

# Mazdak Eyrumlu and Azad Eyrumlu Yeovil Dental Care

## Inspection Report

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### Overall summary

We carried out this announced focussed inspection on 9 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

Yeovil Dental Care received a comprehensive inspection on 28 November 2016 and we found there were significant concerns in how they dealt with incidents and we served a warning notice and told them to be compliant by 7 April 2017. We also served two requirement notices for regulation 17 good governance and regulation 18 staffing. They required improvement in ensuring the service was assessed and monitored to ensure risks were mitigated. This included the servicing of some equipment, ensuring policies and procedures met current legislation and clinical audits undertaken were shared and learned from. They also required improvement in staff support ensuring staff had regular appraisals and training.

The inspection was led by a CQC inspector who was supported by another CQC inspector who had access to a remote specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection. During this inspection we reviewed the safe and well-led key questions to check if they were now meeting our standards.

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

##### **Are services safe?**

We found that this practice was providing safe 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**

Yeovil Dental Care is in Yeovil town centre and provides NHS and private treatment to patients of all ages.

# Summary of findings

There is no level access for patients who use wheelchairs and pushchairs. Patients were referred to a nearby accessible practice. There was no onsite car parking. However there were car parks close to the practice and local public transport was easily accessible.

The dental team includes four dentists (two of which were long term locums), four dental nurses (two of which were trainee dental nurses), one dental hygienist and two receptionists. The practice has five treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Yeovil Dental Care was the practice manager.

During the inspection we spoke with two dentists, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Friday 8:30am to 5pm
- The practice is closed at weekends.
- There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed through the out of hours service.

## Our key findings were:

- Staff understood how they should report all types of incidents, they were recorded appropriately and learned from and appropriate action taken.
- Staff were mostly up to date with mandatory training. There were a couple of gaps in infection control, information governance and fire safety which were being addressed by the practice manager.
- Equipment that sterilised dental instruments now received the appropriate daily checks and the compressor had now received its annual service.
- Staff immunity status had been confirmed by the practice manager and records held.
- Policies and procedures were reflective of local procedures and were under constant review to ensure they were kept up to date.
- Dentists were now using rubber dams in root canal treatments.
- The infection control lead had received specific training and was confident in her role.
- The practice had now installed a hearing loop for patients with a hearing impairment.
- Staff had received an appraisal in last year apart from two staff. The practice manager was completing these on the day of our inspection.
- There was a clinical audit plan for the year and clinical audits had been completed and learning items identified.
- Changes to the service had been implemented following patient comments.

# 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 safe?

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

The practice had made significant improvements since the last inspection and there were now safe systems and processes to ensure incidents were appropriately acknowledged, reported upon and learned from to help them improve.

The practice has improved and now ensured all its equipment was appropriately maintained and serviced.

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 made improvements since our last inspection in staffing support and training. Acting on patient feedback and making improvements to the service from it. Learning from clinical audits including sharing results with relevant members of the team. Policies and procedures were updated to ensure they had localised relevant information in them.

No action



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

At the last inspection on the 28 November 2016 we took enforcement action against the service in the form of a warning notice which told them they must improve by 7 April 2017. The concerns raised were two medical emergency incidents had occurred and had not been appropriately recorded, reported and shared with staff for learning.

On this inspection we found staff were aware of the process on how to report incidents. We saw three incidents had occurred since the last inspection and these had been recorded with appropriate action taken. Incidents when necessary were discussed at team meetings to share learning. All staff had received training in incidents in November 2016 and the policy had been read and signed by all staff.

Previously we found not all staff had received confirmation of their immunity to Hepatitis B prior to employment. We saw on this inspection that all but one member of staff had confirmation in place. The outstanding member was awaiting an appointment to check their immunity.

### **Equipment and medicines**

At the last inspection in November 2016 we found improvements were required as some equipment had not had been serviced at the correct interval or maintained correctly. Also, equipment used for root canal treatments was not available.

We found on this inspection the compressor had been serviced in November 2016. We saw the equipment that sterilises the dental instruments was now maintained at the appropriate times.

The dentists all had access to equipment to safely complete root canal treatment. One dentist told us they were now using the equipment.

# Are services well-led?

## Our findings

### **Governance arrangements**

At the last inspection in November 2016 we found improvements were required in ensuring policies and procedures were reflective of current guidelines and legislation. On this inspection we reviewed the health and safety policy and saw it reflected local arrangements and included the relevant information. We saw safeguarding procedures were current and localised.

### **Learning and improvement**

At the last inspection in November 2016 we found the improvements were required to ensure staff who had been allocated a lead role were supported and trained to complete it. On this inspection we saw a new infection control lead had been appointed and they had recently received company training for this role. They told us they felt well supported and confident in their clearly defined role.

We saw there were regular monthly team meetings and although actions were discussed there was no system to ensure actions were followed to ensure all staff had completed them. The practice manager told us they would implement a new system for the next team meeting.

Previously we saw staff had not been receiving regular appraisals and mandatory training requirements had not been completed by all staff. We saw all staff had received an appraisal in the last year except for two. The practice manager told us these would be completed on the day of the inspection. We saw the majority of staff had completed mandatory training. However there were three members of staff who had not completed information governance and two members of staff who not completed infection control and oral cancer care. The practice manager informed us they would ensure this was completed as soon as possible. We saw staff were now up to date with safeguarding children and adults training.

Previously clinical audits had been completed without the results being shared with the rest of the team to enable effective learning and there was no clinical audit plan in place. On this inspection we found there was an established provider clinical audit plan of which all sites will complete specific audits on a monthly basis. We saw six monthly infection control audits had been completed, clinical records, oral cancer, waiting times and did not attend appointments audits had also been completed. Learning areas had been identified from these and shared with the team.

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

At the last inspection in November 2016 we found improvements were required to ensure patient comments were considered to make improvements to the service provided.

We found the practice had completed a comprehensive patient survey in October 2016 and April 2017. The results showed patients were satisfied with how the service was provided. Two areas where patients had asked for improvement was better reading material in the waiting areas and check-up appointments being extended. They had implemented both of these. Patients were now allocated 15 minutes for a check-up rather than 10 minutes. There had been no comments made by patients on the NHS choices website. The provider planned on displaying patient survey results through a new template which was in the process of being developed. This would include results from patient surveys, friends and family test results and comments on NHS choices.

At the last inspection we commented that the practice did not have a hearing loop in the reception area for patients with a hearing impairment. On this inspection we saw this had now been installed.