

Mr. Shabbir Hussain

# Churchview Dental Practice

## Inspection report

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## Overall summary

We undertook a follow up desk-based review of Churchview Dental Practice on 2 July 2020. This review 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 review was led by a CQC inspector who had access to a specialist dental adviser.

We undertook a comprehensive inspection of Churchview Dental Practice on 4 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 well led care and was in breach of regulation 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 Churchview Dental Practice on our website.

As part of this desk-based review, we reviewed the provider's action plan and evidence submitted to us. The practice had identified where there was a shortfall and had actions in place to ensure the practice was providing well-led care in accordance with the relevant regulations.

### **Our findings were:**

#### **Are services well-led?**

We found this practice was providing well-led care in accordance with the relevant regulations.

### **Background**

Churchview Dental Practice is in Doncaster and provides private dental care and treatment for adults and children. The practice also holds a small NHS children's contract.

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 two dentists, two dental nurses, one dental hygiene therapist and two receptionists. The team is supported by the practice manager. The practice is visited on an ad-hoc basis by an implantologist and an implant trained dental nurse. The practice has two 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.

The practice is open:

Monday, Tuesday and Thursday 8:30am – 5:30pm.

Wednesday 8:30am – 12pm.

Friday 8:30am – 5pm.

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

# Summary of findings

- Infection prevention and control systems were in line with recommended guidance.
- The system to ensure equipment held in the medical emergency kit reflected recommended guidance was effective.
- Safe sharps systems had been effectively risk assessed and complied with current regulations.
- NHS prescriptions usage was in line with current guidance.
- A system was in place to confirm the practice's response to patient safety alerts.
- A system was introduced to ensure a risk assessment was undertaken to mitigate role specific risks in respect to a low response to the Hepatitis B vaccination.
- A system was in place to ensure a risk assessment was undertaken in respect to accepting a DBS from a previous employer for visiting, locum and temporary staff.
- Visiting and locum staff were inducted appropriately.
- The provider was able to demonstrate the fixed wiring electrical safety of the practice.
- Risk assessments in respect to the Control of Substances Hazardous to Health Regulations 2002, were updated to include first aid measures.
- Action was taken to ensure sepsis awareness information and prompts for staff were visible to ensure early recognition, diagnosis and early management of sepsis.

# Summary of findings

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

We asked the following question(s).

**Are services well-led?**

**No action**



# 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 4 February 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 desk-based review on 30 July 2020 we found the practice had made the following improvements to comply with the regulation:

The practice's infection prevention and control procedures were updated to ensure they followed guidance in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. In particular:

- The data loggers were downloaded regularly to confirm the correct function of the sterilisers in use.
- A long-handled brush was used to remove debris from dental instruments giving enough protection from sharps injury.
- Dental burs were used, sterilised and stored appropriately in line with manufacturer's instructions and published guidance. (A dental bur is a specialised drill bit used in dentistry).
- Heavy duty gloves were changed weekly in line with published guidance.

The system to ensure emergency medicines and equipment reflected recognised guidance was reviewed and updated. Emergency equipment missing at the time of the previous inspection was ordered immediately and a protocol applied to ensure the manager had oversight of weekly checks on stock levels.

Safer Sharps systems had been appropriately risk assessed and this document clearly identified responsibility and process for dismantling used sharps. All staff had signed the document to demonstrate understanding. A separate section was in place to ensure temporary staff had the opportunity to read and sign the risk assessment; giving overall assurance of the updated system.

At the previous inspection we noted prescriptions were pre-stamped prior to issue, this process was not in line with published guidance. The provider reviewed this, and it was brought in line with guidance. A log of issued prescriptions for monitor and tracking purposes was also implemented.

The provider had updated their current system to record action taken upon receipt of patient safety alerts. Since our last inspection visit, a retrospective check was completed, and the new process included discussion with all staff at team meetings and the retention of relevant information in respect to action taken.

The risk assessment process to mitigate role specific risks in respect to a low response to the Hepatitis B vaccination was reviewed and updated. The staff member whose record showed a low immunity response was updated and now confirmed full immunity. The provider was now aware of the need to review these documented appropriately for all new and temporary staff.

A system was in place to ensure a risk assessment was undertaken in respect to accepting a DBS from a previous employer for visiting, locum and temporary staff. Staff would undertake an in-house disclosure and barring service risk assessment with the provider prior to starting work. In addition, the provider had introduced an induction process for all visiting and temporary staff to ensure they were familiar with the practice's procedures prior to starting work.

An approved contractor carried out a fixed wiring electrical safety inspection at the practice 25 Feb 2020; no concerns or recommendations were reported for further action.

- The practice had also made further improvements:
- The provider had displayed sepsis awareness posters throughout the practice. This ensured sepsis information and prompts for staff were visible at all time to ensure early recognition, diagnosis and early management of sepsis. Staff had also completed sepsis awareness training since our last inspection visit.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation, when we inspected on 30 July 2020.