

Azamay Ltd

Azamay

Inspection report

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Overall summary

We undertook a follow up focused inspection of Azamay on 11 July 2023. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of Azamay on 17 March 2023 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 and 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 Azamay dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 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.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 17 March 2023.

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 March 2023.

Background

The provider is part of a dental group (The Smile Studios) and has 5 practices, and this report is about Azamay.

Azamay is a dental practice in Cockfosters, in the London Borough of Enfield and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 principal dentist, 3 associate dentists, 1 qualified dental nurse, 1 trainee dental nurse, 1 receptionist and 1 regional manager. The practice has 2 treatment rooms.

During the inspection we spoke with the regional manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9am to 6pm.

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 the inspection on 11 July 2023, we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the practice recruitment procedure to ensure the required documentation was obtained from new members of staff at the point of employment. The practice had implemented a new recruitment and training log which included details of all members of staff working at their 5 locations, including those working across multiple sites. The two regional managers had immediate access to all documentation, and they reviewed and updated the log monthly. Details recorded in the log included proof of identity, comprising a recent photograph, evidence of conduct in previous employment, vaccination records and evidence of response to Hepatitis B vaccination, employment history, qualification and Disclosure and Barring Service (DBS) check.
- Improvements had been made to ensure the management of fire safety was effective. The recommendations made in the fire risk assessment undertaken in August 2020 had been acted upon. The practice had arranged external evaluation to determine the most effective upgrade to their fire alarm system and had a new fire detection system installed. The fire doors had been fitted with self-closing devices and fire door signage. The practice had installed a temporary evacuation plan at the reception. The regional manager told us that the new fire detection system would be signed off in the next 2 weeks and the final evacuation plan would be displayed and a fire drill carried out at the same time. The practice had arranged a new fire risk assessment to be carried out on 25 July 2023. Staff had completed fire awareness and fire warden training and the practice had plans in place to ensure that these were repeated annually. There were systems in place to ensure that periodic inspection of the fire detection equipment had been undertaken and these checks had been recorded in the fire logbook. We saw evidence that the emergency lighting had been serviced on 7 July 2023.
- Clinical waste was managed in line with the current guidance. All clinical waste bins were lidded and foot operated.
- Improvements had been made to ensure that equipment was safe to use. We saw evidence that the compressor had been serviced on 9 May 2023 and the air conditioning system on 24 March 2023.

The practice had also made further improvements:

- The practice had implemented audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

Are services well-led?

Our findings

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

At the inspection on 11 July 2023, we found the practice had made the following improvements to comply with the regulations:

- The recommendations made in the disability access audit undertaken in August 2020 had been acted upon. The practice had installed adequate level of external emergency lighting. The front emergency exit was levelled and there was a portable ramp available for use at the back emergency exit. The practice had obtained a suitable hearing induction loop system, and hearing loop signage had been visibly displayed. An audible alarm system and thermostatic mixer valves (TMV) had been fitted in the washroom facilities. Disability awareness training had been provided to all members of staff.
- Improvements had been made to ensure that staff recruitment and training documents were maintained and monitored effectively by the management team.
- CCTV (Closed Circuit Television) signage had been displayed to inform people about the presence of CCTV cameras.
- The regional manager showed commitment to deliver safe and high-quality care. Our discussions with the regional manager revealed that they had sufficient oversight of the day-to-day activities of the practice and there were sufficient deputising arrangements in place in their absence. Improvements had been made to the governance systems to ensure the principal dentist had sufficient overall oversight of the service. The management team had regular meetings and improved communication pathways to ensure ongoing compliance with the legal requirements.