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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this practice on 21 January 2016. A breach of legal requirement was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Good Governance.

We undertook a focused inspection on 15 March 2017 to check that they had followed their plan and to confirm that they now met legal requirements. Breaches of legal requirement were found during the focussed inspection in relation to Good Governance and Receiving and Acting on Complaints.

We undertook a further focussed inspection on 8 June 2017 to check 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 and focused inspection, by selecting the 'all reports' link for St Albans Dental Centre on our website at www.cqc.org.uk

Our findings were:

Are services well-led?

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

Background

St Albans Dental Centre is a general dental practice which is part of the Southern Dental corporate close to St Albans city centre in Hertfordshire. The practice offers predominantly NHS and some private dental treatment to adults and children.

The premises are located on the ground and first floor and consist of four treatment rooms, a reception area, a waiting room and a designated decontamination room.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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.

Our key findings were:

- The practice had completed an infection prevention and control audit. Staff had received training on how the audit tool was to be used.
- Radiography audits (designed to audit the quality of X-rays taken) had been completed on three out of four clinicians. Clinicians had started personal audits of their X-rays these were at a data collection stage, and had not been analysed to establish where improvements could be made.

Summary of findings

- Records of complaints made to the practice were kept in the practice complaints folder and escalated to head office.
- Complaints were logged and tracked to ensure that appropriate action was taken and trends were recognised.

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 well-led?

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

Clinical audit had been used to highlight areas of clinical practice where improvement could be made, in most cases this was used effectively in this regard. Recent infection control audit reflected the practice situation and X-ray audits for three out of the four clinicians were comprehensive.

An audit of X-ray quality for the remaining clinician was received immediately following the inspection.

Complaints received to the practice were kept in a folder and logged at the practice; they were then escalated to head office. In this way the practice and head office had oversight of all complaints received.

No action



St Albans Dental Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an announced focused inspection of St Albans Dental Centre on 8 June 2017. This inspection was

carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 21 January 2016 and focused inspection on 15 March 2017 had been made. We inspected the practice against one of the five questions we ask about services: is the service Well - Led. This is because the service was not meeting some legal requirements.

The inspection was led by a CQC inspector who was accompanied by a Head of Inspection in Dentistry.

Are services well-led?

Our findings

Governance arrangements

Concerns were raised following the comprehensive inspection that the practice manager was managing three sites and was therefore not available at all times. Following the comprehensive inspection an assistant manager was appointed at the practice. Discussions with the practice manager indicated that the role of the assistant manager was to assist in the day to day running of the practice and was not responsible for any governance procedures or oversight. We were informed at this inspection that the practice manager was now receiving further support in the governance of the practice.

The practice had a policy on complaints, this had been reviewed in November 2016 and indicated that all complaints made to the practice were tracked and reported on a monthly basis so that head office retained oversight of the complaint activity for the practice. During our comprehensive inspection in January 2016 flaws in this system were recognised resulting in the information being held at head office not correlating with the information held in the practice. This was fed back to the practice manager and documented in the report of that visit.

During our follow up visit we were shown the complaints log held at head office, and recognised that the complaints held at the practice did not correlate with those held at head office. At this inspection the practice were logging and tracking complaints within the practice as well as escalating them to head office so that both the practice and head office maintained oversight and tracking of complaints.

Complaints were summarised on the patient complaints tracker with more detail captured on the complaints summary forms, along with associated actions.

A new complaints policy was in the process of being reviewed and amended at the time of our inspection, we were sent a copy of this once it had been implemented.

Learning and improvement

Concerns were raised following our comprehensive inspection in January 2016 that the use of clinical audit by the practice to highlight areas of clinical practice which

require improvement was largely ineffective. Following the inspection an action plan was sent to the CQC which highlighted how the provider intended to become compliant with regulation.

At our follow up inspection of 15 March 2017 we found that infection control audit was not effective due to questions being answered incorrectly and the audit not being completed every six months in line with guidance and as per the action plan that was submitted from the provider.

At this inspection we were told that relevant staff had received training in using the inspection control audit tool and inspection of the latest audit (completed 26 May 2017) indicated that it reflected the position in the practice. An action plan had been produced and the highlighted actions had been completed within an appropriate timescale.

Our comprehensive inspection in January 2016 highlighted that systems in place to audit the quality of X-rays taken at the practice were ineffective. Following our report the action plan submitted by the provider indicated that a new audit process would be completed for each clinician every six months and this would encompass record keeping as well as quality of X-rays.

During our follow up visit we asked to see these audits. We were shown a completed audit for one clinician. This was dated 14 March 2017. This was comprehensive and was carried out by a clinical manager in the group. A second clinician had undergone this audit process on 14 March 2017. In respect of the X-ray sections, these were largely populated with the acronym "NED" meaning not enough data. We reviewed the practice X-ray logs and saw that the clinician in question regularly took X-rays. The practice manager and compliance manager could not account for this at the time.

The other two clinicians had not undergone the audit process, and no further audits in X-ray quality had been completed in the year preceding our visit. We could not therefore be assured that effective systems were in place to assess, monitor and improve the quality of X-rays taken at the practice.

At the focussed inspection 8 June we found that the clinical audit process had been completed for the other clinicians, which contained comprehensive audit of X-ray quality. These had actions plans with embedded guidance for clinicians to read.

Are services well-led?

If the clinical audits highlighted areas of concern for individual clinicians they had to produce a personal development plan and any required training would be overseen by the quality assurance board of the corporate provider. The areas of concern would then be re-audited usually within three months to ensure improvements had been made.

In respect of the clinician who had not had X-ray quality audited as part of the clinical audit process, we asked the compliance manager what systems had been put into place to ensure that all clinicians had X-rays audited annually.

We were told the practice had implemented a system of personal audit of their X-rays to supplement their full clinical audit. When we inspected these we found that they consisted of data collection of X-rays taken, but the results had not been collated or analysed to highlight areas where improvements could be made. The practice was not able therefore to demonstrate clinical audit in X-ray quality of one clinician.

Following the inspection of 8 June 2017 we were sent evidence of a completed audit with action plan for that clinician as well as the personal development and action plans for the clinicians.