

Mr Imran Azmat

Mr Imran Azmat - Birchfield Road

Inspection Report

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Ratings

Overall rating for this service

No action 

Are services well-led?

No action 

Overall summary

We carried out an announced comprehensive inspection on 3 November 2015 as part of our regulatory function where a breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We carried out a focussed review on 29 September 2016 to check whether the practice had taken action to address a breach of Regulation 17(1) and (2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This report only covers our findings in relation to those requirements. We have not revisited Mr Imran Azmat – Birchfield Road for this review because the registered provider was able to demonstrate that they were meeting

the standards without the need for a visit. You can read the report from our previous comprehensive inspection by selecting the ‘all reports’ link for Mr Imran Azmat – Birchfield Road 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.

Our key findings were:

- Overall we found that sufficient action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulation.

There were areas where the provider could make improvements and should:

Summary of findings

- Review the practice's systems for completing checks on emergency equipment and medicines giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the current legionella risk assessment and implement the required actions, giving due regard to

Health Technical Memorandum 01-05:
Decontamination in primary care dental practices and
The Health and Social Care Act 2008: 'Code of Practice
about the prevention and control of infections and
related guidance

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 the practice was now providing well-led care in accordance with the relevant regulations.

At our previous inspection of the practice in November 2015 we identified that governance arrangements were not sufficiently robust. We reviewed the action taken to address issues raised during this review and found that the practice was now meeting regulatory requirements.

No action



Mr Imran Azmat - Birchfield Road

Detailed findings

Background to this inspection

We carried out a review of this service on 29 September 2016 to check that improvements to meet legal requirements planned by the practice after our compressive inspection on 3 November 2015 had been implemented. We reviewed the practice against one of the five questions we ask about services: Is the service well-led? This is because the service was not previously meeting some of their legal requirements under the well-led domain.

We undertook this review to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

The review was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our review we checked that the registered provider's action plan had been implemented. We reviewed a range of documents provided by the registered provider. We found that the practice was meeting their legal requirements under the well-led domain.



Are services well-led?

Our findings

Governance arrangements

Clinical Governance is a system through which healthcare organisations are accountable for continuously improving the quality of their services and promoting high standards of care, by creating an environment in which clinical excellence will flourish. Governance arrangements are part of that ongoing process.

At our previous inspection on 3 November 2015, we found that the practice did not have robust governance arrangements in place. For example, staff had not received update training regarding cardio pulmonary resuscitation and medical emergencies. The registered provider sent us documents to show that governance arrangements had been implemented which addressed the issues that had been identified.

At our inspection of November 2015 we saw that the systems in place to monitor equipment available for use in an emergency situation were not efficient. One piece of equipment was not available for use and airway devices had passed their expiry date. One medicine for use in an emergency was being stored in the fridge but staff were not monitoring and recording the temperature of the fridge to ensure that this medicine was being stored within the required temperature range. The practice were not completing checks on the equipment in the first aid box.

We saw that staff had not undertaken annual update training to maintain their competence in dealing with medical emergencies; the last training recorded was May 2014.

In August 2016 the registered person sent us a copy of an audit of emergency procedures which included checks to ensure emergency equipment and medicines were available and monitoring checks of these had taken place. We were also sent a copy of the weekly checklist of fridge temperatures and the monthly check of emergency equipment and medicines. The resuscitation council guidelines state that checks should be completed on at least a weekly basis. We saw that the practice had completed a first aid kit monitoring record in August 2016. This recorded details of the equipment in the first aid kit

along with associated expiry dates. The provider forwarded copies of training certificates to demonstrate that staff had completed training in medical emergencies and basic first aid in December 2015.

At our previous inspection we noted that fire and X-ray signage was not in place. In August 2016 the provider forwarded evidence to demonstrate that this signage was in place.

At our November 2015 inspection we noted that systems in place to monitor fire safety were not robust. There was no evidence that staff had received fire training. Some monitoring was undertaken of fire safety equipment such as smoke detectors; however routine checks were not being carried out on emergency lighting to ensure it was in good working order.

As part of this inspection the provider sent us copies of certificates to demonstrate that fire training was completed in November 2015. We were also sent evidence to demonstrate that smoke alarms, emergency lighting and the fire alarm were being tested on a weekly basis and the staff member who had completed this test had signed records to confirm this.

At our inspection of November 2015 we noted that the last legionella risk assessment undertaken at the practice was dated May 2013. An action plan which detailed actions to take was recorded. There was no evidence to demonstrate that these actions had been taken or a further risk assessment completed. In August 2016 the provider forwarded a copy of a further legionella risk assessment which had been undertaken in April 2016 and which recorded a review date of April 2018. A number of issues for action were identified on this legionella risk assessment, these were considered to have a foreseeable low risk. The report further concluded that completion of the recommendations in the report would further reduce the risk of legionella. We were not forwarded evidence to demonstrate that these actions had been taken.

At our previous inspection we noted that dental care records did not always record details of the treatment options discussed with patients. To demonstrate that the practice was now complying with this we were forwarded a copy of a clinical record audit which was undertaken in April 2016 with a review date of October 2016. We were told that these audits would be completed on a six monthly basis in future. We saw that the provider had completed the



Are services well-led?

audit; no areas of concern had been identified but some areas for improvement were noted. We were also forwarded a copy of an audit of patient involvement and consent which was completed in May 2016. No issues for action were identified.