

Ina Health Ltd

Ina Health Ltd

Inspection report

193-195 Green Lanes
Palmers Green
London
N13 4UH
Tel: 07957606429

Date of inspection visit: 28 April 2023
Date of publication: 19/05/2023

Overall summary

We undertook a follow up focused inspection of Ina Health Ltd on 28 April 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 supported by a specialist dental advisor.

We had previously undertaken a focused inspection of Ina Health Ltd on 21 September 2022 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, 17, 18 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 Ina Health Ltd dental practice on our website 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. 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 21 September 2022.

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 21 September 2022.

Background

Ina Health Ltd is in Palmers Green, in the London Borough of Enfield 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 practice has made reasonable adjustments to support patients with additional needs.

The dental team includes a principal dentist, 3 associate dentists 2 trainee dental nurses, and a practice manager. The practice has 2 treatment rooms.

During the inspection we spoke with 1 trainee dental nurse and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday, Wednesday, Thursday 8am to 9pm

Tuesday 8am to 8pm

Friday 8am to 6pm

Saturday 8am to 5pm.

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 28 April 2023, we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to ensure that the infection control processes were in accordance with the Department of Health and Social Care guidelines, as published in the 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). The practice had processes in place to ensure that the maximum storage time of 12 months for wrapped sterilised dental instruments was not exceeded. Logs had been implemented to ensure domestic household gloves were replaced weekly or more frequently if worn and torn. There were systems in place to ensure that long-handled brushes were replaced at the manufacturer's recommended interval or more frequently if the brush was significantly deteriorated. There were clear protocols in place for the transportation of dental instruments to ensure the segregation of contaminated products from sterilised ones. We saw evidence that the daily and weekly tests on the autoclave had been carried out in line with the current guidance.
- A Legionella risk assessment undertaken in August 2022 was made available for review. We saw evidence that all recommendations had been acted upon and the practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. The practice also carried out monthly temperature checks of the hot and cold-water outlets and maintained a record of these checks.
- Improvements had been made to ensure colour coded buckets and mops were available in line with the current guidelines and these were stored appropriately.
- The practice had implemented improvements to ensure that the recruitment procedure to help them employ suitable staff reflected legislation. We reviewed the recruitment records of 2 recently employed members of staff and found the these included all relevant documentation in relation to the fitness of employees, including enhanced Disclosure and Barring Services (DBS) checks, proof of identity including a photograph, and satisfactory evidence of conduct in previous employment. In addition, the practice had a structured induction programme in place to prepare newly appointed members of staff for their role.
- A fire risk assessment undertaken in August 2022 was made available for review. We saw evidence that all recommendations had been acted upon and the practice had procedures to reduce the risk of fire. The fire alarm system and emergency lighting system had been serviced in line with the manufactures' recommendations, fire drills were carried out, all members of staff had completed fire awareness training and there were systems in place for the periodic in-house checks of the fire safety equipment.
- The practice had made improvements to ensure the safety of X-Ray equipment. We saw evidence that the 3-yearly calibration and dosage tests had been undertaken for all X-ray units.
- The practice had implemented improvements to ensure systems to assess, monitor and manage risks to patient safety were effective. The sharps risk assessment undertaken in October 2022 and reviewed in January 2023 considered risks relating to all forms of sharps and the practice specific control measures. There were systems in place to ensure that sharps were discarded immediately by the person generating the sharps waste and secure sharps containers were close to the areas where medical sharps were used.
- Improvements had been made to ensure that emergency medicines were available and checked in accordance with the national guidance. Glucagon (an emergency medicine used to treat severe low blood sugar) was stored in the fridge, and the fridge temperature was monitored.

Are services safe?

- The practice had implemented improvements to ensure that risk assessments for the hazardous substances as per Control of Substances Hazardous to Health regulations 2002 (COSHH) were undertaken. In addition, the relevant safety data sheets were available to staff in case of an incident while using hazardous materials.
- Improvements had been made to ensure that there was an adequate stock control in place for medicines which were held on site, and that portable electrical appliances were safe to use.

The practice had also made further improvements:

- We saw evidence that audits for prescribing of antibiotic medicines had been carried out.
- The practice received patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency (MHRA).
- There were effective systems in place to monitor staff training, and regular reviews of the trainee dental nurses' performance were undertaken to identify individual development needs.

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 28 April 2023, we found the practice had made the following improvements to comply with the regulations:

- The registered manager and staff showed a commitment to delivering safe and high-quality care. Our discussions with the registered manager revealed that they had sufficient oversight of the day-to-day activities of the practice. There were clear roles, deputising arrangements, and systems for accountability to support good governance and management.
- The information presented during the inspection was well documented and easily accessible.
- Improvements had been made to ensure there were effective systems and processes for learning, continues improvement and innovation. Records were available to demonstrate audits of radiographs and infection control and prevention were carried out in line with the relevant guidance.

The practice had also made further improvements:

Dental care record audits were carried out for all clinicians to check that the necessary information, as per current guidance, was recorded in the dental care records.