

# Mazdak Eyrumlu and Azad Eyrumlu Gravesend Dental Care

## Inspection Report

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## Overall summary

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 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 3 March 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 24 July 2015 had been made.

We reviewed the practice against two of the five questions we ask about services: is the service safe and is the service well-led?

### 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

CQC inspected the practice on 16 July 2015 and asked the provider to make improvements regarding Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment and Regulation 17 HSCA (RA) Regulations 2014 Good governance.

We checked these areas as part of this focused inspection and found these had been resolved.

Gravesend Dental Care is a general dental practice in Gravesend offering both NHS and private dental treatment. The practice is one of many governed by Southern Dental a corporate provider. The practice treats both adults and children.

The practice has two dentists, two receptionists and two qualified dental nurses, who are all supported by a practice manager, the provider's area business manager, and a complaints and compliance manager. The practice has the services of a part time dental hygienist who carry out preventative advice and treatment on prescription from the dentists.

The practice manager is 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:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.

# Summary of findings

- The staff did not wear their uniform outside of the practice to minimise the risks associated with the spread of infections
- The surface in the decontamination room had been replaced
- A risk assessment had been carried out with regard to infection control at the practice
- The practice infection control policy had been reviewed, updated and all staff were aware of the contents
- The practice had systematically looked at all of their operational policies and protocols and had updated them where necessary and applied a review date.
- The practice manager had created a policy review plan to ensure that all policies, procedures, audits, maintenance of equipment would be addressed in a timely manner.

# 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.

At our previous inspection we identified areas that could compromise safe care and treatment with regard to infection control.

On this inspection we found that infection control procedures followed published guidance.

**No action**



### **Are services well-led?**

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

At the last inspection we found that some operational policies and procedures had not been updated or reviewed. At this inspection we saw that these had been addressed and systems had been introduced to ensure that all policies and procedural documents were reviewed and checked on an annual basis.

At the last inspection we found that some risk assessments had been carried out but had not identified some risks. At this inspection we found that the risk assessments in question had been carried out, were more thorough and had actioned the areas previously missed.

**No action**



# Gravesend Dental Care

## Detailed findings

### Background to this inspection

We carried out an unannounced, focused inspection on 03 March 2016 to follow up on the areas on the breaches of regulation found on the last inspection on 16 June 2015. The inspection took place over one day.

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.

The inspection was led by a CQC inspector who was assisted by a dental specialist advisor.

We reviewed the information received from the provider prior to the inspection in March 2016. We received an action plan which detailed evidence of actions taken to

address the breaches of regulation found at the last inspection. We also informed the local NHS England and Healthwatch we were inspecting the practice; however we did not receive any information from them.

During our inspection, we reviewed policy documents and looked at the infection control processes. We spoke with four members of staff, including the practice manager, a dentist and dental nurse, and also observed staff interacting with patients in the waiting area.

We did not speak with any patients on this occasion but reviewed the practice reviews on NHS choices.

To get to the heart of patients' experiences of care and treatment, on this occasion we asked the following three questions to establish that improvements had been made:

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

These questions therefore formed the framework

# Are services safe?

## Our findings

### Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. At the last inspection in June 2015 we identified areas that were not being carried out in line with this guidance. During this inspection we observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We saw that the surface in the decontamination room, which previously was split, had been replaced and had sealed joints to allow effective cleaning. Staff told us that they no longer wore their uniforms outside of the practice which had been common practice previously. We noted that this had been addressed at a staff meeting and staff had been informed that failure to adhere to this would result in a disciplinary procedure. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices.

One of the dental nurses held lead responsibility for infection prevention and control (IPC).

We saw that dental treatment rooms, decontamination room and the general environment were clean, tidy and clutter free. The practice employed a cleaner for general cleaning at the practice and we saw that cleaning equipment was safely stored in line with guidance about colour coding equipment for use in different areas of the building. The group manager carried out an audit of general cleanliness at the practice every month.

During the inspection we observed that the dental nurse cleaned the surfaces, dental chair and equipment in treatment rooms between each patient. We saw that the practice had a supply of personal protective equipment (PPE) for staff and patients including face and eye protection, gloves and aprons. There was also a good supply of wipes, liquid soap, paper towels and hand gel available. The decontamination room and treatment rooms all had designated hand wash basins separate from those used for cleaning instruments.

A dental nurse showed us how the practice cleaned and sterilised dental instruments between each use. The

practice had a well-defined system which separated dirty instruments from clean ones in the decontamination room, in the treatment rooms and while being transported around the practice. The practice had a separate decontamination room where the dental nurses cleaned, checked and sterilised instruments. All of the nurses at the practice had been trained so that they understood this process and their role in making sure it was correctly implemented. Different boxes were used to transport instruments to and from the decontamination room.

The dental nurse showed us the full process of decontamination including how staff rinsed the instruments, checked them for debris and used the washer/disinfector and autoclaves (equipment used to sterilise dental instruments) to clean and then sterilise them. Clean instruments were packaged and date stamped according to current HTM01-05 guidelines. They confirmed that the nurses in each treatment room checked to make sure that they did not use packs which had gone past the date stamped on them. Any packs not used by the date shown were processed through the decontamination cycle again.

The dental nurse showed us how the practice checked that the decontamination system was working effectively. At the last inspection we found that the ultrasonic bath had not undergone and testing. Staff showed us the log of tests carried out, such as weekly protein residue checks and quarterly foil ablation tests. This assured us that the ultrasonic bath was working effectively and efficiently. We saw maintenance information showing that the practice maintained the other decontamination equipment to the standards set out in current guidelines.

The practice used single use dental instruments whenever possible which were never re-used and the special files used for root canal treatments were used for one treatment.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of Legionella. The practice used a continuous dosing method to prevent a

## Are services safe?

build-up of legionella biofilm in the dental waterlines. Regular flushing of the water lines was carried out in accordance with the manufacturer's instructions and current guidelines.

The practice now carried out audits of infection control every six months, which they had done previously using the format provided by the Infection Prevention Society. However at the last inspection we found that these audits did not hold much value and had not been completed to a sufficient standard to drive improvement. The practice now also completed an annual IPC report in line with guidance from the Department of Health code of practice for infection prevention and control. We could see how these audits had been used to identify areas for improvement. For example, the most recent audit had identified that the bin in the decontamination room was broken, the lid was ineffective. The practice manager told us that they had bought a new bin as a result.

The practice had a record of staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood. There were clear instructions

for staff about what they should do if they injured themselves with a needle or other sharp dental instrument including the contact details for the local occupational health department.

The practice had adopted a policy that all staff should attend occupational health to be checked following a sharps injury even where the risk of infection was assessed as low. The practice manager would contact the patient for whom the instrument had been used to ask them to consider taking a blood test. The practice manager told us that all sharps injuries were recorded as accidents and we saw evidence that this was done.

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health. Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps and we saw that sharps containers were well maintained and correctly labelled. The practice had an appropriate policy and used a safe system for handling syringes and needles to reduce the risk of sharps injuries.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary required waste consignment notices.

# Are services well-led?

## Our findings

### **Governance arrangements**

There was a full range of operational policies, procedures and protocols to govern activity. At our previous inspection we found that some policies were out of date, some did not have a review date and some were not dated so that we could be assured that they were current. All of these policies, procedures and protocols are now subject to an annual review plan that had been implemented since our last inspection. Staff were aware of the new policies and said that they had read and understood each document. Staff we spoke with were aware of the policies, procedures and protocols, their content and how to access them when required.

The practice undertook a series of practice wide audits to monitor and assess the quality of the services they provided. These audits had been repeated to evidence that

improvements had been made where gaps had been identified. Records we looked at related to audits for infection control, the quality of X-rays taken and record keeping. There was clear evidence that these were now taking place regularly. The findings of the audits documented an analysis of results, areas identified for improvement, and actions taken. Results and findings were discussed at practice meetings and it was clear that these audits were driving improvement and maintaining standards.

The practice had carried out an infection control risk assessment as the previous one had not identified some of the areas we found needed addressing. The risk assessment was a comprehensive assessment of all areas pertaining to infection control. This demonstrated that the practice had looked closely at their infection control practices and made improvements as a result.