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Deva Dental Clinic

Inspection Report

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Date of inspection visit: 22 February 2017
Date of publication: 06/04/2017

Overall summary

We carried out an announced comprehensive inspection of this practice on 1 March 2016, during which breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements set out in the following regulations:-

Regulation 13 HSCA (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance

We carried out this focused inspection on 22 February 2017 to check the provider had followed their plan and to confirm that they now met legal requirements. We reviewed the requirements in relation to one of the five questions we ask about services: is the service well-led?

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deva Dental Clinic 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

Deva Dental Clinic is located close to the centre of Chester. The practice comprises a reception and waiting room on the ground floor, two treatment rooms, one of which is situated on the ground floor, a decontamination area. Parking is available at the front of the practice. The practice is accessible for wheelchair users and patients with prams via a ramp at the rear entrance.

The practice provides general dental treatment to patients of all ages on an NHS or privately funded basis and is open Monday to Friday 9.00am to 5.00pm.

The practice is staffed by a dentist, a practice manager / dental nurse, a dental hygienist and a dental nurse / receptionist.

The principal dentist is registered with the Care Quality Commission as an individual. 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:

- Staff had received safeguarding training, and knew the processes to follow to raise concerns.
- Equipment was well-maintained and tested at regular intervals.
- Staff followed current infection control guidelines.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.

Summary of findings

- The practice gathered the views of patients and took their views into account.
- Staff were supervised and worked as a team.
- Governance arrangements, systems and procedures were in place for the smooth running of the practice.

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

- Review the practice's systems to ensure that risks relating to staff immunisation status are assessed, monitored and mitigated for all staff.

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.

The provider had improved their systems and processes for monitoring and improving services and we found these were operating effectively. The provider reviewed these regularly.

Staff were registered with their professional regulator, the General Dental Council, where relevant, and were supported in meeting the requirements of their registration. Staff received essential and on-going training to assist them in carrying out their roles.

Staff carried out audits and collected patient feedback and these were evaluated and the results used to improve the service.

We reviewed the provider's risk assessments and found that these were effective with the exception of the monitoring of staff immunisation which needed further improvement.

No action



Deva Dental Clinic

Detailed findings

Background to this inspection

We carried out a focused inspection of Deva Dental Clinic on 22 February 2017. This inspection was carried out to check that improvements planned by the provider after our comprehensive inspection on 1 March 2016 to meet legal requirements had been made. We inspected the practice against one of the five questions we ask about services: is the service well-led.

The inspection was led by a CQC inspector assisted by a specialist advisor.

During the inspection we spoke to the registered manager, practice manager and receptionists. We reviewed policies, procedures and other documents and observed procedures.

To get to the heart of patients' experiences of care and treatment, we always ask the following question:

- Is it well-led?

This question therefore formed the framework for the areas we looked at during the inspection.

Are services well-led?

Our findings

Governance arrangements

During our comprehensive inspection on 1 March 2016 we found the provider did not have systems or processes in place that were operating effectively to ensure compliance with the Regulations, including the recruitment process, safeguarding, infection control, and the system for ensuring equipment and medicines were checked and tested.

We found that the provider had improved these systems and processes.

- We reviewed the recruitment procedures and saw these reflected the requirements of the regulations. Staff recruitment records were stored securely and the provider had most of the prescribed information available.
- We reviewed the provider's safeguarding systems and processes and found that these had been improved. The practice had a policy in place in relation to the protection of children and vulnerable adults. We saw documented evidence of training for staff in safeguarding vulnerable adults and children within the time period specified in current guidelines.
- We observed the practice's infection control arrangements and saw these had been improved. The decontamination area had been partitioned off from the rest of the room and was screened to minimise the risk of cross contamination, for example, from splashing. The decontamination area and treatment rooms had defined dirty and clean zones in operation to reduce the risk of cross contamination. We looked at the packaged instruments in the treatment rooms and found that they were marked with an expiry date which was within the recommendations of the Department of Health.
- We saw that the provider had improved the systems in place to ensure the equipment and medicines to manage medical emergencies were checked and tested.

During our comprehensive inspection on 1 March 2016 we found the provider was not assessing, monitoring and mitigating the risks relating to the health, safety and welfare of patients and others. We saw that the provider had put improvements in place in relation to risks.

- We saw that the practice was now storing NHS prescription pads securely and in accordance with current guidance.
- We observed that clinical waste awaiting disposal was stored securely.
- The practice stored hazardous materials securely and appropriate signage was displayed except in relation to the emergency oxygen cylinder. The provider assured us this would be addressed.
- The provider had improved the security of the decontamination area by further restricting access.
- The fire risk assessment had been reviewed and identified actions. We saw these had been carried out. Staff had received training in fire safety. We saw records to demonstrate that fire safety equipment had been tested.
- We saw that the legionella risk assessment required review. The provider arranged for a legionella risk assessment to be undertaken immediately after the inspection.
- The provider had a sharps policy and risk assessment in place. The practice had not implemented a safer sharps system to dispose of used needles. Staff told us only the dentist dismantled and disposed of used sharps, however the policy did not reflect this. The provider submitted the updated policy after the inspection. The practice had a procedure in place for dealing with sharps injuries. Staff were familiar with the procedure and able to describe the action they would take should they sustain an injury.
- The provider did not have evidence available of the effectiveness of the Hepatitis B vaccination for two of the staff or an assessment of the risks to staff working in a clinical area where the effectiveness of the Hepatitis B vaccination is unknown. The provider submitted this evidence after the inspection. People who are likely to come into contact with blood products and are at increased risk of injuries from sharp instruments should receive these vaccinations to minimise the risks of acquiring blood borne infections.
- We saw evidence of regular checks on emergency medicines and equipment in line with current guidance. The practice had all the recommended emergency equipment available.

Are services well-led?

- We saw that the provider used a variety of means to monitor quality and performance and improve the service, for example, via the analysis of patient feedback, carrying out audits and the analysis of complaints.

We saw that policies, procedures and risk assessments were now regularly reviewed to ensure they were up to date with regulations and guidance.

During our inspection on 1 March 2016 we found the system for ensuring all staff were up to date with their continuing professional development, (CPD), was not adequate. Dental professionals' CPD was now monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training.

Leadership, openness and transparency

We saw the provider had improved systems to support communication about the quality and safety of the service to staff.

The practice was managed by the provider and a practice manager and some staff had lead roles, for example, there was a lead role for infection prevention and control. We saw that staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities. Staff were

aware of their own competencies, skills, and abilities. Staff told us that as it was a small practice issues were discussed and resolved as they arose and we saw several examples of team work.

Learning and improvement

The provider used quality assurance measures, for example, auditing, to encourage continuous improvement in some aspects of service delivery. We reviewed the most recent infection prevention and control audit and saw it had actions identified in it. We saw that these had been carried out.

The provider gathered information on the quality of care from a range of sources, including patient feedback and surveys and the NHS Friends and Family Test and used this to evaluate and improve the service.

Practice seeks and acts on feedback from its patients, the public and staff

We saw that people who used the service and staff were engaged and involved. The provider had a system in place to seek the views of patients about service delivery.

The provider made the NHS Friends and Family Test forms and the practice's own survey forms available in the waiting room for patients to indicate how likely they were to recommend the practice.