

Crosbie Care Limited

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Inspection Report

2, Upper Wimpole Street
London
W1G 6LD

Tel: 020 7935 0557

Website: www.crosbiedental.co.uk

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Overall summary

We carried out an announced comprehensive inspection of this service on 15 June 2015 as part of our regulatory functions, where a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We followed up on our inspection of 15 June 2015 to check that they had followed their plan

and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. We have not revisited Crosbie Care Limited as part of this review because Crosbie Care Limited was able to demonstrate that they were meeting the standards without the need for a visit.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crosbie Care Limited on our website at www.cqc.org.uk.

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 well-led?

The focused inspection concentrated on the key question of whether or not the practice was well-led. We found that this practice was now providing well-led care in accordance with the relevant regulations by establishing an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

At our previous inspection we found that the practice did not have systems in place to ensure the safe maintenance and operation of the X-ray equipment or dental air compressor.

The practice sent us evidence for our review showing that they had a complete assessment of the X-ray equipment and had also appointed a radiation protection adviser. We were also provided with evidence that the X-ray equipment was safe to use at the time of installation in June 2013. They had also had the dental air compressor serviced and the practice had introduced a system for checking the effectiveness of equipment.

At our previous inspection we also found the practice did not have effective systems in place to mitigate fire safety risks. The practice sent us evidence for our review showing that they had arranged that the fire risk assessment including policies on evacuation and roles, responsibilities and full awareness of signage indicating a means of escape be studied by everyone in the building.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a review of this service on 04 December 2015. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 15 June 2015 had been made.

We reviewed the practice against one of the five questions we ask about services: is the service well - led? This is because the service was not previously meeting one of the legal requirements.

At the previous, comprehensive inspection on 15 June 2015 we found that the practice was not well-led because the practice did not have an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

The review was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our review, we spoke with the principal dentist and checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Purchase orders for equipment
- Record sheets and performance report for equipment checks
- Photographs of the practice where equipment was stored.
- Minutes of Fire Risk Assessment
- Content of COSHH File
- Appointment of Radiation Protection Advisor
- Mercury and fluid spillage plan

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Our findings

At our previous inspection on 15 June 2015, we found that the practice did not have a portable non-powered suction apparatus which was not in line with Resuscitation Council UK guidance or spacer for bronchodilation which was not in line with BNF guidance.

As part of our review on 04 December 2015, the provider sent us documents to show that a portable non-powered suction apparatus and two spacers for bronchodilation (one for children one for adults) had been purchased.

The practice also showed us evidence that now they had a system in place for the checking of emergency medicines and equipment, a central location of where the equipment was kept, along with assurance that all staff including any interim staff were made aware of all emergency equipment and their usage.

We had found at our previous visit that the practice did not have effective systems in place to mitigate fire safety risks.

The provider advised that they had met with the landlord and other occupants of the building to discuss our findings and sent us documented minutes of the meeting. They also advised that they had arranged that the fire risk assessment be studied by everyone in the building including individuals' roles and responsibilities in the event of a fire and policies on evacuation. The practice also sent us photographs of the additional signage now on display.

At our previous inspection on 15 June 2015, we found there was a lack of effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations as the practice did not maintain a COSHH file in order to manage risks (to patients, staff and visitors) associated with substances hazardous to health.

The provider sent us evidence to show that they now had a COSHH file in place in order to manage risks associated with substances hazardous to health which also included any dental material held at the practice.

The practice also showed us evidence that now the dental nurse was the named person responsible for maintaining and updating the file, who also had the responsibility to gather new leaflets with each new material purchased and add this after discussion with staff to the file. We were also advised that knowledge of where spillage packs kept had

been explained and discussed with all staff. This included knowledge of where eye wash was kept explained to staff and would as a matter of course be shared with any interim staff employed.

We had also found that part of the room (leading from the door to the clinical area) was carpeted. This was not in accordance with HTM 01-05 guidance which states "flooring in clinical care and decontamination areas should be impervious and easily cleanable. Carpets, even if washable, should not be used".

The provider sent us evidence to show that as an interim measure, they had covered the existing carpets with a temporary protective cover as per HTM 01-05 guidance. Confirmation was also given that the carpet was to be replaced with parquet flooring during the Christmas closure.

At our previous inspection we found there was no evidence available to show when the dental air compressor had last been serviced. The provider sent us evidence to show that the dental air compressor had been serviced, and would be next due for service July 2017.

Furthermore, we had found there were not suitable arrangements in place to ensure the safety of the X-ray equipment.

The principal dentist advised that after our visit immediate action had been taken and a Radiation Protection Adviser (RPA) had been appointed as well as confirming they had had a complete assessment of the X-ray equipment and the implementation of actions recommended

The practice also showed us documentary evidence that the X-ray equipment was safe to use at the time of installation in June 2013, a copy of the equipment performance test and that the practice had introduced a system for checking the effectiveness of equipment.

We had also found no information available on the practice website to support patients who may have wanted to complain. The provider advised that following inspection they had, on each page of their website, highlighted how to make complaints which directed the enquirer to a comprehensive complaints page. We were also assured that this would be further developed at the next upgrade of the practice website.

Finally, during our previous inspection on 15 June 2015 we found that while there had been audits of infection

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prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices, the audit had highlighted areas for improvement but the practice had not developed an action plan to address the issues.

The practice showed us evidence that they now had a system in place to ensure a full audit process was undertaken which included where actions needed were identified and monitored for completion.

In summary, following our review on the 4 December 2015 we were given assurances that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.