

Dr Kevin Hamidi

Abbey Dental Care

Inspection Report

18 Magdalene Street
Glastonbury
Somerset
BA6 9EH
Tel: 01458832215
Website: www.abbeydentalhealth.co.uk

Date of inspection visit: 20 March 2019
Date of publication: 14/05/2019

Overall summary

We undertook a focused inspection of Abbey Dental Care on 20 March 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 was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Abbey Dental Care on 14 November 2018 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 safe and well led care and was in breach of regulations 12 (Safe Care and Treatment) and 17 (Good Governance) 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 14 November 2018 on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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 area where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 14 November 2018.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements in relation to the regulatory breaches we found at our inspection on 14 November 2018.

Background

Abbey Dental Care is in Glastonbury, Somerset and provides private treatment for adults and children.

The dental team includes the principal dentist, an associate dentist, one trainee dental nurse, one dental hygienist, two receptionists and a practice manager. The practice has two 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.

Summary of findings

During the inspection we spoke with the principal dentist, the trainee dental nurse and the receptionist. We looked at some of the practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday 8am-6pm

Thursday 9am-6pm

Friday 8am-4pm

Our key findings were:

- The practice was providing care and treatment in a safe way to patients.
 - Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
 - The practice had infection control procedures which mostly reflected published guidance. The storage of instruments required improvement.
 - Recruitment procedures required improvement.
 - The practice had not implemented effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- The practice had inadequate systems to help them manage risk to patients and staff.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

The practice had implemented systems and processes to provide safe care and treatment.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, however the effectiveness of the vaccination was not being checked.

The practice had carried out a partial fire risk assessment. The practice had now installed a fire alarm and emergency lighting system.

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

We noted improvements in relation to the cleaning, sterilising and storing dental instruments.

No action



Are services well-led?

We found that this practice was not providing well-led care and was not complying with the relevant regulations.

The practice had made some improvements to the arrangements in place to ensure the smooth running of the service, however these were insufficient and did not ensure the requirements of the regulations were met.

We found that some of the essential recruitment checks were not completed, for example we found that a DBS check for one member of staff had not been obtained prior to them starting to work and a risk assessment had not been carried out.

There were limited systems to identify risks to the quality and safety of the care and treatment provided, and limited systems for the practice team to discuss potential risks.

The practice had ineffective systems in place to monitor clinical and non-clinical areas of their work to help them improve and learn.

Records were difficult to retrieve, we found discrepancies between policies and out of date information.

Requirements notice



Are services safe?

Our findings

At our previous inspection on 14 November 2018 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 20 March 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had made significant improvements in respect of fire safety; A fire alarm and emergency lighting system had been installed, although some parts of the building had not been included. The provider had arranged for a fire risk assessment to be carried out by a competent person, however we noted this had only been done partially as it did not include all areas of the building. We also noted that some of the recommended actions had not been completed, for example ensuring escape routes were upgraded to afford at least 30 minutes fire protection. We also noted that staff had not yet been shown how to carry out the necessary tests of the emergency lighting, fire detection and firefighting equipment. Following the inspection, we referred our

concerns to the Devon & Somerset Fire & Rescue Service as we noted the improvements in respect of fire prevention and safety did not benefit all areas of the building.

- The provider told us that they were no longer using hand-held dental X-ray equipment and therefore there was no need for it to be serviced. They told us they were using the wall-mounted X-ray machines, we saw that these had recently been serviced.
- A sharps risk assessment had been carried out.
- The provider was not able to demonstrate that they were receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- We noted that the practice had obtained a record of the vaccinations in respect of members of the dental team, however this did not confirm they were immunised against Hepatitis B. The practice should review its protocols for ensuring that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 20 March 2019.

Are services well-led?

Our findings

At our previous inspection on 14 November 2018 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 inspection on 20 March 2019 we found the practice had made insufficient improvements to comply with the regulations:

- We noted improvements in relation to the monitoring of the fridge temperature to ensure the storage of medicines requiring refrigeration was in line with the manufacturer's guidance.
- The practice had staff recruitment procedures although we noted that not all information required was available for each member of staff. For example, the provider had not obtained a DBS check for one member of staff prior to them starting to work at the practice and a risk assessment had not been carried out. Following the inspection, we received evidence to demonstrate the provider had arranged for a DBS check.
- We noted the radiation protection file was not suitably maintained and required attention; there were some discrepancies between the working instructions and the written procedures.

- A risk assessment for Legionella had been carried out by a competent person, however the practice had not completed some of the recommended actions.
- The health and safety risk assessment was not practice specific and there were no action plans to mitigate the risks identified.
- A partial fire risk assessment had been carried out, however not all recommended actions had been completed.
- We noted the practice had not carried out a risk assessment for the COSHH products.
- The provider had reviewed the practice's audit protocols to ensure audits of various aspects of the service, such as radiography and infection prevention and control were undertaken at regular intervals, however there were no analysis of the results or associated action plans.

Further improvements were required for the practice to ensure that its systems and processes were effective to support good governance and that these were embedded in a sustainable manner.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• There was a lack of clinical and managerial oversight at the practice to ensure that there were adequate systems in place to assess, monitor and improve the quality and safety of services.• There were limited arrangements in place to ensure that the practice policies and procedures were practice specific and took into account current legislation and guidelines.• There were ineffective systems for ensuring that audits and risk assessments such as those for infection control, fire safety, health and safety or COSHH, where they were carried out, were accurate and complete and that these were used to monitor and improve the quality and safety of services provided.

Requirement notices

There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Some of the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had not been kept for all persons employed.

There were no systems or processes that ensured the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- The radiation protection file was not suitably maintained, as there were discrepancies and out of date information.

Regulation 17 (1) (2)