

Shams Moopen Dental Practice

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Inspection Report

54-56 Kingsley Road
Northampton
NN2 7BL
Tel: 016047 22733
Website:

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Overall summary

We carried out an announced comprehensive inspection of this practice on 24 May 2016. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to good governance.

We undertook this focused inspection 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. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shams Moopen Dental Practice 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

Shams Moopen Dental Practice provides general dentistry and orthodontics to adults and children.

The practice is situated over four floors of a converted townhouse in the Kingsley area of Northampton. The practice mostly provides treatment (90%) on the NHS, and the remainder pay privately for their treatment.

The practice was first registered with the Care Quality Commission (CQC) in July 2011.

The practice's opening hours are 8.30 am to 6.30 pm Monday to Thursday. 8.30 am to 4.30 pm on Friday.

Access for urgent advice or treatment is by contacting a nearby practice in Northampton before 8 pm (the contact number of which is detailed on the answer machine) or by using the NHS 111 after 8 pm.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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:

- Infection Control and X-ray audits had been completed and were effective in monitoring the quality of clinical

Summary of findings

care; however the infection control audit had been completed once in the preceding year, national guidance recommends the audit be completed six monthly.

- Equipment was mostly maintained and tested in line with manufacturer's guidance. With the exception of the compressor which was tested following the inspection.
- A fire risk assessment had been carried out in April 2017 and identified risks had been addressed at the time or shortly after the follow- up inspection.
- Rectangular collimators had been fitted to all X-ray machines in line with recommendations made to the practice.
- Procedures for decontamination of instruments were observed to be in line with National guidance.
- A Legionella risk assessment had been carried out after our comprehensive inspection and the practice were complying with the recommendations.
- A previously obstructed fire exit door had been entirely cleared to allow for evacuation in an emergency.
- Clinical waste bins were secured to prevent removal.
- Clinical references had been sought for a new employee in the last year.

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 practice had made improvements following the comprehensive inspection. Risk assessments had been completed in fire, health and safety and Legionella in the year between our inspections. X-ray and infection control audits had been carried out. Policies had been reviewed and dated to ensure their relevance. References had been sought for members of staff employed. Staff were seen in full dedicated uniform and a demonstration of the decontamination process was in line with national guidance.

We saw areas where improvements could still be made but they did not impact on the safety of treatment. Infection control audits had not been carried out every six months in line with national guidance. The practice manager had begun a spreadsheet for continuous professional development (CPD) of staff to ensure that staff were up to date with their recommended training; however this was not complete and did not include the dentists' CPD at the time of our inspection. We were sent details that the air compressors had been appropriately tested after our inspection.

No action



Shams Moopen Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an announced focused inspection of Shams Moopen Dental Practice on 19 April 2017. This inspection

was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 24 May 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service Well-led. This is because the service was not meeting some legal requirements.

The inspection was carried out by an inspector and a dental specialist advisor.

Are services well-led?

Our findings

Governance arrangements

Staff meetings had been carried out monthly and minutes of the meetings kept. The practice manager discussed the minutes of each meeting individually with any staff member that was unable to attend.

Risk assessments had been completed in health and safety and fire risk in April 2017. Fire training had been undertaken by some staff. Following the inspection we were informed that all staff had completed fire training. A fire exit which had previously been obstructed had been entirely cleared to facilitate an evacuation.

Practice policies had been reviewed and updated to ensure they contained relevant and up to date information.

At the time of our follow up inspection the practice could not demonstrate that all appropriate testing had been completed on an air compressor. Following the inspection testing was carried out on all three air compressors and the evidence sent to us along with a schedule of testing for equipment to ensure that appropriate servicing and testing of equipment was carried out in a timely manner going forward.

The comprehensive inspection carried out on the 24 May 2016 highlighted that the practice had not had a Legionella risk assessment completed. Following that inspection the practice provided evidence that one had been arranged to

be completed 9 working days after the inspection. At the follow up inspection we were informed that risk assessment had not been carried out at that time, and had not been completed until 5 April 2017.

Water testing that the practice had carried out between June 2016 and October 2016 indicated some growth of Legionella species of bacteria. The practice replaced the hot water boiler for central heating and hot water in the practice in October 2016. The risk assessment completed in April 2017 indicated that following the replacement of the hot water boiler the system was now a low risk.

Learning and improvement

An infection control audit had been completed on 10 April 2017 and before that prior to our comprehensive inspection on 20 April 2016. The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health indicates that this audit should be completed six monthly.

Radiography audits had been completed for all operators and analysed. An action plan was drawn up for improvement.

The practice manager had taken steps towards a system by which they could maintain oversight of training completed by all staff. We were shown the spreadsheet partially complete. The practice assured us that this would be completed and implemented immediately following the inspection.