

Dr A M. Tabrizi Dental Practice Limited

# Dr A M. Tabrizi Dental Practice Limited

## Inspection report

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### Overall summary

We undertook a follow up desk-based review of Dr A M Tabrizi Dental Practice Limited on 24 July 2020. This review 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 review was led by a CQC inspector.

We undertook a comprehensive inspection of Dr A M Tabrizi Dental Practice Limited on 11 July 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 well led care and was in breach of regulation 17 and regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At a follow up inspection on 19 December 2019 we found the registered provider had made some improvements to put right the shortfalls we found at our inspection on 11 July 2019. However, the registered provider had made insufficient improvements to amend all of the shortfalls and we found there was a continued breach of regulation 17 (Good governance). You can read our report of that inspection by selecting the 'all reports' link for Dr A M Tabrizi Dental Practice Limited on our website .

As part of this review we asked:

- Is it well-led?

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

#### **Our findings were:**

##### **Are services well-led?**

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

The provider had made improvements in relation to the regulatory breaches we found at our inspections on 11 July 2019 and 19 December 2019.

#### **Background**

Dr A M. Tabrizi Dental Practice Limited is in Ipswich and provides NHS and private treatment to adults and children.

# Summary of findings

There is no level access for people who use wheelchairs or those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available in car parks near the practice.

The dental team includes one full time dentist, one senior dental nurse/receptionist, one dental nurse, one trainee dental nurse (currently on maternity leave), one dental hygienist and the practice manager. The practice has three 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 review we liaised with the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5pm.

Friday from 9am to 4pm. Alternate Saturdays from 9.30am to 1pm.

## **Our key findings were :**

- Audits to assess the quality of service were in place. These included antimicrobial audits, audits of dental records and infection prevention and control audits.
- The actions identified during the August 2018 fire risk assessment had been reviewed and completed.
- There was evidence of the hygienist being registered with the General Dental Council (GDC) and a valid indemnity insurance in place.
- The practice had systems in place to ensure recruitment information was obtained and recorded in staff records. These included the correct disclosure and barring checks and a record of their immunity to hepatitis B.
- The practice had recruited a practice manager who had reviewed all systems and protocols within the practice.
- The practice manager had recruited a qualified dental nurse to support the running of the practice and provide support, professional development and supervision for the trainee dental nurses.
- There was evidence of professional support in place for the hygienist.
- A risk assessment was in place for when the hygienist worked without chair side support.
- We were assured that the trainee dental nurses were on established college courses.

# Summary of findings

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

We asked the following question(s).

**Are services well-led?**

**No action**



# Are services well-led?

## Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspections on 11 July 2019 and 19 December 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the desktop review on 24 July 2020 we found the practice had made the following improvements to comply with the regulation:

- Following the December 2019 inspection the practice recruited a practice manager. Processes were immediately reviewed by the practice manager to ensure safe and well led systems were put in place across the practice following the areas of concern highlighted at the two previous inspections. The practice remained open throughout the Covid-19 pandemic with a closed door policy. The practice manager detailed how telephone consultations were provided throughout the pandemic for patients and those referred by the NHS 111 team. These interactions were recorded in the NHS electronic systems as required, and the practice also kept their own internal records. The practice manager returned to the practice on 17th June to review and enable the re-opening of the practice post Covid-19 for face to face consultations with patients. We were reassured the provider had asked that the practice manager remain in position for the foreseeable future to oversee the running of the practice going forward.
- The practice manager had recruited a qualified senior dental nurse to assist the practice manager in the management and running of the practice and oversee the training and support of the trainee dental nurses. The senior dental nurse oversaw the daily responsibilities at the service to ensure the practice was run in a safe manner at all times. We were advised they had daily access to the practice manager when the practice was open.
- The practice manager had reviewed the actions identified during the August 2018 fire risk assessment. In February 2020 the practice manager provided CQC with an action plan. This outlined which actions identified in the 2018 fire risk assessment had been completed, those where work was scheduled and those under ongoing review. At this review in July 2020 we were assured that all actions had been addressed and completed with the last point of the emergency lighting installation, due to be undertaken at the end of March 2020 but postponed due to the Covid pandemic until Tuesday 21st July. This would then complete all of the actions identified in the 2018 fire risk assessment.
- Immediately following the December 2019 inspection we were notified by the practice manager that the hygienist would not be undertaking any clinical work until their registration with the General Dental Council (GDC) was confirmed and a valid indemnity insurance was in place. We were provided with evidence at the July 2020 inspection of the hygienists GDC registration and indemnity insurance. The practice manager confirmed that a date had been set for a return to aerosol generating procedures from Monday 27 July 2020. The hygienist had been provided with the standard operating procedures for operating during the Covid-19 pandemic and had been provided with all the national guidance documents in relation to their job role. These included the Department of Health Delivering Better Oral Health Toolkit and the National Institute for Health and Care Excellence Oral Health Promotion in General Practice. In addition, the Face Fit mask testing for FFP3 masks had been undertaken for when this became necessary. A risk assessment was in place for when the hygienist worked without chair side support.
- The practice manager provided evidence of ongoing support, professional development and supervision for the hygienist and the trainee dental nurses from the senior nurse and the practice manager. We were assured that the trainee dental nurses were now on established college courses. We were provided with evidence of staff training.
- The practice manager described the future recruitment plans for the service to ensure on-going oversight and good governance.
- The practice manager had introduced processes to ensure all staff had the correct disclosure and barring checks in place. This also included ensuring all recruitment information and a record of staff immunity to hepatitis B was recorded in their records.

## Are services well-led?

- In addition the practice manager had reviewed all protocols and procedures at the practice to ensure these were in line with recommendations and guidelines. We saw evidence of completed infection prevention and control audits and risk assessments.

The practice had also made further improvements:

The practice had introduced protocols and procedures to monitor the prescribing of antibiotic medicines. We saw evidence of prescribing logs and audits, the most recent

completed with a summary and action plan undertaken in April 2020. These were completed by the lone dentist. The practice manager confirmed that in future these would be undertaken by the senior dental nurse, supported by another GDC registered dental nurse.

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