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Rothwell Dental surgery

Inspection Report

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Overall summary

We carried out an unannounced inspection of this practice on 13 November 2015. 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, premises and equipment and good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they 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 Rothwell Dental surgery on our website at 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

Rothwell Dental Surgery is situated in the Rothwell area of Leeds. It offers both NHS and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine restorative dental care.

There are two surgeries, a decontamination room, a waiting area and a reception area. The reception area,

waiting area and one surgery are on the ground floor of the premises. The second surgery and the decontamination room are on the first floor of the premises.

There are three dentists (one of which is the practice owner), three trainee dental nurses, one qualified dental nurse and a practice manager. The dental nurses also cover reception duties on a rota basis.

The practice is open Monday, Tuesday and Thursday 9-15am to 5-00pm, Wednesday 9-15am to 6-00pm and Friday 9-15am to 3-00pm.

The practice owner is registered with the Care Quality Commission (CQC) as an individual. 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.

During the inspection we spoke with the practice owner, one dentist, one dental nurse and the practice manager.

Our key findings were:

- The surgeries and decontamination room were clean, hygienic and uncluttered.
- The decontamination and sterilisation procedures were in line with guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

Summary of findings

- Equipment used in the decontamination and sterilisation of used instruments was appropriately tested and serviced in line with manufacture's guidance.
- Staff had completed training with regards to infection control.
- The contract for collection of clinical waste was sufficient for the amount of clinical waste produced.
- Equipment and medicines used in the treatment of medical emergencies were appropriately checked in line with current guidance.
- The issue with the blocked drain at the back of the premises had been rectified.

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.

We found the surgeries and the decontamination room to be clean, hygienic and uncluttered.

Appropriate personal protection equipment was worn during the decontamination process.

The decontamination process was in line with HTM 01-05 guidance.

Equipment used for the decontamination and sterilisation process was regularly checked and had been serviced.

The practice had implemented the recommendations of the Legionella risk assessment.

The practice's contract for the collection of clinical waste was sufficient for the amount of clinical waste they were producing.

The issue with the blocked drain at the back of the premises had been rectified and was clear.

All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. Equipment and medicines used in the treatment of medical emergencies was regularly checked.

Rothwell Dental surgery

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Rothwell Dental Surgery on 9 March 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our inspection on 13 November 2015 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 led by a CQC inspector who was assisted by a specialist adviser.

During the inspection we spoke with the practice owner, one dentist, one dental nurse and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

Are services safe?

Our findings

Medical emergencies

The emergency resuscitation kits, oxygen and emergency medicines were stored in the decontamination room. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff knew where the emergency kits were kept. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed daily checks were carried out to ensure the oxygen cylinder was full and the AED was fully charged. We saw that weekly checks were carried out on the emergency medicines to ensure they were in date.

Infection control

An infection control policy and procedures had been implemented in January 2016 to keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

Staff received training in infection prevention and control. This included hand hygiene, roles and responsibilities in decontamination, waste disposal, personal protection equipment and validation of decontamination and sterilisation equipment.

We observed the treatment rooms and the decontamination room to be clean and hygienic. Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in each treatment room and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Patients confirmed that staff used PPE during

treatment. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained. The practice had increased the contract for clinical waste collection from six bags a month to six bags a fortnight. We were told that there was no need to store clinical waste in the practice and there was sufficient space in the clinical waste bins outside to store the waste prior to collection.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

One of the dental nurses showed us the procedures involved in disinfecting, inspecting and sterilising dirty instruments; packaging and storing clean instruments. The practice routinely used an ultrasonic bath and manually cleaned the used instruments, examined them visually with an illuminated magnifying glass, and then sterilised them in an autoclave. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process and these included heavy duty gloves, an apron, a mask and protective eye wear.

The practice had systems in place for daily, weekly and quarterly quality testing the decontamination and sterilisation equipment and we saw records which confirmed these had taken place. The daily automatic control test and a test strip were conducted on the autoclave. For the ultrasonic bath a weekly protein residue test and soil test were conducted and the quarterly ultrasonic activity test had also been completed. All of these tests indicate that the equipment is effectively sterilising the used instruments. The practice was now using log books to fill in the details of these checks.

We were told that the solution in the ultrasonic bath was changed at the end of each session and sooner if the solution appeared dirty. The solution in the sink used for manually scrubbing instruments was changed after each

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use. The temperature of the solution was checked to ensure it was below 45 degrees celcius. We saw that the solution in the ultrasonic bath was clean and the sinks used for manual scrubbing used instruments were clean.

Records showed a risk assessment process for the control of Legionella had been carried out in May 2015(Legionella is a bacteria which can contaminate water systems in buildings). The practice had previously not undertaken regular water temperature tests. The practice were now

conducting processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning of each session and between patients, monitoring cold and hot water temperatures each week and the use of a dental unit water line cleansing solution.

At the inspection on 13 November 2015 we noted that there was a blocked drain at the rear of the building. We saw that this issue had now been resolved and the drain was clear.