

Mazdak Eyrumlu and Azad Eyrumlu Buntingford Dental Care

Inspection Report

23 High Street
Buntingford
Hertfordshire
SG9 9AB
Tel: 01736271676
Website:

Date of inspection visit: 21 June 2016
Date of publication: 19/08/2016

Overall summary

We carried out an announced comprehensive inspection of this practice 17 September 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Buntingford Dental Care on our website at www.cqc.org.uk

Our findings were:

Are services responsive?

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

Are services well-led?

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

Background

Buntingford Dental Care is a general dental practice in Buntingford, Hertfordshire. It offers NHS and private dental treatment to adults and children.

The premises consist of four treatment rooms, a waiting room adjacent to a reception area and a separate decontamination room.

The practice manager is in the process of applying to be the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice had employed a new practice manager and was in the process of applying to become the registered manager.
- A system for recording and managing verbal and written complaints had been implemented.
- A number of risk assessments had been completed to highlight areas in the practice where safety could be improved.
- Infection control audits were carried out six monthly and highlighted any areas where action could be taken to improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services responsive to people's needs?

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

The practice had implemented comprehensive policies both for patients wishing to make a complaint, and for staff in handling complaints.

Suitable numbers of staff were employed to continue the service in the event of absence of a staff member.

No action



Are services well-led?

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

The practice had undertaken a comprehensive array of risk assessments to assess and manage the risk to the health and safety of patients, staff and visitors.

Staff had regular appraisals in order to recognise any training and supervision needs, which could then be met.

No action



Buntingford Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a desk based focused inspection of Buntingford Dental Care on 21 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 17 September 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service Responsive to peoples' needs and is the service Well-Led. This is because the service was not meeting some legal requirements.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided evidence that they had enough staff to allow the service to continue in the event of absence. Only one dentist could take leave at a time to ensure the availability of a clinician at all times. Dental nurses were encouraged to take leave at the same time as the dentist to lessen the impact of absence, but enough dental nurses were in post to cover each other.

Concerns & complaints

The practice had implemented a system by which complaints made to the practice were investigated, and responded to within a set timeframe.

A complaints procedure policy was available. This was dated May 2016 and included information for patients on the timeframe that they could expect to hear back from the practice if they made a complaint. It also detailed the contact details of organisations should the patient wish to escalate a concern beyond the practice.

The practice had also implemented a template to record verbal complaints from patients. In this way the practice could be assured of not missing an opportunity for learning following a comment.

A policy for staff regarding how complaints should be handled detailed that in the absence of a practice manager complaints should be escalated directly to the area manager so that there is no delay in the process.

A complaint event log was kept, which detailed the type of complaint received and allowed trends to be recognised.

Are services well-led?

Our findings

Governance arrangements

Following our inspection the practice had implemented a system for ongoing monitoring of the health and safety aspects of the practice. The programme of risk assessments included a fire risk assessment, role specific risk assessments for all staff and a disability discrimination audit.

A general practice risk assessment was dated 16 May 2016 and highlighted areas in the practice where safety was a concern, and the actions taken to mitigate the risks. These included autoclaves, electrical safety, the possibility of eye injury and the air compressor.

Leadership, openness and transparency

The practice had implemented a management team and made all staff aware. This included a new practice manager, who was in the process of applying to be the registered manager.

An assistant manager had been appointed so that staff could address any concerns to them in the event of the practice manager not being available. An area manager had also been appointed, and staff were advised to escalate particular issues to them (for example: complaints) in the event of the practice manager not being available.

In this way the practice sought to provide support for all staff by ensuring that there was always someone available that they could address their concerns to.

Learning and improvement

The practice introduced a system of staff appraisals which highlighted the training and supervision needs of individual staff, as well as affording them the opportunity to feedback any concerns or ideas.

Infection control audits had been carried out every six months, most recently in May 2016. Any actions that were raised had been noted with a timeframe for completion. In this way the practice was able to ensure that standards in infection control remained high.

The practice had also completed an annual statement on infection control, bringing together audit results along with any incidents pertaining to infection control, risk assessments and training to give an overall picture over the last year. This had not raised any areas for concern.

Practice seeks and acts on feedback from its patients, the public and staff

We saw evidence that feedback provided by the NHS friends and family test were analysed, in addition the practice checked for any comments that had been left on the NHS choices website in order to inform them of ways they might improve.