

S A Harrison Laboratories Limited

Safe Dental

Inspection report

32 Commercial Street
Morley
Leeds
LS27 8HL
Tel: 01132525428
www.safe-dental.co.uk

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Overall summary

We undertook an unannounced follow up focused inspection of Safe Dental on 16 April 2021 and continued remotely on 20 April 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.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a follow up focused inspection of Safe Dental on 18 December 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 or well led care and was in breach of regulations 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 Safe Dental on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

The provider did not submit an action plan as required to do so under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was required to be submitted to the CQC by 11 March 2021.

Our findings were:

Are services safe?

Summary of findings

We found this practice was not providing safe care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls we had identified and had not responded to the regulatory breaches we found at our inspection on 18 December 2020.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls we had identified and had not responded to the regulatory breaches we found at our inspection on 18 December 2020.

Background

Safe Dental is in Morley, Leeds 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 dental team includes five dentists (one who also works as a dental nurse), a dental hygienist and therapist (who also works as a dental nurse), a dental nurse, a practice manager and a clinical dental technician. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Safe Dental is the clinical dental technician.

During the inspection we spoke with the registered manager, one dentist and the dental hygienist and therapist. We also spoke with the practice manager on 20 April 2021. We looked at practice policies and procedures and other records.

The practice is open:

Monday to Friday variable hours

Our key findings were:

- Some improvements had been made to the risks associated with fire.
- There was evidence Disclosure and Barring Service (DBS) checks were available for newly recruited members of staff. Not all other recruitment documents were available for a new member of staff.
- Some medical emergency medicines had passed their expiry date and had not been replaced.
- The risks associated with Legionella had not been appropriately addressed.
- Systems and processes had not been implemented to ensure the risks associated with the carrying out of the regulated activities are managed effectively.

We identified regulations the provider was not meeting. They must:

Summary of findings

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

Enforcement action



Are services well-led?

Enforcement action



Are services safe?

Our findings

We found that this practice was not providing safe care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

At our previous inspection on 18 December 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 16 April 2021 we found the practice had made some improvements. However, the improvements were not sufficient to fully comply with the regulations.

- We saw improvements had been made to the fire safety in the basement. Action had been taken to improve the fire resistance in the basement. The fire door in the reception area had been fixed to ensure it closed fully into the door frame. The basement was still as cluttered as we had found it to be at the previous inspection on 18 December 2020. We asked if the fire risk assessment had been updated as requested by the fire service and the registered provider told us that he was unsure. We saw that a fire action notice had been put up in the waiting area. This stated that if a fire was discovered then that person should sound the alarm by “Advising a member of staff”. We discussed this with the registered manager who told us that this may not have been updated and could be improved by adding instructions on how to trigger the fire alarm.
- When we checked the medical emergency medicines and equipment, we noted there were some emergency medicines which had passed their expiry date. These were the glucagon which expired on 11 April 2021, buccal midazolam which expired in March 2021 and some adrenaline ampoules which had expired in March 2021. There were additional in date ampoules of adrenaline, however, the out of date ones had not been removed from the emergency kit. We spoke with the practice manager on 20 April 2020 and asked if the out of date items had been replaced. We were told that they needed to check and would report back to us by 21 April 2021. However, we have not received the information we have requested.
- On the day of inspection, we looked at the records of water temperature. We saw the most recent recorded temperatures were from 16 March 2021. The hot water temperatures from the sentinel outlets were 52.4°C and 51.5°C. Hot water temperatures should reach 55°C in healthcare premises after running sentinel taps for one minute. We saw a partly completed record sheet from February 2021, however, there were no temperatures recorded on this sheet. We spoke with the practice manager on 20 April 2020 and asked for evidence of any other water temperatures which had been taken to be sent to us by 21 April 2021. We have not received the information requested.
- We asked to see evidence of a DBS check for the member of staff who did not have one at the previous inspection. We saw evidence of this. In addition, we were shown evidence of DBS checks for two additional newly recruitment members of staff. We saw evidence of the required recruitment documentation for one of the newly recruited members of staff. On the day of inspection there was no evidence of any recruitment documentation for the other new member of staff. We spoke with the practice manager on 20 April 2020 and asked for evidence of any recruitment documentation for the second member of staff to be sent to us by 21 April 2021. We have not received the requested documentation.
- On the day of inspection, we noted that non-clinical areas such as the office and patient toilet were not clean. There was dust covering surfaces in both the office and patient toilet.
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The provider had made some improvements since the inspection on 18 December 2020 however, insufficient improvements had been made to ensure compliance with the regulations when we inspected on 16 April 2021.

Are services well-led?

Our findings

We found that this practice was not providing well led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

At our previous inspection on 18 December 2020 we judged the provider 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 16 April 2021 we found the practice had made insufficient improvements to comply with the regulations:

- The system in place to ensure medical emergency medicines are checked to ensure they do not go past their expiry date was not effective. This was highlighted by the fact that three emergency medicines had passed their expiry date and had not been replaced or removed from the medical emergency kit.
- The system in place to ensure the risks associated with Legionella were appropriately managed was not effective. This was highlighted by the fact that water temperatures had not exceeded 55°C from the sentinel outlets. Action had not been taken to address the same issues which were identified at the inspection on 18 December 2020.
- The system in place to ensure recruitment documents reflect the requirements of schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was highlighted by the fact there was no evidence of any recruitment documents for a new member of staff.
- During the inspection we noted recruitment documents were not held securely. Upon arrival the cabinet which holds these documents was unlocked and accessible to unauthorised persons. In addition, the recruitment folder for one member of staff had been left on the desk in the office which was unlocked.
- We spoke with the practice manager on 20 April 2020 and asked if the infection prevention and control audit had been re-done. We were told it had and it would be sent over to us by 21 April 2021. We have not received this requested documentation.

The provider had made insufficient improvements to comply with the regulations when we inspected on 16 April 2021.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The system in place to ensure new members of staff have all recruitment documents available was not effective.• The system for ensuring emergency medical emergency medicines did not pass their use by date was not effective.• The system in place to ensure the risks associated with Legionella were managed was not effective.• An updated infection prevention and control audit had not been completed.• Recruitment documents were not held securely.• On 15 February 2021, CQC requested from the registered person any plans the registered person had for improving the standard of the services provided to service users with a view to ensuring their health and welfare by 11 March 2021. The registered person failed to send any plans for improvement to CQC. <p>Regulation 17 (1) (3)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

Enforcement actions

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- There were items of the medical emergency kit which had passed their expiry date and had not been removed or replaced. Namely, the glucagon, buccal midazolam and adrenaline.
- Legionella water temperatures for the sentinel outlets had either not reached the required temperatures or had not been recorded.
- The cellar remained visibly cluttered and was used by staff.
- Recruitment documents for one new member of staff did not reflect the requirements of Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 12 (1)