

Dr Siamak Mirfendereski

Rotherham Road Dental Practice

Inspection Report

4 Rotherham Road
Coventry
CV6 4FE
Tel: 02476 688266
Website: No website at present

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Overall summary

We carried out an announced comprehensive inspection of this practice on 22 November 2016. A breach of legal requirement was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulations 12 of the HSCA (RA) Regulations 2014 Safe Care and Treatment and Regulation 17 of the HSCA (RA) Regulations 2014 Good Governance.

You can read our report of that inspection by selecting the 'all reports' link for Rotherham Road Dental Practice on our website www.cqc.org.uk.

We carried out a focused inspection of Rotherham Road Dental Practice on 29 June 2017. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection. During the inspection on 22 November 2016 we identified that the provider must improve recruitment checks and training for staff with regard to completing disclosing and barring service checks, hepatitis B immunity checks, safeguarding training and Mental Capacity Act training. The provider must improve safety checks with regard to completing risk assessments for health and safety, legionella, sharps and fire safety. The provider must ensure equipment servicing and maintenance was completed in line with manufacturer's guidance and that assess the need for a defibrillator. In addition we

identified that the provider must ensure a system was in place to identify and record significant events and regular audits are undertaken in line with recommended guidance with regards to infection control and radiography.

We reviewed the action plan supplied by the practice following the inspection in January 2017. We undertook a focused inspection on 29 June 2017 and spoke with the principal dentist, the trainee practice manager, the qualified dental nurse and the receptionist. We looked at additional evidence of the improvements made. We looked at practice policies and procedures and other records about how the service is managed.

Our findings were:

Are services safe?

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

Are services well-led?

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

Background

Summary of findings

Rotherham Road Dental Practice is a general dental practice in the Holbrooks area of Coventry. It is also known as Holbrook Dental Surgery.

The practice provides general dental treatment to adults and children funded mostly by the NHS, or privately.

There is a level access throughout the practice for people who use wheelchairs and pushchairs with all rooms being on the ground floor. The practice has a waiting room, reception area, patient toilet, staff toilet, staff kitchen, two treatment rooms (although only one is in use) and a decontamination room.

The dental team includes a principal dentist, a trainee dental nurse, a qualified dental nurse, a receptionist and a trainee practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) 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.

The practice is open:

Monday, Tuesday, Thursday and Friday - 9am to 5.30pm

Wednesday - 9am to 8pm

Saturday - 9am to 1pm

Our key findings were:

- Improvements were seen in all areas where concerns had been highlighted in the comprehensive inspection.
- The practice had systems to help them manage risk. Health and safety, legionella, sharps and a fire risk assessment had been completed and actions carried out.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were all in date and available including an automated external defibrillator.
- Pre-employment checks and mandatory training were carried out in line with regulation.
- Effective systems had been developed to identify and ensure the servicing of all equipment.
- Clinical audit was used effectively to highlight areas where improvements could be made.
- Policies to aid the smooth running of the service had been developed and signed by staff since our last visit to the practice.

At our announced inspection on 22 November 2016, there were areas we identified where the provider could make improvements. During our follow up inspection on 29 June 2017 improvements were seen in the following areas:

- Appropriate documentation pertaining to substances hazardous to health was kept in the practice.
- The practice was now monitoring and recording the temperature of the refrigerator used to store temperature sensitive medicines and dental materials.
- Prescription pads security in the practice had been reviewed and systems were in place to track and monitor their use.
- The principal dentist monitored the gum health of patients, and was using the nationally recognised scoring system. The principal dentist was now clear on the nationally recognised guidance in the care and treatment of patients and was applying the principles of the guidance in their treatment of patients.

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?

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

Improvements were noted in the way the practice managed emergency equipment and medicines and risk assessments.

- The practice had reviewed their systems for checking emergency equipment and medicines and had implemented new processes. The practice had replaced all the equipment previously noted to have been out of date and had purchased an automated external defibrillator.
- The practice completed risk assessments in relation to health and safety, X-ray, legionella, sharps and fire, detailing and undertaking any relevant actions as required.
- All of the improvements above were discussed at a practice meeting and minuted for all team members' awareness.

No action



Are services well-led?

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

Improvements were noted in the way the practice managed audits, recruitment checks, staff training, equipment maintenance, and policies.

- The practice monitored clinical areas of their work through audit such as X-ray and infection control to help them improve and learn.
- Recruitment processes had been amended and all staff had completed a disclosing and barring service check and Hepatitis B immunity check.
- The provider had oversight of staff training and all staff had completed mandatory training including level two safeguarding adults and mental capacity act training.
- Effective systems were established to identify and ensure the servicing needs of all equipment.
- Policies had been developed in relation to safeguarding adults, incident reporting and health and safety.
- All of the improvements above were discussed at a practice meeting and minuted for all team members' awareness.

No action



Are services safe?

Our findings

At our inspection on 22 November 2016 we found shortfalls in the practice's health and safety and medical emergency procedures. We judged that the practice was not safe and made a requirement notice. At the inspection on 29 June 2017 we noted the practice had made the following improvements to meet the requirement notice:

Monitoring health & safety and responding to risks

- The practice had completed a comprehensive health and safety risk assessment in January 2017 which identified staff responsibilities for all aspects of health and safety in the work place.
- The practice had completed a comprehensive legionella risk assessment in December 2016 and all remedial actions had been carried including staff training in legionella, management structure and water line maintenance.
- The practice had completed a comprehensive X-ray risk assessment in May 2017 and all actions had been carried out including testing of X-ray equipment, developing local rules with contingency plans, use of rectangular collimators, daily developer check log, and recording the X-ray justification and grading in the patients clinical care records. All appropriate details were up to date in the radiation protection folder.

- The practice had completed a comprehensive sharps risk assessment in January 2017 and had improved the sharps protocol which was displayed in the treatment room as a result.

Medical emergencies

- Emergency equipment and medicines were available and in date as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. An automated external defibrillator had been purchased and included on the daily check log sheet.

The practice had also made further improvements:

- The practice was now monitoring and recording the temperature of the refrigerator used to store temperature sensitive medicines and dental materials.
- The practice had reviewed the security of prescription pads in the practice and developed systems to track and monitor their use.
- The practice had reviewed its responsibilities with regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and ensured all documentation was up to date and comprehensive.

Are services well-led?

Our findings

At our inspection on 22 November 2016 we found shortfalls in the practice's governance and learning and improvement procedures. We judged that the practice was not well led and made a requirement notice. At the inspection on 29 June 2017 we noted the practice had made the following improvements to meet the requirement notice:

Governance arrangements

- Recruitment processes had been amended and all staff had completed a disclosing and barring service check and Hepatitis B immunity check.
- Policies had been developed in relation to safeguarding adults, incident reporting and health and safety. This included highlighting learning through practice meetings to prevent reoccurrence.
- Effective systems were established to identify and ensure the servicing needs of all equipment.

Learning and improvement

- The practice monitored clinical areas of their work through audit to help them improve and learn. An X-ray

audit had been completed with an action plan developed to support the findings. An infection control audit was completed in February 2017 and improvements were made as a result including developing comprehensive decontamination room, equipment and treatment room checklists. A schedule was developed to ensure testing of equipment taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

- The provider had oversight of staff training and all staff had completed mandatory training including level two safeguarding adults and mental capacity act training.

The practice had also made further improvements:

- The principal dentist monitored the gum health of patients, and was using the nationally recognised scoring system. The principal dentist was now clear on the nationally recognised guidance in the care and treatment of patients and was applying the principles of the guidance in their treatment of patients.