

Marais Associates Limited

# Marais Associates Limited

## Inspection report

Scottish Mutual House  
27-29 North Street  
Hornchurch  
RM11 1RS  
Tel:

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### Overall summary

We undertook a follow up focused inspection of Marais Associates Limited on 7 December 2020. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care following our comprehensive inspection on 17 October 2019 and to confirm that the practice was now meeting legal requirements.

Prior to our site visit we asked the provider to send us evidence of the improvements they had implemented. This allowed us to carry out a shorter site visit when we confirmed the required improvements to the service had been made.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Marais Associates Limited on 17 October 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 safe or well led care and was in breach of Regulation 12: Safe care and treatment, Regulation 17: Good governance Regulation 18: Staffing and Regulation 19: Fit and proper persons employed 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 Marais Associates Limited on our website [www.cqc.org.uk](http://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. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

### Our findings were:

#### Are services safe?

# Summary of findings

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 17 October 2019.

## **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 breaches we found at our inspection on 17 October 2019.

## **Background**

Marais Associates Limited is in Hornchurch in the London Borough of Havering. The practice provides private dental treatment to adults and children.

The practice is close to public transport services, located on the ground of floor of a purpose adapted building and has three treatment rooms.

The dental team includes the principal dentist, one associate dentist, one dental hygienist and one dental nurse.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers 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 registered manager at Marais Associates Limited is the principal dentist.

The practice is open between:

8am and 5pm Mondays to Thursdays

Due to COVID-19 pandemic and in line with current guidelines only pre-booked appointments are available and there may be some alterations to opening times. To help keep people safe additional measures are in place when attending the practice.

## **Our key findings were:**

- There were effective arrangements to monitor, maintain and test equipment.
- There were systems to ensure that staff had access to, understood and adhered to the practice policies and procedures.
- There were suitable arrangements for dealing with emergencies. Staff undertook appropriate training and all of the recommended emergency equipment and medicines were available.
- The provider had improved the systems to help them manage risk to patients and staff. Risk assessments were carried out to assess and manage risks in relation to fire, Legionella and infection prevention and control.
- The provider had suitable safeguarding processes. Staff undertook training and knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- The staff recruitment procedures had been reviewed and were followed to ensure that all appropriate checks were carried out when new staff were employed to work at the practice.
- Improvements had been made to the governance and leadership arrangements. Audits, reviews and risk assessments were carried out and used as part of a system for continuous improvement.
- There were systems to monitor staff training and development needs.

# 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 well-led?**

**No action**



# Are services safe?

## Our findings

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

At our previous inspection on 17 October 2019 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 warning notice. At the inspection on 7 December 2020 we found the practice had made the following improvements to comply with the regulations:

Improvements had been made to the arrangements to mitigate risks to the health and safety of service users receiving care and treatment.

Improvements had been made to the arrangements for assessing and mitigating fire safety risks.

- A fire safety risk assessment was carried out at the practice on 18 March 2020 and all recommendations arising from this were acted on including monthly testing for emergency lighting. We saw that regular tests were carried out to ensure that fire alarms and emergency lighting were working properly and that fire extinguishers were tested annually. Regular fire evacuation drills were carried out.

Improvements had been implemented to ensure that dental equipment was maintained, checked and tested in line with the manufacturers' recommendations and relevant legislation and guidelines.

- A radiation protection adviser (RPA) was employed to support the practice. The RPA report indicated some areas for improvement and these had been acted upon. Annual electrical and mechanical tests and a radiological test were carried out for the dental X-ray units in 2019. There were systems to ensure that these tests were carried out periodically as required.
- Rectangular collimators were available for use in line with Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment (Department of Health 2001).

There were arrangements to monitor the quality of dental radiographs.

- We saw that audits of dental radiographs had been carried out in November 2019, February and June 2020. These audits included an analysis of strengths and areas where improvements could be made and action plans to maintain and improve the quality of dental radiographs.
- There were arrangements to carry out regular audits as part of an ongoing quality monitoring system.

Improvements had been made to the systems for assessing and auditing the effectiveness of the practice infection prevention and control measures within the practice.

- Infection prevention and control audits were carried out every six months in line with 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.
- There were arrangements to ensure that dental instruments were packaged suitably and dated once sterilised.
- There were improved systems to ensure that dental sharps were handled and disposed of in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Improvements had been made to the arrangements for managing and reducing the risks of Legionella.

- A Legionella risk assessment was carried out in October 2020. There were arrangements to monitor bulk sample water for the presence of bacterial growth. Staff had undertaken training in Legionella management and there were arrangements for descaling taps.
- The electric hot water heaters had been decommissioned and removed and the Legionella management procedures reflected the lack of hot water at the premises.

# Are services safe?

The practice recruitment procedures had been reviewed and strengthened to ensure that the required important checks were carried out when new staff were employed.

- We looked at the files for two members of staff who had been employed to work at the practice within the previous 12 months. These showed that checks in relation to identity, conduct in previous employment, and Disclosure and Barring Service (DBS) checks had been carried out.
- There were systems to check that clinical staff were registered with the professional body – General Dental Council (GDC).
- There were arrangements to ensure that newly appointed staff completed a period of induction to help them become familiar with the practice policies and procedures.

The provider had also made further improvements:

- Improvements had been made to the system for monitoring and recording the fridge temperature to ensure that medicines and dental care products were being stored in line with the manufacturer's guidance. Records were available to show that fridge temperatures were monitored and recorded daily.
- Improvements had been made to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council. The recommended emergency medicines and equipment were available. There were systems to check these so that they were in date and available if needed to manage medical emergencies.
- The provider had reviewed and strengthened the arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). A policy in relation to receiving, reviewing and acting (as necessary) on safety alerts and information had been introduced. Relevant alerts were kept, accessible to staff and available for future reference.

These improvements showed the provider had taken action to improve safety and to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we inspected on 7 December 2020.

# 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 17 October 2019 we judged the practice 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 warning notice and requirement notices. At the inspection on 7 December 2020 we found the practice had made the following improvements to comply with the regulations:

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Improvements had been made to the management and governance systems at the practice.

- The principal dentist had recently successfully applied to become the registered manager for the service. They told us that they had taken on board the findings from the inspection on 17 October 2019 and had made improvements to the systems for leadership and management.
- There were systems to keep the staff team up to date with relevant information. These included regular practice meetings.
- The practice policies and procedures were reviewed and accessible to staff. There were arrangements to ensure that the staff team understood and adhered to policies and procedures.
- Improvements had been made to arrangements support staff and to monitor training and development needs. We saw that there were systems to appraise staff performance. There were personal development plans for clinical staff.
- There were systems in place to ensure that staff completed the 'highly recommended' training as per General Dental Council professional standards and other important training. We saw that staff had undertaken training in areas including safeguarding children and vulnerable adults, infection prevention and control and basic life support.
- The arrangements to review, monitor and improve quality and safety had been reviewed. A system of audits and reviews was in place. These included audits of dental radiographs, and infection prevention and control procedures. There were systems to monitor the completeness of dental records and antimicrobial prescribing procedures. Learning from these reviews was used to monitor and improve the services provided.

The provider had also made further improvements:

- Improvements had been made to the practice protocol regarding auditing patient dental records to check that the necessary information is recorded.
- The practice had reviewed its responsibilities to meet the requirements of the Equality Act 2010. A Disability Access audit had been completed and was kept under regular review to ensure that reasonable adjustments were made to support people with disabilities.

These improvements showed the provider had taken action to improve safety and to comply with Regulations 17,18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we inspected on 7 December 2020.