

Dr. Kiran Hanji

Hanji Dental Group - 106 Northampton Road

Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection of this practice on 27 February 2017. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to providing safe care and treatment to patients, ensuring suitable staff were employed and implementing effective governance systems.

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 Hanji Dental Group - 106 Northampton Road on our website at www.cqc.org.uk

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

Hanji Dental Group (Market Harborough Dental Practice) is a dental practice providing primarily NHS treatment with some private care for adults and children.

The practice is situated in a converted property on three floors and has four dental treatment rooms.

The practice is open from 8.30 am to 6 pm on Mondays and Wednesdays, from 8.30 am to 5 pm on Tuesdays and Thursdays, from 8.30 am to 1 pm on Fridays and 8.30 am to 2 pm on a Saturday.

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.

Our key findings were:

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

Summary of findings

- The practice had systems to help them manage risk.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

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.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

No action



Hanji Dental Group - 106 Northampton Road

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 Hanji Dental Group - 106 Northampton Road on 4 July 2017. This

inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 27 February 2017 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and well - led. This is because the service was not meeting some legal requirements.

The inspection was carried out by a CQC inspector who was accompanied by a dental specialist advisor.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

During our previous comprehensive inspection we were shown limited systems for investigating and learning from significant incidents. During this follow up inspection the practice demonstrated that they now had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

Regarding national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) at the comprehensive inspection we were told that the practice received and actioned national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). At the follow up visit we were able to see that relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessment for use of medical sharps. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how it would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Emergency equipment and medicines were available as described in recognised guidance including an automated external defibrillator. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. These were now stored in a more appropriate location to allow for rapid access in an emergency.

Staff recruitment

The practice had implemented a new recruitment policy dated March 2017. This was in line with relevant legislation. We examined the recruitment documentation for two members of staff and found it to be in line with legislation. In addition we saw that the practice manager now kept all staff logs accessible to those with appropriate clearance on the practice's shared computer drive. We were given an up to date staff list and were able to demonstrate that staff were suitably qualified, competent and skilled.

All staff had a DBS check to ensure that they were not barred from working with children or vulnerable adults, and to disclose any criminal convictions. A member of staff recently employed had applied for a DBS check and the practice had completed a risk assessment in the interim period.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential hazards. The practice had a new fire risk assessment completed on 26 June 2017. We saw that the actions highlighted on the previous fire risk assessment had been completed (including an electrical installation condition report) and the actions highlighted on the new fire risk assessment were being addressed.

We were shown records pertaining to fire checks; weekly fire alarm check, weekly emergency lighting check, monthly fire extinguisher checks and monthly fire drills.

The practice had met the requirements of the Control of Substances Hazardous to Health Regulations by having access to a comprehensive file of information and risk assessments on hazardous substances on the premises.

Infection control

Following our previous comprehensive inspection the practice had employed a new dental nurse to take on the role of infection control lead. We observed the decontamination process and found that they followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Appropriate personal protective equipment was available and was seen in use during the decontamination process.

Are services safe?

We found that the washer disinfectant had been removed and appropriate tests were carried out on the autoclave and the results logged.

Areas which were noted previously as being difficult to clean such as damaged flooring in treatment room and tears in the dental chairs were being systematically addressed through a full practice refurbishment which was ongoing at the time of our follow up visit.

The practice now had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been completed on 20 March 2017.

We checked the immunity status of all staff to Hepatitis B. 10 staff had the appropriate documentation on file. One member of staff had evidence of having received the vaccinations, but not the blood test to confirm immunity. A second member of staff had recently completed the vaccinations and was awaiting the blood test. A risk assessment had not been carried out for either member of staff regarding the fact that their immunity could not be assured. This was addressed immediately following the inspection.

Clinical bins were locked and secured appropriately.

Equipment and medicines

The ultrasonic bath had been serviced on 5 April 2017 and all appropriate tests were being performed in line with manufacturer's guidance.

The practice now stored and kept records of NHS prescriptions as described in current guidance. The practice no longer kept medicines on the premises.

Glucagon was now appropriately stored in a dedicated medicines' fridge and the temperature was monitored with a thermometer that indicates the temperature range, although we noted that the temperature occasionally went above the required range. We raised this with the practice manager who told us they would amend the expiry date on the medicine to account for the fact that the medicine was not always stored within the designated temperature range. We were sent evidence of this following the inspection

A room in which patient details were visible during our comprehensive inspection was now locked

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The practice had fitted rectangular collimators to the intra-oral X-ray units to reduce the effective dose of ionising radiation to the patient.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services well-led?

Our findings

Governance arrangements

The practice manager visited the practice twice a week. Since our previous comprehensive inspection the practice had appointed various deputy and lead roles to staff. We saw evidence of these new roles being discussed at staff meetings to ensure that all staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Following our previous comprehensive inspection the practice had implemented a new system of governance accessible to staff through the shared computer drive. This meant that practice manager could maintain oversight of the governance at the practice.

Leadership, openness and transparency

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had implemented quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager kept oversight of staff's continuous professional development and certificates were uploaded to the shared computer drive. Only the practice manager and the individual member of staff could access their individual records.

The whole staff team received annual appraisals and professional development plans were drawn up.