

Mr. Hamid Darafshian

Macrocare Dental Health

Inspection report

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Overall summary

We undertook a follow up focused inspection of Macrocare Dental Health on 18 January 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Macrocare Dental Health on 29 July 2022 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 Macrocare Dental Health 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 improvements were 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 29 July 2022.

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/es we found at our inspection on 29 July 2022.

Background

The provider has two practices and this report is about Macrocare Dental Health.

Macrocare Dental Health is in Woking, Surrey and provides NHS and private dental care and treatment for adults and children.

The practice is not accessible to people who use wheelchairs and those with pushchairs. The practice had systems in place to communicate this to new patients before booking and they signpost people with mobility issues to nearby practices. Car parking spaces are available near the practice.

The dental team includes a principal dentist, 1 associate dentist, 1 trainee dental nurse and a receptionist. They are supported by a practice manager. The practice has two treatment rooms and a joint reception and waiting area.

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

The practice is open:

Monday to Friday 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 18 January 2023 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the process for decontaminating used dental instruments. This was now in line with national guidance - the Health and Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) - published by the Department of Health and Social Care. Dental instruments were kept moist after use and prior to decontamination. The practice used a water-detergent solution specifically formulated for manual cleaning of instruments and followed the manufacturer`s guidelines for dilution.
- The practice had redesigned the workflow in the decontamination area and added separate bowls for scrubbing and rinsing instruments. The practice manager told us that there were systems in place to ensure that the water temperature was monitored throughout the cleaning procedure to ensure it was 45°C or lower. To reduce the risk of aerosol, instruments were fully immersed in the solution while scrubbing.
- Instruments were now pouched immediately after sterilisation and stored appropriately in line with the national guidance.
- An improved dirty to clean flow had been implemented, and there were designated areas for setting down dirty instruments, wrapping sterilised instruments and storing clean instruments.
- The practice had implemented systems to - to ensure long-handled brushes were changed at regular intervals.
- The Manual Cleaning Policy had been updated and displayed in the decontamination area for staff to follow. This reflected published guidance and was tailored to the service.
- We saw evidence that recommendations made in the legionella risk assessment undertaken on 20 July 2022 had been acted upon. Monthly hot and cold-water temperature checks and tests had been carried out by an external company.
- Improvements had been made to ensure the safety of the premises. Gas safety tests had been undertaken on 4 August 2022 and the certificate confirmed that gas installations at the premises were safe to use.
- Improvements had been made to mitigate fire risks at the practice in line with a risk assessment carried out on 20 July 2022. We saw evidence that the recommendations made in the risk assessment had been acted upon. The practice carried out and logged weekly checks and tests of the fire detection system, escape routes and escape signage. The fire alarm system was serviced on 5 August 2022. This found the fire detection system at the premises unsatisfactory and recommended that a BS7671 fire alarm panel was installed. We saw evidence that the practice had obtained a number of quotes for this work and the practice manager told us that they were in the process of commissioning the installation of a fire alarm panel to comply with the recommendations.
- Improvements had been made to ensure the safety of the X-Ray equipment. The required radiation protection information, including local rules for the OPG unit were available for review. This was designed in consultation with the practice`s Radiation Protection Advisor (RPA). The critical examination and acceptance tests for the intraoral unit in Surgery 2 - dated 27 June 2022 was now available for review. This confirmed that the equipment was safe for use and the patient entrance doses for adult and child exposures were less than the national diagnostic reference levels. The report recommended the use of rectangular collimation with the unit. The practice manager told us that Surgery 2 was currently not in use and the recommendation to use rectangular collimation would be implemented when they start using Surgery 2.

Are services safe?

- Improvements had been made to reduce the risk of sharps injury in line with the requirements of Health and Safety (Sharp Instruments in Healthcare) 2013. We saw evidence that needle guards were available to minimise the risk of accidental needlestick injury.
- Emergency equipment and medicines were available as described in the Resuscitation Council UK 2021 guidelines. Glucagon (a medicine used to treat low blood sugar) was stored in a fridge and the fridge temperature was monitored and logged. The practice improved the monitoring systems of medical emergency medicines and equipment and these were now checked weekly in line with the relevant guidelines.
- Improvements had been made to ensure patient care records were complete and in line with recognised guidance. We looked at 6 patient care records and noted that these now included Basic Periodontal Examination (BPE) and risk assessment. Radiographs were justified and graded.

The practice had also made further improvements:

- Recruitment procedures now ensured that necessary checks, as per current legislation were carried out at the time of staff's commencement of employment. The recruitment checks of a recently appointed member of staff included evidence of satisfactory conduct in previous employment, enhanced criminal record certificate, full employment history and immunisation records.
- Staff had completed sepsis awareness training, and sepsis prompts were displayed at the practice,

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 18 January 2023 we found the practice had made the following improvements to comply with the regulations:

- The practice manager showed commitment in delivering safe and high-quality care. Our discussions with the practice manager revealed they had sufficient oversight of the day-to-day activities of the practice.
- Information presented during the inspection was well documented and easily accessible.
- Improvements had been made to the systems and processes of supervising trainee dental nurses. These included regular performance reports, detailed and reflective appraisals, spot checks and monthly audits of performance and development needs.
- Improvements had been made to the appraisal process to drive continuous improvements. One-to-one discussions were framed around individual self-reflections and included detailed findings and a personal development plan.
- Improvements had been made to the ongoing management of risk. We saw evidence that the practice acted upon all recommendations made in the fire and Legionella risk assessments carried out on 20 July 2022. The practice manager told us that moving forward they would ensure that risk assessments were reviewed regularly.
- An Infection Prevention and Control Audit was carried out on 16 August 2022. This was reflective of our findings on the day of inspection and included an action plan.