

S M Rahman Limited

Night and Day Emergency Dentist

Inspection report

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Overall summary

We undertook a follow up focused inspection of Night and Day Emergency Dentist on 19 January 2022. This inspection was carried out to review in detail 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 support from a specialist dental adviser.

We undertook a comprehensive inspection of Night and Day Emergency Dentist on 1 June 2021 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 regulations 17 and 19 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 Night and Day Emergency Dentist on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five 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 improvement was required.

Our findings were:

Are services well-led?

We found this practice was providing well-led 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 1 June 2021.

Background

Night and Day Emergency Dentist is in Withington, Manchester and provides only emergency and urgent private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes five dentists, two dental nurses (one of whom manages the practice), and a receptionist. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

The practice offers a private 24-hour telephone dental triage and advice service.

Core hours are from 9am until 5pm but this extends into the evening according to demand.

Our key findings were:

- The provider ensured that staff completed up to date training to deal with medical emergencies.
- Systems had been improved to ensure appropriate life-saving equipment was in line with Resuscitation Council UK guidance.
- The systems to help them identify and manage risk to patients and staff had been improved. In particular, radiation protection, hazardous substances and sepsis awareness.
- Staff recruitment procedures reflected current legislation.
- The provider had ensured that effective leadership was in place.
- Training certificates were obtained for all staff to enable the provider to maintain oversight of staff training and development.

There were areas where the provider could make improvements. They should:

- Take action to ensure audits of infection prevention and control have documented learning points and the resulting improvements can be demonstrated.

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 our previous inspection on 1 June 2021 we judged the practice was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At the inspection on 19 January 2022 we found the practice had made the following improvements to comply with the regulations:

- The provider had reviewed the recruitment procedures, employment records were available for all staff which were in line with current legislation. Disclosure and Barring Service (DBS) checks were in place.
- Evidence of the effectiveness of hepatitis B vaccinations had been obtained for all clinical staff.
- The provider obtained evidence of up to date continuing professional development required for their registration with the General Dental Council. This enabled them to maintain oversight of staff training.
- Lifesaving equipment was available in line with recognised guidance. Checklists had improved to make sure they were available, within their expiry date, and in working order.
- Risk assessments had been carried out for hazardous substances to ensure they were stored and used in line with manufacturer's instructions.
- Incident reporting processes had been improved and we saw evidence these had been discussed with staff in a recent meeting to ensure they were aware of the importance of reporting any incidents. We were assured that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.
- We saw evidence that staff had completed training in, and discussed sepsis awareness. Training and sepsis information was available to support staff to triage appointments effectively to assess and manage patients who present with dental infection, and where necessary refer patients for specialist care.
- The practice manager carried out infection prevention and control audits twice a year. There was no evidence that the results of the latest audit had been reviewed to ensure its accuracy and act on any omissions.
- Staff had introduced weekly checks of the emergency lighting and fire detection systems.