

Mr. Cyrus Kafian

Stanford Dental Practice

Inspection Report

2A, King Street,
Stanford Le Hope.
Essex.
SS17 0HL
Tel: 01375 679751
Website:

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Overall summary

We undertook a follow up desk-based review of Stanford Dental Practice on 11 September 2020. This review was carried out to examine 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.

We undertook a comprehensive inspection of Stanford Dental Practice on 7 October 2019 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 (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 Stanford Dental Practice on our website www.cqc.org.uk.

As part of this review we asked:

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

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 regulatory breach we found at our inspection on 7 October 2019.

Background

Stanford Dental Practice is in Stanford Le Hope, Essex and provides approximately 99% NHS and 1% private dental treatment to adults and children.

The practice is situated on the first floor of a commercial property, access is via a steep set of stairs with a handrail, the decontamination room and staff areas are on the second floor. Car parking spaces are available in public car parks near the practice.

The dental team includes two dentists, three dental nurses, one dental hygiene therapist and one administrator, one practice manager and one cleaner. 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.

Summary of findings

During the review we spoke remotely with the principal dentist and practice administrator. We looked at practice policies and procedures and other records about how the service is managed. It was noted that the practice will be relocating to new premises that are in the process of being refurbished and registered with CQC.

The practice is open: Monday to Friday from 9am to 5.30pm, the practice is open on Wednesday from 9am to 6.30pm.

Our key findings were:

- The practice had reviewed its systems to ensure good governance and effective leadership in the practice.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available and stored appropriately, these included paediatric defibrillator pads, ambu bags and masks. Glucagon (a medicine used to prevent blood glucose levels dropping too low) was stored with the medical emergencies kit with the expiry date amended to reflect storage outside of refrigeration. The fridge temperatures were monitored. Systems were in place to ensure medicines and lifesaving equipment were checked daily to ensure they were in date and in working order.
- Prescription pads were stored securely. There were systems in place to track and monitor their use.
- Staff appraisals were undertaken, the practice confirmed that personal development plans for dental staff were available at the practice.
- Systems were in place to ensure records of adequate immunity for vaccine preventable infectious diseases were available for all clinical staff.
- The practice confirmed that audits of infection prevention and control, dental care records and radiography had been completed in accordance with guidance to improve the quality of service.
- Risk assessments were undertaken to mitigate the risks associated with legionella and sharps items.
- All staff at the practice had a Disclosure and Barring Service (DBS) check recorded. A DBS log had been introduced to ensure an overview of all staff members DBS status was available.
- Five yearly fixed wire testing and annual air conditioning unit servicing had been undertaken.
- The practice confirmed that a dental nurse was available to support the dental hygienist when required.
- An electronic referral log system had been introduced in addition to the online triage system available at the practice.
- Information was recirculated to all staff regarding Clinical Health, Safety and Protection rules and the clinical staff code of dress.
- Sharps bins were dated and the external waste bin was locked and secured to the practice.
- The practice confirmed that dentists were aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- The practice had completed a disability access audit.
- The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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 7 October 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 review on 11 September 2020 we found the practice had made the following improvements to comply with the regulation:

The practice had reviewed its systems to ensure good governance and effective leadership in the practice. These included;

- The principal dentist attended the practice one full day per week and was available via telephone daily. The associate dentist worked full time at the practice. A practice manager oversaw the daily running of the practice and was on site three days a week. The practice had introduced an online message group for staff to ensure information is shared across the practice team. In addition, a message board was available for staff to keep them informed of any news or actions required. Accidents in the practice accident book were archived to ensure these were not visible to other members of staff and a significant events policy was produced to include significant events recording and review sheets. We were told the practice had expanded its near miss recording as well as expanding recording more minor events to ensure positive learning across the team. Appraisals had been completed in 2019, the practice stated that a new more detailed appraisal had been undertaken for all staff in January 2020.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available, these included paediatric defibrillator pads, ambu bags and masks. Glucagon (a medicine used to prevent blood glucose levels dropping too low) was now stored with medical emergency equipment with the date of expiry amended accordingly to reflect shelf life outside of refrigeration. Systems were in place to ensure medicines and lifesaving equipment were checked daily to ensure they were stored correctly, were in date and in working order. A new first aid kit had been purchased on the day of the 7 October 2019 inspection. Staff participated in medical emergency scenario training.

- Prescription pads were stored securely at the practice with a prescription pad log introduced to include; the prescription number, date of use, the patient computer number plus other relevant information to ensure prescription usage within the practice could be monitored.
- All staff at the practice had a disclosure and barring service (DBS) check recorded. The practice stated that an error had delayed one check prior to the practice inspection in 2019. A DBS log had been introduced to ensure an overview of all staff members DBS status was available. We were told in future a risk assessment would be completed for any new members of staff should they be awaiting a DBS result prior to their commencing their role.
- Systems were in place to ensure the practice had records of adequate immunity for vaccine preventable diseases for all clinical staff. Systems were in place to ensure staff who presented as non-responders to vaccines were suitably risk assessed and documented.
- Staff appraisals were undertaken and all qualified clinical staff had PDPs in place. Staff training was recorded to demonstrate staff training and reflection was undertaken.

The practice had put systems in place to monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular;

- A legionella risk assessment had been completed in October 2019.
- A dental hygienist risk assessment for a dental hygienist working without chairside support was completed on 26 November 2019. We were told all dental instruments were set up and then processed through decontamination by the dental nurses in order that these could be monitored. We were told the dental hygienist had been 'spot checked' by other members of the dental clinical team to ensure best practice. We noted subsequent 'spot checks' on the dental hygienist and other dental clinical staff had been completed on 7 January 2020. We were told these would be undertaken at regular intervals to monitor systems and processes and quality of work. The practice had introduced additional policies including; direct dental hygienist access, tooth whitening and consent to photography policies.

Are services well-led?

- Systems to ensure audits of infection prevention and control, dental care records and radiography were introduced and undertaken for all clinicians and completed in accordance with guidance to improve the quality of service.
- A sharps risk assessment and policy had been reviewed to ensure all sharp dental items were included. The practice confirmed this had been reviewed with staff to ensure all staff followed the practice policy when using needles and other sharp dental items.
- The practice confirmed that dentists were aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- The practice had completed a Disability access audit on 17 October 2019 for the current location of 2A King Street, Stanford Le Hope. The practice reported that since the audit a magnifying glass had been purchased to support patients with reduced vision. In addition a written disabled access statement had been produced and was available on a social media website and in the practice. The provider described how when the practice moved to the new location the practice would be situated on the ground floor providing improved access for patients with limited mobility.
- Fixed wire testing was undertaken on 18 November 2019; there were no concerns identified. The four air conditioning units were serviced on 1 November 2019.
- Health and safety and fire risk assessments were undertaken on 10 January 2020. The practice confirmed they were working through any recommendations in the reports.

The practice had also made further improvements:

- A fridge thermometer had been purchased and a temperature log implemented. The practice confirmed only dental materials were now stored in the practice fridge.
- The practice confirmed that a dental nurse was available to support the dental hygienist when required.
- An electronic referral log system had been introduced in addition to the online triage system available at the practice.
- Information was recirculated to all staff regarding Clinical Health, Safety and Protection rules and the clinical staff code of dress.
- Sharps bins were dated and the external waste bin was locked and secured to the practice.
- The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.
- The practice confirmed that dentists were aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

The practice remained open for telephone triage throughout the Covid-19 pandemic with a closed door policy. The dental nurse/administrator detailed the systems that were in place at the practice to ensure the latest guidance was being followed to ensure patients and staff were seen in a safe environment.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation.