Mr. Kayvan Khosravani

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 06 April 2016 as part of our regulatory functions where two breaches of legal requirements were 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 followed up on our inspection of 12 July 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements.

We revisited Mr. Kayvan Khosravani as part of this review. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mr. Kayvan Khosravani on our website at www.cqc.org.uk.

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 safe?

No action

At our previous inspection we had found that the practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment. The practice had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff.

The review on 12 July 2016 concentrated on the key question of whether or not the practice was providing a safe service. We found that this practice was now providing a safe service in accordance with the relevant regulations.

Following our review on the 12 July 2016 we received assurances that action had been taken to ensure that the practice was providing a safe service and there were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

Are services effective?

No action

At our previous inspection we found that the practice did not have an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. There was no formal appraisal system in place to identify training and development needs. Records of CPD were not available for one member of staff. The practice did not have arrangements in place for working with other health professionals to ensure quality of care for their patients.

The review on 12 July 2016 concentrated on the key question of whether or not the practice was providing an effective service. We found that this practice was now providing effective care in accordance with the relevant regulations.

Following our review on the 12 July 2016 we received assurances that action had been taken to ensure that an induction programme was in place for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. The practice now had arrangements in place for working with other health professionals to ensure quality of care for their patients.

Are services well-led?

No action

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. Policies and procedures were not effective to ensure the smooth running of the service. Most policies were generic and had not been considered in the context in which services were provided. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

The review on 12 July 2016 concentrated on the key question of whether or not the practice was well-led. We found that this practice was now providing well-led care in accordance with the

Summary of findings

relevant regulations. Following our review on the 12 July 2016 we received assurances that action had been taken to ensure that the practice was well-led because there were now effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

Mr. Kayvan Khosravani

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 carried out a review of this service on 12 July 2016. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 06 April 2016 had been made. We reviewed the practice against two of the five questions we ask about services:

- Is the service safe?
- Is the service well-led?

The review was carried out by a CQC inspector and a dental specialist advisor.

During our review, we spoke with the principal dentist, dental nurse and the receptionist. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Control of Substances Hazardous to Health (COSHH) risk assessment
- Health and safety risk assessment
- Legionella risk assessment
- Continuing Professional Development (CPD) training certificates
- Disclosure and Barring Service (DBS) checks
- Practice policies and procedures
- Audits such as infection control, radiography and record keeping

No action

Are services safe?

Our findings

At our previous inspection on the 06 April 2016, the practice did not have adequate systems in place for the management of substances hazardous to health. Staff were not aware of the procedures in place for safeguarding adults and child protection. Details of the practice

safeguarding lead, local authority safeguarding teams and other useful telephone numbers were not known to staff. There was no recruitment or induction policy. The practice had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff.

The practice had not carried out validation checks on the ultrasonic bath. The practice did not have a well maintained radiation protection file including the local rules and a named radiation protection advisor. A critical examination had not been undertaken for the X-ray equipment. The practice had carried out a Legionella risk assessment. However, the action plan including monitoring water temperatures had not been implemented.

At our review on 12July 2016 we found the practice had undertaken a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH) in April 2016. The practice had a COSHH folder. The practice had a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice had policies and procedures in place for safeguarding adults and child protection which was implemented in April 2016. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. All staff had completed child protection and safeguarding adults training to an appropriate level.

At our review on 12 July 2016 we found the practice had a health and safety policy. Policies and protocols were implemented in April 2016 with a view to keeping staff and patients safe. The practice had undertaken a health and safety risk assessment in April 2016. For example, we saw records of risk assessment for eye injuries, manual handling, electrical faults and slips, trips and falls.

The practice had a recruitment policy which was implemented in April 2016 and all staff recruitment records had been updated. Confirmation of Disclosure and Barring Service (DBS) checks were available for all members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Immunisation records were available for all members of staff.

The practice had a policy for safety alerts which listed the agencies that provide alerts and how they should be dealt with. The principal dentist had registered with Medicines and Healthcare products Regulatory Agency (MHRA) to receive alerts.

On 05 July 2016 we found the practice had carried out validation checks such as the protein residue on the ultrasonic bath. A pressure vessel check had been carried out in April 2014. The Legionella risk assessment action plan was in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The practice had a radiation protection file. The practice had a radiation protection adviser and there was an ongoing contract in place for this service. We saw records of training in Ionising Radiation Medical Exposure Regulations (IRMER) for all relevant members of staff.

In summary, following our review on the 05 July 2016, we found evidence which showed that the practice was providing a safe service. There were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

No action

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 06 April 2016 we found that the practice did not have an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. There was no formal appraisal system in place to identify training and development needs. Records of CPD were not available for one member of staff. The practice did not have arrangements in place for working with other health professionals to ensure quality of care for their patients.

As part of our review on 12 July 2016, we checked the practice induction policy which had been implemented in April 2016. There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality.

The practice had implemented a training and development policy. We checked the CPD records for all members of staff were up-to-date.

Staff told us rubber dam was used for root canal treatment in line with guidelines issued by the British Endodontic Society (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

On 12 July 2016 we found the practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice.

In summary, following our review on the 12 July 2016 we found evidence that the practice had taken action to ensure that the practice was providing effective care in accordance with the relevant regulations.

No action

Are services well-led?

Our findings

At our previous inspection on the 06 April 2016 we found that this practice was not providing well-led care in accordance with the relevant regulations.

Policies and procedures were not effective to ensure the smooth running of the service. Most policies were generic and had not been considered in the context in which services were provided. We noted that the practice did not have robust systems in place to identify and manage risks. Practice meetings were not being used to update staff or support staff. There were no processes in place for staff development, no appraisals and no evidence of how staff were supported. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

At our previous inspection on the 05 April 2016, the practice did not have suitable clinical governance and risk management structures in place.

As part of our review on 12 July 2016, we checked policies and procedures and spoke with staff about the governance arrangements at the practice. The practice had updated its policies and procedures in line with current guidance.

At our previous inspection on 06 April 2016, we found that the practice did not complete appraisals for staff members. As part of our review on 12 July 2016 we found the practice had implemented a staff development and review policy and an induction policy. The practice had a performance and development review procedure. The principal dentist told us appraisals would be completed for all staff on 25 July 2016.

There were protocols and procedures to ensure staff were up to date with their mandatory training and their CPD. The practice had a mandatory training policy which was implemented in May 2016 and included areas such as basic life support, fire training, COSHH, safeguarding, infection control and health and safety. Staff training records for infection control, medical emergencies, radiography and safeguarding were up-to-date. Following our review the practice sent us confirmation that training in the Mental Capacity Act had been undertaken for all staff.

On 12 July 2016 we found that the practice had now put in place a formalised system of learning and improvement. The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A record keeping and radiography audit had been undertaken in April 2016. Improvements could be made by ensuring the audit had documented learning outcomes and the results analysed.

We saw records which showed that all staff had reviewed the updated infection control policy. Staff told us they had completed training as a team in infection control, health and safety and safeguarding. We also noted that the principal dentist had organised staff meetings to discuss key governance issues and staff training sessions including topics such as significant events, safeguarding complaints and staff training.

The practice had a system in place for seeking or acting on feedback from patients, staff or the public. The practice had completed the NHS Friends and Family test.

In summary, following our review on the 12 July 2016 we found evidence that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.