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# Fair Green Dental Practice

## Inspection Report

Fair Green Dental Practice  
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### Overall summary

We undertook a focused inspection of Fair Green Dental Practice on 18 November 2019. 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.

We had undertaken a comprehensive inspection 11 June 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 safe or well-led care in accordance with the relevant regulations 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 Fair Green Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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

As part of this inspection we asked:

- Is it safe
- Is it well-led

### Our findings were:

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

### Background

Fair Green Dental Practice is a well-established service based in Diss and offers NHS general treatment to approximately 16,000 patients. Another provider is located at the same address, and although registered separately, they both operate as one practice, with shared expenses, staff and governance arrangements.

The dental team across both providers consist of two dentists, three dental nurses, and a receptionist. There are two treatment rooms. The practice opens on Mondays to Thursdays from 8.30 am to 5.30 pm, and on Fridays from 8.30 am to 4.30 pm. There is portable ramp access for wheelchair users and parking close by.

The practice is owned by an individual who is the dentist there. He has 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 both dentists, a nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

## **Key findings**

The provider had made sufficient improvements in relation to the regulatory breaches we found at our previous inspection. These must now be embedded in the practice and sustained in the long-term.

# Summary of findings

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

We asked the following question(s).

**Are services safe?**

**No action** ✓

**Are services well-led?**

**No action** ✓

# Are services safe?

## Our findings

At our previous inspections on 11 June 2019 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection, we found the provider had made the following improvements to comply with the regulation:

- All staff had undertaken a training in the protection of vulnerable adults in September 2019.
- The practice's business continuity plan was now kept off site, so it could be accessed in the event of an incident.
- All staff had received training in handling fire extinguishers in July 2019
- A full report of the practice's electrical wiring installation had been undertaken in June 2019, and its recommendations were in the process of being implemented.
- A rectangular collimator had been fitted to the X-ray unit.
- Staff now practiced responding to medical emergencies as part of the regular monthly meetings to keep their knowledge and skills up to date.
- We viewed the practice's new protocol to prevent wrong site surgery.
- The practice had purchased a new oxygen cylinder and face masks, and all medical emergency equipment was checked weekly to ensure it was fit for purpose. New eye wash and bodily spills kit had been purchased.
- The fridge's temperature, in which glucagon was stored, was now checked every day to ensure it operated correctly. The correct forms of aspirin and midazolam had been purchased for the emergency drugs kit.
- Dentists now changed out of their work trousers before going home, to minimise cross infection.
- The practice had produced an annual statement of infection control and had undertaken a full audit of its procedures.
- Staff now measured the amount of solution used for cleaning water filters and manually cleaning instruments to ensure the amount was accurate. They used a lint free cloth to dry instruments.
- Staff were recording hot and cold water temperatures each month to help control legionella. Pipework had been lagged as recommended by the practice's legionella assessment.
- A system had been implemented to identify any lost or stolen prescriptions. Staff were aware of the yellow card scheme for reporting adverse reactions to drugs or defective medicines.
- A system had been introduced to download and disseminate national patient safety alerts and we viewed staff meeting minutes where they had been discussed.
- No new staff had been employed since our previous inspection, but we viewed the practice's recruitment policy that would be implemented to employ future staff. We viewed the disclosure and barring check for a member of staff that was not available at our previous inspection.

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

# Are services well-led?

## Our findings

At our previous inspections on 11 June 2019 we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection, we found the provider had made the following improvements to comply with the regulation:

- The practice's receptionist explained to us the system that had been implemented to track and monitor all non-NHS patients' referrals to ensure their timely management
- A portable hearing loop had been purchased to assist patients who wore hearing aids.
- The practice's policies and procedures had been reviewed and updated and signed off by staff in the practice.

- A full assessment of the practice had been undertaken which had identified potential risks and hazards and the measures put in place to reduce them.
- We viewed minutes which showed the practice held meetings each month with staff where policies and procedures were discussed, and emergency medical simulations were held. One member of staff described the meetings as useful.
- All staff had received an annual appraisal of their performance.
- In response to a patient's suggestion, a disabled car parking space had been created in front of the building.

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