

Dr Kevin Hamidi

# Abbey Dental Care

## Inspection Report

18 Magdalene Street  
Glastonbury  
Somerset  
BA6 9EH

Tel: 01458 832215

Website: [www.abbeydentalhealth.co.uk](http://www.abbeydentalhealth.co.uk)

Date of inspection visit: 16 October 2019

Date of publication: 18/12/2019

### Overall summary

We undertook a focused inspection of Abbey Dental Care on 16 October 2019. 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 comprehensive inspection of Abbey Dental Care on 18 November 2018 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. We carried out a focused inspection on 20 March 2019 to review in detail the actions taken by the provider following the comprehensive inspection in November 2018. We found at this inspection that the provider was safe but still not well led. The provider was still in breach of regulation 17. You can read our reports of these inspections by selecting the 'all reports' link for Abbey dental care on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it well-led?

#### **Our findings were:**

#### **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 and had not responded to the regulatory breach we found at our inspections on 18 November 2018 and 20 March 2019.

#### **Background**

Abbey Dental Care is in Glastonbury, Somerset and provides private treatment for adults and children.

There is level access (via a portable ramp) for people who use wheelchairs and those with pushchairs. Car parking spaces, which include blue badge holder spaces, are available near the practice.

The dental team includes one dentist, one qualified dental nurse, one trainee dental nurse and a dental hygienist. The provider had recruited a consultant to help manage the practice. They attend two to three days a week. The practice has three treatment rooms, two of which were in use.

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.

# Summary of findings

During the inspection we spoke with the principal dentist, one of the dental nurses and the management consultant. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am-5pm

Fridays 9am-4.30pm

## **Our key findings were:**

- Improvements had been made to health and safety risk assessments which were now more practice specific.
- Improvements had been made to address the actions required following the legionella risk assessment.
- Improvements had been made to the system for managing fire safety.
- The system to manage recruitment still required some improvement.
- The system to manage the control of substances hazardous to health still required improvement.

- The system to manage the risk associated with radiation still required improvement.
- The system to assess audits still required improvement.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

## **Full details of the regulation the provider is not meeting are at the end of this report.**

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

- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services well-led?**

**Enforcement action**



# Are services well-led?

## Our findings

We found that this practice 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 inspections on 18 November 2018 and 20 March 2019 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 October 2019 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to health and safety risk assessments and we found these were more practice specific. We did note that the hygienist worked without chairside support and the risk assessment was room based rather than person based. The management consultant advised they would carry out a risk assessment specifically for the hygienist's role.
- Improvements had been made to address the actions identified following the legionella risk assessment.
- Improvements had been made to the system for managing fire safety. Actions had been completed following the fire service evaluation in March 2018. The fire service carried out another review in July 2019 and found no concerns. The practice was carrying out weekly checks of the fire alarm. Emergency lighting had been installed throughout the practice. However, there were no maintenance checks being carried out as required.

At the inspection on 16 October 2019 we found the practice still needed to improve on the following areas to comply with regulation:

- The system to minimise the risk that can be caused from substances hazardous to health still required improvement. Our previous inspections in November 2018 and March 2019 had identified there had been no risk assessments undertaken. On this inspection we saw some improvements had been made, including identifying what products required risk assessing, and some products had been risk assessed. However, not all identified products had been assessed and we could not be assured that the practice had up to date information on all products kept in the premises.

- The system to manage the risk associated with radiation still required improvement. The provider told us they were reverted to using the hand-held X-ray. The provider told us they had received practical training from the supplier when it was received. However, this had not been recorded. We saw there was a policy for the use of the hand held X-ray, however, there was no written protocol for the use of this equipment. The local rules did not provide any information relevant to the use of the hand-held X-ray.
- Following our last inspections in November 2018 and March 2019 we found no improvements had been made to how audits were managed. The infection control audit had been undertaken in September 2019 and there had been no analysis made of this audit. No assessment had been done to check whether an action plan was required. Following our last inspections in November 2018 and March 2019 we found the provider had not taken any additional action to reflect on the radiography audit findings and identify whether any learning was required. We saw the clinical record audit demonstrated a lack of understanding of how the audit was completed. It showed 100% compliance on all the information they were checking against, which included that every patient checked had been referred to specialist services and smoking cessation.
- The system to manage recruitment still required improvement. The recruitment policy did not reflect current legislation, this was an issue that had been identified at the November 2018 inspection. We reviewed two staff records, who were recruited prior to our previous inspection in March 2019. We found there had been no assessment of the missing information required by legislation and no actions on how to mitigate risks associated with the recruitment of staff. Since our last inspection, one member of staff had been recruited and improvements had been made to ensure compliance with legislation in this case. However, the service did not have evidence of this member of staff's relevant qualifications or a written explanation of gaps in their employment.

The practice had also made further improvements, where we had identified where they should improve upon at the last inspection:

## Are services well-led?

- There were systems in place to ensure staff had adequate immunity for vaccine preventable diseases. Risk assessments were undertaken when immunity had not been proven.
- The practice had a system in place to receive and respond to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency and other relevant bodies, such as Public Health England.

## 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><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></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 improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• There was no effective system to manage audits to improve the quality of services.</li></ul> <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"><li>• There were ineffective systems in place to ensure protocols and procedures were established and managed for the safe use of the hand held X-ray. This included records of training, no written protocol for the hand-held X-ray and local rules were not relevant to the hand held X-ray.</li><li>• There were ineffective systems in place to ensure suitable risk assessments to minimise risk that can be caused from substances hazardous to health had been carried out.</li><li>• There were ineffective systems to manage recruitment effectively ensuring it met with current legislation requirements.</li></ul> <p><b>Regulation 17 (1)</b></p>