

Dr Kevin Hamidi

Abbey Dental Care

Inspection Report

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Overall summary

We undertook a focused inspection of Abbey Dental Care on 14 January 2020. 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. We undertook a focused follow up inspection of Abbey Dental Care on 16 October 2019. We found the registered provider was still not providing well led care and was in still breach of regulation 17 good governance 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 Abbey dental care on our website 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 providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the continued regulatory breach we found at our inspection on 16 October 2019.

Background

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

There is access via a portable ramp for people who use wheelchairs and those with pushchairs. Car parking 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 attended two to three days a month. 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 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:

- The provider had systems and processes in place to effectively assess, monitor and improve the safety and quality of the service provided.
- Effective systems were in place to safely recruit staff.
- Audits were managed effectively and included analysis of results and actions identified.
- Effective systems were in place for the safe use of X-rays.
- The management systems to minimise the risk that can be caused from substances hazardous to health had improved.

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 16 October 2019 we judged the provider was not providing well led care and was not complying with regulation 17, good governance. We told the provider to take action as described in our warning notice sent to the provider.

At the inspection on 14 January 2020 we found the practice had made the following improvements to comply with the regulation:

- We found the provider had improved the systems in place to manage how they audited areas within the practice. We reviewed the audits undertaken for infection control, dental care records and radiography and found these were effective. We found a radiography audit and infection control audit had been completed in January 2020, a record keeping audit had been completed in December 2019. These showed reflection, analysis and actions for improvement had been identified.
- We found the provider had improved the systems in place to manage the safe use of the X-ray equipment. The provider used a hand-held X-ray. We found local rules for use of the hand-held X-ray were in place. We noted they had not been signed to show staff had read

the local rules. We saw the radiation protection advisor had completed a risk assessment for the hand-held X-ray. We noted there was one wall mounted X-ray that was not in use and the provider informed us they would formally decommission this equipment to ensure it was not used.

- We found the provider had improved the management systems to minimise the risk that can be caused from substances hazardous to health. We saw a new list of current materials within the practice had been completed and all products had a risk assessment which was linked to a data sheet of the product.
- We found the provider and management consultant had improved their systems on how they recruited staff. The recruitment systems used to recruit staff met with current legislation. This included the practice recruitment policy and a checklist. The management consultant had completed risk assessments to reduce the risks associated with missing recruitment information for staff recruited by the practice prior to the new systems being implemented.

These improvements showed the provider had taken action to improve the quality of services for patients and had implemented effective systems and processes to assess, monitor and improve the quality and safety of the service. We found them to be compliant with regulation 17.