

Mr. Ashruf Peer

# Mr Ashruf Peer – Bicester

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Mr Ashruf Peer Bicester on 15 August 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 Mr Ashruf Peer Bicester on 17 April 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 well-led care and was in breach of regulation 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 Mr Ashruf Peer Bicester on our website [www.cqc.org.uk](http://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 area where improvement was required.

#### **As part of this inspection, we asked:**

- Is it well-led?

#### **Our findings were:**

##### **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 17 April 2023

#### **Background**

# Summary of findings

Mr Ashruf Peer Bicester, trading as Bicester Dental Care, is in Bicester and provides NHS and 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, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 student dental nurses and 1 practice manager (who is also a nurse)

The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 1 receptionist and the practice manager.

We looked at practice policies, procedures and other records to assess how the service is managed.

## **The practice is open:**

- 8.00am to 5.30pm Monday to Thursday
- 8.00am to 12.30pm Friday

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services well-led?**

**No action**



# 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 15 August 2023, we found the practice had made the following improvements to comply with the regulation:

### Infection Control

- Local anaesthetic cartridges which were present in all three treatment rooms were stored in blister packs.
- The patient treatment chair and operator stool covering in treatment room 3 were complete.
- A sharps bin in treatment room 3 was dated and assembled correctly.
- Cotton wool rolls were stored correctly in treatment room 2.
- Clinical staff wore appropriate personal protective equipment.

### Cleaning

- Cleaning schedules were available
- Cleaning equipment was stored appropriately in line with national infection control standards.
- The provider had oversight of cleaning standards.

### Radiography

- Rectangular collimators were available in treatment rooms 1 and 3.
- Monthly quality assurance tests, known as phantom tests, for the CBCT were available.
- The practice notified the Health and Safety Executive they were working with ionising radiation.

### Recruitment

- Recruitment checks to employ suitable staff. were conducted appropriately, in accordance with relevant legislation

### Control of Substances Hazardous to Health (COSHH)

- COSHH applicable products were stored securely.
- COSHH risk assessments were available for all applicable substances.
- COSHH storage areas were signed appropriately.

### General Data protection Requirements (GDPR)

- The practice had a General Data Protection Regulation (GDPR) compliant accident record book.

### Fire Safety

- The fire alarm was tested weekly.
- The fire alarm was serviced at appropriate intervals...
- Actions from the fire risk assessment were completed.
- The emergency lights were tested monthly.
- Fire drills were carried out annually.
- A five yearly electrical installation (fixed wiring) check was available

### Sedation

- Immediate life support training was completed by all staff providing treatment to patients under sedation in the previous 12 months.

# Are services well-led?

## **Privacy and Dignity**

- Glass partitioning on treatment room 1 and 2 doors fully protected patients' privacy and dignity.

## **The practice also made the following improvements:**

- Referrals were centrally monitored to ensure they were received in a timely manner and not lost.