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# Fern Cottage Dental Practice

## Inspection Report

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Date of inspection visit: 14 October 2019

Date of publication: 21/11/2019

### Overall summary

We undertook a follow up desk-based inspection of Fern Cottage Dental Practice on 14 October 2019. This inspection 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 inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Fern Cottage Dental Practice on 19 June 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Fern Cottage Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection 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 inspect 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 breach we found at our inspection on 19 June 2019.

#### Background

Fern Cottage is in Barnsley and provides NHS and private treatment to adults and children.

There is ramp access at the rear of the property for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice on local side roads.

The dental team includes six dentists, five dental nurses (one of whom is a trainee), one receptionist and a practice cleaner. 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.

We reviewed documents that the provider submitted, including written and photographic evidence, to confirm the improvements made since our last visit on the 19 June 2019.

# Summary of findings

The practice is open: Monday to Friday 9am – 5pm.

## **Our key findings were:**

- The process in place to review the effectiveness of the Hepatitis B vaccination for clinical staff was now effective.
- Fire safety management checks were more effective and were now monitored to ensure compliance. Action was taken to address the ill-fitting front door and uneven pathway into the practice.
- Dental materials which could be considered hazardous to health were now kept in a secured area.
- An improved system was now in place to ensure all relevant patient safety alerts were recorded, retained and acted upon when necessary.
- Improvements had been made to the existing staff induction procedures.
- Staff files and dental care records were now kept securely in line with the General Data Protection Regulations (GDPR).
- Appropriate measures had been taken to repair the damaged dental unit tubing and dental stool.
- Audit systems for infection prevention and control were brought in line with recognised guidance.
- The practice's complaints procedure and policy was reviewed and updated to reflect changes made.

# 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 inspection on 19 June 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 our desk-based inspection on 14 October 2019 we found the practice had made the following improvements to comply with the regulation:

- At our previous inspection we identified inconsistencies in the process to ensure all clinical staff records were checked to determine the effectiveness of the Hepatitis B vaccination. Evidence sent by the provider showed they had updated their processes to ensure consistency. The results are recorded prior to the staff being placed into a clinical role and the lead dental nurse ensures this is being done. Staff members have been referred to their doctor to seek copies of their Hepatitis B results. Evidence was sent to confirm that a role specific risk assessment process was in place to protect staff members until vaccination results had been confirmed.
- At our previous inspection we noted improvements could be made to ensure fire safety management systems were effective to protect staff and patients. The provider had implemented a log to record visual fire safety checks, this was monitored weekly by the lead dental nurse. The ill-fitting door and uneven pathway had been repaired. Signage was in place to ensure the fire door remained unlocked during working hours and the fire risk assessment was updated to reflect this.
- An improved system was now in place to ensure all relevant patient safety alerts were recorded, retained and acted upon if appropriate.

- The provider sent supporting evidence to show that dental materials which could be considered hazardous to health were now kept in a secured area. A suitable locking mechanism was fitted to the door and signage was in place to ensure the door remained locked.
- At our inspection on 19 June 2019, we found gaps in the induction paperwork, leading to an inconsistent process. The provider had implemented a new system whereby the lead dental nurse would ensure that all induction areas were covered with new staff. When the induction is fully completed the relevant paperwork will be signed off by the provider as an additional assurance check.
- Patient care records and staff files were now stored in lockable cabinets in line with GDPR. The provider told us that all filing cabinets in the reception and the office had been replaced and all cabinets are locked except when needed.

The practice had also made further improvements:

- Broken tubing on the dental unit had been replaced and the dental stool had been re-covered.
- The provider told us systems were now in place to audit infection, prevention and control bi-annually by using only one audit tool as described in recognised guidance. The provider was also aware that the preferred audit tool produced an action plan which would now be used to monitor learning and improvement.
- The practice's complaints processes did not previously contain the most up-to-date information for patients. The provider had improved this by updating the policy and the link to the complaints procedure on the practice's website. The complaints policy and procedure now correctly informed patients to whom they should direct any concerns or complaints.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 14 October 2019.