

## Spires Dental Practice

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### Inspection report

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### Overall summary

We undertook a follow up desk-based review of Spires dental practice on 18 March 2021. 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.

We undertook a comprehensive inspection of Spires Dental Practice on 12 February 2020 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 regulation 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 Spires Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked: Remove as appropriate:

- 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 breach we found at our inspection on 12 February 2020.

# Summary of findings

## 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 breach we found at our inspection on 12 February 2020.

## Background

Spires Dental Practice is in Lichfield, Staffordshire 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, including dedicated parking for people with disabilities, are available in pay and display car parks near the practice, some time restricted parking is available on the road opposite the practice.

The dental team includes two dentists, five dental nurses, including a lead nurse and a practice co-ordinator, two dental hygiene therapists and one receptionist. 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 checked that the registered provider's action plan had been implemented. We reviewed a range of documents provided by the registered provider.

The practice is open: Monday from 9am to 5pm, Tuesday 9am to 5pm, Wednesday 9am to 7pm, Thursday 9am to 5pm, Friday 8.30am to 4.30pm, Saturday 8am to 12pm.

## Our key findings were:

Improvements had been made to the storage and management of medicines, including those to be used in a medical emergency. Monitoring checks demonstrated that medicines were correctly stored, available and within their expiry date. Stock control systems were in place for medicines to be dispensed at the practice. Appropriate dispensing information was recorded on medicines' dispensing labels.

Fire safety systems and processes had been reviewed. Fire safety equipment was subject to routine service and maintenance. Fire drills were completed by staff. An external professional has been booked to complete a fire risk assessment.

The practice had implemented systems and processes for learning and continuous improvement including developing the practice's protocols for auditing patient dental care records. Staff had completed update training regarding infection prevention and control and safeguarding children and vulnerable adults. Further action should be taken to ensure staff are trained to the appropriate level.

Improvements had been made to assessment and management of risks. Control of Substances Hazardous to Health risk assessments had been completed. Sharps management procedures had been improved and some action had been taken regarding the secure storage of clinical waste, but further action was required.

# Summary of findings

Improvements had been made to recruitment processes, although further action is required.

There were areas where the provider could make improvements. They should:

Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

Improve the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01.

Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

# 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 12 February 2020 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 18 March 2021 we found the practice had made the following improvements to comply with the regulation.

Medicines were stored and dispensed of safely and securely. The lead nurse was monitoring the room temperature in the area where emergency medicines were stored to ensure they were kept in line with manufacturers recommendations. A log was kept which demonstrated temperatures were below 25 degrees Celsius.

During our previous inspection a medicine to be used in a medical emergency was being stored in the fridge but the fridge temperature was not being monitored. This medicine was no longer being stored in the fridge and the appropriate action has been taken to reduce its expiry date.

Appropriate information was now being recorded on medicines dispensing labels. New dispensing labels included all the required information such as the name and address of the dental practice, the name of the medication and the method of administration.

An appropriate stock control system was in place for medicines to be dispensed at the practice. A daily check was completed of all antibiotic medicines on the premises including the batch number and expiry date.

The provider had also made further improvements:

Improvements had been made to the practice's sharps procedures to ensure they were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The sharps bin had been removed from the decontamination area; all staff had been reminded that dismantling of sharps should only be completed by the dentist.

We were told that one newly employed staff member was part way through the vaccination programme to ensure they had adequate immunity for vaccine preventable infectious diseases. All other staff had received their vaccinations and we were told that evidence was available to demonstrate that the vaccinations have been effective.

Monitoring takes place to ensure staff complete mandatory and other training. Staff have all received copies of policies regarding the Mental Capacity Act and Gillick and have signed to confirm that they have read and will work in accordance with these policies. Discussions have taken place regarding these topics at practice meetings.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 18 March 2021.

# 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 12 February 2020 we judged the practice 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 18 March 2021 we found the practice had made the following improvements to comply with the regulation:

The lead nurse confirmed that all audits now had documented learning points and the resulting improvements could be demonstrated. We were told that infection prevention and control audits were completed at least twice per year, we saw evidence that a clinical waste, infection prevention and control, and a dental record keeping audit had been completed. The results of any audits would be discussed during the monthly practice meeting.

Risk assessments as required by The Control of Substances Hazardous to Health Regulations 2002 had been completed for any products in use at the practice which had been identified as hazardous.

We were told that fire officers had visited the premises in 2016 but a full fire risk assessment was not available. The lead nurse confirmed that an external professional would be visiting the practice on 23 March 2021 to complete a fire risk assessment. We were told that any issues identified would be addressed.

Checks were now in place to demonstrate that all equipment and medicines for use in a medical emergency were available in good working order and within their expiry date. Daily checks were being completed and a log kept as evidence to demonstrate this. We were told that equipment and medicines were available in line with the Resuscitation Council Guidelines. We were shown the new equipment purchased on the day of our last inspection and evidence that all equipment was within its expiry date.

Fire safety equipment such as fire alarms and emergency lighting were now subject to routine service and maintenance. Weekly fire alarm and emergency lighting checks took place. We were told that a visual check of fire extinguishers also took place weekly. A fire risk assessment has been booked for 23 March 2021 and further guidance would be sought regarding fire safety checks.

The practice's surgical drill had not been subject to routine service and maintenance in accordance with manufacturers requirements. We were told that this equipment was no longer in use and has been removed as the practice are no longer completing dental implants.

Fire drills were now being completed on a regular basis. We saw records as evidence of the last two fire drills completed by staff.

Checks were made on pouched instruments to ensure they were within their expiry date. We were told that previously those instruments identified as being out of date were immediately re-sterilised and a review completed to identify how the error occurred. We were told that an error had occurred with the date stamp as the date had been changed but the year had not been updated. The provider has implemented a procedure for management of sterilised pouches which included regular reviews for each dental treatment room. Staff signed documentation to demonstrate action taken.

The practice had purchased a chain and lock to enable the clinical waste bin to be securely stored. However, due to the Covid pandemic the work to secure the bin had not taken place. We were told that this would be completed within the next two weeks and evidence would be sent to demonstrate this.

Staff had been sent a copy of the practice's policy regarding infection prevention and control and had signed to confirm that they had read and would work in accordance with the policy. The policy was discussed with staff during a practice meeting in October 2020 as part of update training.

# Are services well-led?

We were told that all staff had been sent a copy of the practice's policy regarding safeguarding vulnerable adults and children. The lead nurse was aware of the level of training required by staff and confirmed that staff were encouraged to complete this training. Safeguarding would be discussed at the next practice meeting and staff would be reminded to ensure they complete any update training required.

The registered person had taken steps to ensure that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for newly employed staff. We were told that recruitment information, including pre-recruitment checks had been updated and implemented regarding the three new staff employed since the last inspection, for example two references had been obtained and disclosure and barring (DBS) checks completed. The results of DBS checks were awaited for two new staff employed, however, the provider had not completed a risk assessment regarding this prior to the staff commencing work at the practice. We were told that a risk assessment would be completed immediately.

The provider had also made further improvements:

Some action has been taken to ensure the practice took into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010. We were told that two staff could communicate using basic sign language if required, the practice were considering the purchase of a hearing induction loop. However, we were told that at the time of our inspection, staff did not have an issue communicating with patients in a way that they could understand, including writing down information and use of sign language.

Protocols had been implemented to ensure that audit of patients' dental care records took place to check that necessary information was recorded. The last audit was completed in July 2020 and the results of the audit discussed with staff at a practice meeting in February 2021. We were told that there had been a delay due to the Covid pandemic but going forward audits would be completed on a quarterly, or more frequent basis.

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 18 March 2021.