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Poole Lane Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 15 June 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment,

We usually ask five key questions, however, due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures, some of which required updating to reflect published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Improvements were underway to the practice systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Poole Lane Dental Practice is near Bournemouth and provides NHS and private dental care and treatment for adults and children.

The practice is accessible for wheelchair users and those using pushchairs. Car parking is available on site.

The dental team includes two dentists, one dental hygiene therapist, one hygienist, one qualified dental nurse, three trainee dental nurses, two receptionists and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with two dentists, two trainee dental nurses, two receptionists and 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 Friday from 8.00am to 5.30pm

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, improve the manual cleaning and pouching of dental instruments.
- Improve the practice's systems for checking and monitoring of equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, ensure all equipment and instruments are in full working order and issues identified and acted on in a timely manner.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures, most of which reflected published guidance. However, there were areas where the practice could improve. For example, the process of manually cleaning instruments needed improving to ensure that instruments remain moist prior to being cleaned and manual scrubbing occurs whilst instruments are immersed under water. Additionally, improvements were required to ensure the autoclave is not improperly loaded and instruments are pouched and date stamped appropriately in line with national guidance. Staff told us they would also check all instruments in order to discard any broken ones.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, we saw that there were no records for servicing of the implant motor but were sent these following the inspection. The practice ensured the facilities were maintained in accordance with regulations.

We saw that the management of fire safety was effective and in line with the fire risk assessment although the fire alarm was not being tested routinely in line with legislation. We were told that this would be reviewed at the earliest opportunity.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we observed that the collimator on one X-ray unit was broken which was a potential infection control risk. We brought this to the attention of the provider, and following the inspection we were sent evidence that this had been replaced. We also found that the practice did not use a rectangular collimator. This device reduces the amount of radiation a patient is exposed to and is recommended by guidance from the College of General Dentistry. Following the inspection the provider told us they had obtained a rectangular collimator.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. We found that the expiry date for Glucagon, the medicine to treat low blood sugar levels had not been amended to reflect that it was stored out of the fridge. Following the inspection the date was amended.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were completed annually.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured and thorough induction. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated transparency and openness in relation to people's safety.

There was strong leadership and emphasis on patient care.

Staff worked together and were motivated to make necessary improvements to their systems and processes.

Culture

The practice could show how they ensured high-quality services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during one to one meetings as well as their annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

Staff had clear responsibilities, roles and systems of accountability.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. Improvements were underway to ensure that governance arrangements were effective in identifying any shortfalls to prompt timely action.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We saw that the practice was required to update some information in relation to the use of closed-circuit television. This was sent following the inspection.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, dental care records, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.