence of a fire drill being undertaken with staff. These and other measures are taken to reduce the likelihood of risks of harm to staff and patients. The premises had completed a full fire risk assessment.

We observed CCTV cameras were now being used correctly and clear signage to ensure patients were aware this was in operation were now in place. Information including a policy, risk assessment and registration with the Information Commissioning Office (ICO) had been implemented.

### **Infection control**

We reviewed the last legionella risk assessment report dated July 2016. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The registered manager told us recommended water testing including hot and cold temperature checks were being carried out, evidence of these results were provided. The hot water taps were now reaching the required temperature. Staff were fully aware of the Legionella requirements including how to record the findings of the dip slide tests for dental unit water lines (DUWL) and a nominated individual had completed a training course.