

Dr Bamdad Mohri

Fawdon Dental Practice

Inspection Report

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Overall summary

We undertook a focused inspection of Fawdon Dental Practice on 23 July 2018. 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 Fawdon Dental Practice on 26 April 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 and 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 Fawdon Dental Practice on our website 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 safe and well-led areas where improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 26 April 2018.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. An effective referral system was now in place to monitor the progress of all referrals.

Are services responsive?

We found this practice was providing responsive care in accordance with the relevant regulations.

The provider arranged for a competent person to carry out a disability access assessment to assess the needs of all groups of patients and implemented reasonable changes.

Are services well-led?

Summary of findings

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

The provider had made improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 26 April 2018.

Background

Fawdon Dental Practice is in Newcastle Upon Tyne and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes a principal dentist, an associate dentist and two trainee dental nurses (one of whom is also the practice manager). All dental nurses also undertake reception duties. 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.

During the inspection we spoke with the principal dentist, the practice manager and a trainee dental nurse.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday 8.45am to 5.15pm

Wednesday 8.45am to 6pm

Thursday 9.15am to 6.45pm

and Friday 8.45am to 4.30pm

Our key findings were:

- The practice appeared clean and well maintained. We saw repairs had been carried out where required.
- The practice infection prevention and control procedures reflected published guidance except for a few points.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were all available as described in national guidance, with the exception of two sizes of face masks and accessory equipment for the automated external defibrillator (AED).
- The practice had implemented systems to help them manage risk. A legionella risk assessment, fire risk assessment, sharps and general practice risk assessment had been carried out.
- The practice had suitable safeguarding processes for safeguarding vulnerable adults and children. A policy for safeguarding of vulnerable adults and children was available.
- The provider improved their staff recruitment procedures.
- Staff took care to protect people's privacy and personal information.
- The practice leadership required improvement. A culture of continuous improvement within the practice was present and this required strengthening.
- Staff felt involved and supported and worked well as a team. The practice manager required more support and time to perform their role efficiently.
- An effective referral system was implemented to monitor referrals.

There were areas where the provider could make improvements. They should:

- Review the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's policy for hazardous substances identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken for hazardous materials held on-site.
- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to 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 asked the following question(s).

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Improvements were found in infection prevention and control, risk assessments, recruitment, safeguarding and provision of medical emergency medicines and equipment within the premises.

No action



Are services well-led?

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

The provider had made improvements to the management of the service.

A risk assessment was carried out in Legionella in May 2018 and actions were recommended to be completed by 17 August 2018. The principal dentist had not arranged for any of these complex recommendations to be carried out; they sent us evidence following the inspection to confirm the work had been scheduled.

Risk assessments had been carried out in sharps, health and safety and fire. The practice manager had formulated a weekly check list for fire tests. The principal dentist had not recognised the need to risk assess all hazardous substances on-site in line with the Control of Substances Hazardous to Health Regulations 2002.

Recruitment had improved and most documents were now available in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with the exception of documentation of verbal references and a Disclosure and Barring service check or risk assessment for not undertaking a DBS for one member of staff. Following the inspection, we received evidence confirming a risk assessment for not undertaking a DBS had been completed.

Infection prevention and control had improved except for an unclean magnifying light used during the cleaning process, damp mops and a three-months overdue audit.

Medical emergency drugs and equipment were in accordance with national guidance with the exception of two items.

The principal dentist had recognised that the practice manager required additional time for management and administration and had established clearer roles and responsibilities for them both. We saw this required further strengthening to ensure all lines of accountability were clear and processes were carried through-out.

No action



Are services safe?

Our findings

At our previous inspection on 26 April 2018 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. At the inspection on 23 July 2018 we found the practice had made the following improvements to comply with the regulation:

- The practice infection prevention and control procedures reflected published guidance Health Technical Memorandum HTM 01-05: Decontamination in primary care dental practices apart from a few areas. Handwashing was adequately carried out for infection prevention and control. We observed staff wore personal protective equipment appropriately and transported instruments in secure containers with lids. They were aware of national guidance in relation to cleaning processes. There was a sign above the sink used for cleaning crockery and a dispenser was fitted for hand towels. All foot pedal bins were replaced with new ones. Cleaning mops and buckets were replaced with new ones with clear signs to show what was to be used where. We observed the mop heads were damp as a result of incorrect storage. The principal dentist assured us they would change this.
- We saw the lens of the light magnifier was unclean and provided reduced visibility during the cleaning process. We showed this to the practice manager who agreed with the reduced visibility and assured us this would be cleaned.
- The rusty floor in the decontamination room, flooring in the entrance way and the broken wooden back gate had been replaced. The clinical waste bin was chained to the wall as an additional security measure should the back gate be vandalised in future. The rusty base of the dental chair and the hole in the wall in the downstairs surgery were repaired.
- We found all expired materials had been removed and cotton rolls were now in a dedicated dispenser.
- Sterilisation equipment was tested and maintained in accordance to national and manufacturer's guidance.
- Medicines and life-saving equipment were available as described in national guidance apart from two sizes of masks for the self-inflating bag, scissors and a razor for the AED. We received evidence on the inspection day to confirm these items had been ordered.
- The practice had implemented systems to help them assess and manage risk.
- A fire risk assessment had been undertaken by the practice manager. They had sought advice from the local fire authority with regards to emergency lighting and was advised this was not required. We noted a log book was now in place with regular checks undertaken by staff of fire detection and fire-fighting equipment. We saw evidence of a timed and documented fire drill and a plan to carry these out on a six-monthly basis. The key to the fire door was now kept in a place of easy access should a fire break out.
- A Legionella risk assessment was completed and an action plan recommended by a competent person. The recommendations included arranging legionella competency training for staff involved in control measures, insulation of pipe work, replacement of flexi hoses with ones which conform to the Water Regulations Advisory Scheme (WRAS), removal of dead legs and others to be completed by 17 August 2018. The principal dentist showed us they had emailed the risk assessor to seek advice with regards to these actions. They had not arranged for any of these to be completed; we spoke with the principal dentist about this and they sent us confirmation of the work being scheduled in following the inspection.
- Risk assessments were not available for all hazardous materials. We saw eight risk assessments for hazardous substances at our last inspection in April 2018. These were reviewed and four additional materials were risk assessed. The practice used a significant number of other hazardous materials and substances which had not been risk assessed. The principal dentist was not aware of the need to carry out risk assessments for these.
- A general risk assessment of the premises and a sharps risk assessment had been carried out.
- The practice had suitable safeguarding processes for safeguarding vulnerable adults and children. A policy had been implemented to cover all aspects of safeguarding. All staff had level 2 training in safeguarding of vulnerable adults and children and were knowledgeable of relevant topics.

The practice had also made further improvements:

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and

Are services safe?

acted to improve safety in the practice. The practice monitored and review all incidents and staff were now clear of what constituted an accident and what an incident. We saw all incidents were recorded appropriately since our inspection in April 2018.

- The practice manager received safety alerts and showed us how these shared amongst the practice staff for learning.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 23 July 2018.

Are services well-led?

Our findings

At our previous inspection on 26 April 2018 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 23 July 2018 we found the practice had made sufficient improvements to comply with the regulations.

- Management and governance systems had improved. More time was allocated for management duties. Further guidance and support was required to implement all the recommendations.
- Policies were now complete and practice specific. We saw evidence that all policies were read, and signed by, all staff including locum staff. These were scheduled for review annually.
- A disability access assessment had been completed to assess the needs of all population groups. We saw evidence of an action plan.
- A recruitment policy had been implemented and procedures were in place. We viewed five staff files and found all the required documents were present with the exception of documentation of verbal references that were previously sought and a Disclosure and Barring Service check or risk assessment for not undertaking a DBS check for one staff member. The principal dentist

had assured us they would review their procedures to make them more consistent and in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we received evidence confirming a risk assessment for not undertaking a DBS had been completed.

- An audit cycle was in place for record keeping and X-rays. We reviewed the last two audits and found these to be documented with results and action plans.
- The infection prevention and control audit was overdue. National guidance recommends this to be done every six months. They were unaware of this guidance and their audit was due to be undertaken in May 2018. We found the previous audit in November 2017 was not reflective of all the findings within the dental practice. The practice manager assured us they would revisit the guidance in relation to this and carry out an audit which reflects the infection prevention and control of the practice. We received evidence the day after the inspection to confirm this had been carried out.
- Practice meetings were documented. Safety alerts, significant events and accidents were recorded appropriately and shared with the whole team for learning.
- Training requirements for all staff were effectively monitored using a training matrix.