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# Provident Dental Surgery

## Inspection Report

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Date of inspection visit: 3 August 2017  
Date of publication: 09/08/2017

### Overall summary

We carried out an announced follow-up inspection at Provident Dental Surgery on the 3 August 2017. This followed an announced comprehensive inspection on the 8 June 2017 carried out as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what actions they would take to meet the legal requirements in relation to the breaches.

We revisited Provident Dental Surgery and checked whether they had followed their action plan.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led? 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 Provident Dental Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Background

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.

The follow-up inspection was led by a CQC inspector who was supported by a specialist dental advisor.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies and staff training.

#### Our key findings were:

- The practice had infection control procedures which were reflective of published guidance. There were systems in place to ensure that sterilised instruments were stored in line with the guidance.
- There were systems in place to ensure that all equipment used to sterilise instruments was validated as per national guidelines; and maintained as per manufacturer's recommendations.
- Staff knew how to deal with medical emergencies. All appropriate medicines and life-saving equipment were available, including an automated external defibrillator; and all necessary checks on expiry dates and functionality were being completed.
- Risks related to undertaking of the regulated activities had been suitably identified and mitigated.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- Consent was suitably obtained and documented.

# Summary of findings

- Effective systems were in place to suitably assess, monitor and improve the quality of the service.
- There was effective leadership at the practice and systems were in place to share information and learning amongst them.
- The practice had systems in place to seek feedback from staff and patients.

# 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?

At our follow-up inspection on 3 August 2017 we found that action had been taken and significant improvements had been made to the ways in which the practice identified and mitigated risks to service users; and to improving the shortfalls identified at our previous inspection.

The practice had comprehensive systems and processes to provide safe care and treatment.

Risk assessments related to Control of Substances Hazardous to Health, sharps and lone working were present.

Staff had received training in the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (2013) and staff understood their responsibilities in relation to significant events.

The practice had implemented measures to improve its ability to manage a medical emergency; for example, an external defibrillator had been purchased and all staff had received training in medical emergencies and basic life support.

Staff had received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The practice had thorough recruitment procedures in place and ensured that all essential recruitment checks were carried out. Staff were provided with a comprehensive induction to support them in their role.

All X-ray equipment was maintained as per current guidance. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

No action



### Are services effective?

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

Significant improvements in dental care records were identified. These were maintained in line with current guidance. Medical histories were updated at each visit, consent was consistently documented and detailed discussions of treatment options and costs were seen.

The practice had effective systems to monitor staff training, learning and development. Since the previous inspection staff had received training in several areas and each staff member had received an appraisal.

No action



### Are services well-led?

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

Staff told us that shortfalls identified at our previous inspection were viewed as an opportunity to improve. At our follow-up inspection we identified that staff had worked hard to implement significant changes. The practice had robust arrangements in place to ensure the smooth running of the service. Leadership within the practice was clear and staff demonstrated a strong

No action



# Summary of findings

commitment towards improving the practice for the benefit of its staff and patients. Staff understood and followed relevant legislation and guidance in relation to their roles and responsibilities. Effective systems were in place to support staff; and for monitoring clinical and non-clinical areas of their work to help them improve and learn.

Risks arising from undertaking of regulated activities had been suitably identified and mitigated.

The practice sought staff and patient feedback and responded appropriately.

Staff told us that the practice ethos had changed; the practice was focused on working towards best practice. This was demonstrated in discussions with staff members and from reviewing documentation.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had updated its policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff had received training in the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR), 2013 and were clear regarding their roles in the process.

There was a system in place for the practice to record accidents and we found that the culture within the practice encouraged transparency and any incidents were viewed as learning opportunities. Significant events were discussed at staff meetings as a way of sharing information and learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and shared these with staff at staff meetings.

### Reliable safety systems and processes (including safeguarding)

The practice had updated its safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Contact details of local safeguarding teams were readily available for staff to refer to. All staff had received training in safeguarding and knew how to report concerns. The practice had a whistleblowing policy and staff felt confident they could raise concerns without fear of recrimination. The practice had updated the policy for the prevention and management of blood-borne virus exposure. Staff had received training in how to work with sharps safely and were aware of the correct procedures to follow should they sustain a needle stick injury. Posters describing the necessary actions to take and contact details were visible for staff to refer to.

The practice was now using safer sharps in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A sharp's risk assessment had been completed and sharps boxes were signed and dated.

The principal dentist told us that rubber dams were now always used when providing root canal treatment in line with guidance from the British Endodontic Society.

### Medical emergencies

Since the previous inspection in June 2017 the practice had purchased an automated external defibrillator (AED). We saw evidence that appropriate checks were being completed daily on the AED.

All staff had received formal training in medical emergencies and basic life support. The practice had also implemented training using practical scenarios to ensure that staff were confident in the procedures to follow and in handling any necessary equipment in the event of a medical emergency.

All of the emergency equipment and medicines were available as described in recognised guidance. Improvements had been made to the systems in place to make sure that these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had introduced a staff recruitment policy and comprehensive procedures to help them employ suitable staff. The practice had recently employed a new member of staff. The records we viewed demonstrated that the practice had carried out the relevant recruitment checks and recruitment procedures reflected relevant legislation.

### Monitoring health & safety and responding to risks

The practice had all necessary health and safety policies and these covered general workplace and specific dental topics. These were now followed routinely by all staff and risks to patients and staff were assessed and managed in all required areas.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments. The practice had introduced a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 regulations (COSHH). This was comprehensive, contained information on all substances used within the practice and was reviewed on a weekly basis to update as required.

The practice had carried out a fire risk assessment and actions had been completed. New fire extinguishers had been purchased.

Having carried out a long working risk assessment the principal dentist was always supported by the trainee dental nurse when completing domiciliary visits.

# Are services safe?

## Infection control

The practice had made significant improvements to the infection prevention and control procedures carried out at the practice and staff took pride in these processes. The practice had an up to date infection prevention and control policy. The practice followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Suitable infection prevention and control procedures were being adhered to and staff had a good understanding of the correct processes. Instruments were cleaned in an appropriate cleaning product, rinsed and stored as per the guidelines. The treatment room was visibly clean and free from clutter.

The practice had introduced various checklists to minimise the potential for human error in areas such as decontamination, handling sharps and the storing of instruments.

Posters were displayed around the decontamination room. These provided staff with a visible reference point for various health and safety procedures within the practice.

Staff had completed formal infection prevention and control training as well as training in personal protective equipment, single use items and manual cleaning. The practice also carried out in house training in HTM01-05 to ensure that staff were confident in infection prevention and control processes.

All tests required to check that the ultrasonic cleaner was working effectively were being carried out.

Improvements had been made to reduce the possibility of Legionella and other bacteria developing in the water systems. The testing of water and flushing of dental unit water lines was being carried out. Waterlines were disinfected appropriately.

The practice had recently carried out an infection prevention and control audit. Actions had been completed.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. The practice stored medicines and private prescriptions as described in current guidance and the labelling of medicines included the practice name and address as required.

## Radiography (X-rays)

The practice now had suitable arrangements in line with current radiation regulations to ensure the safety of the X-ray equipment. The X-ray equipment had recently been serviced and weekly maintenance checks were being carried out.

The patients' dental care records we examined identified that X-rays were being justified, graded and reported on. An X-ray audit had been completed. As a result the practice had installed a rectangular collimator to improve the image quality and reduce unnecessary radiation exposure. The audit had been repeated to demonstrate that improvements were made.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Improvements had been made in the documentation of patient outcomes at the practice. The practice kept detailed dental care records containing information about the patients' current dental needs and past treatment. Medical histories were being updated and signed by patients at each visit to the practice. The principal dentist had also introduced risk assessments in relation to caries, periodontal examinations, cancer and smoking to ensure that these aspects of patients' oral health were documented.

We saw that the practice audited patients' dental care records to check that the dentist recorded the necessary information. Learning points were identified and reviewed.

### Health promotion & prevention

The practice was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The practice was currently completing a three month audit of the prescribing of antibiotics and management of dental infections. This was with the intention of assessing how improvements to the preventative care that patients received at the practice could be made.

The dentist told us that where appropriate they discussed smoking, alcohol consumption and diet with patients during appointments.

### Staffing

Staff new to the practice had a thorough period of induction based on a structured induction programme. All staff had received formal training in core topics such as medical emergencies, infection prevention and control and safeguarding.

Staff were supported to develop their knowledge and skills. Since the previous inspection in June 2017 staff had undertaken training in addition to the core topics in several different areas, for example, anaphylaxis, asthma, obstructed airways, Legionella, fire safety and Mental Capacity Act (2005).

We saw evidence that the trainee dental nurse was due to complete a course in implants.

Staff were provided with supervision and support and were appraised on a three monthly basis. Emphasis was placed on staff wellbeing and each staff member had a personal development plan.

### Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The dental care records we viewed supported this.

The practice's consent policy included information about the Mental Capacity Act 2005. Staff understood their responsibilities under the Act when treating adults who may not be able to make informed decisions.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services well-led?

## Our findings

### Governance arrangements

Significant improvements had been made to the governance arrangements in the practice. Staff demonstrated a commitment to learn and improve and took pride in their work.

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff within the practice had also excelled in taking on additional responsibilities in order to bring about improvements in the practice.

Staff knew the management arrangements and their roles and responsibilities were clearly defined and documented in their job descriptions. The practice had implemented a compliance tool which they were utilising effectively as a means of providing oversight for the running of the practice. There were robust governance systems in place for assessing, monitoring and mitigating risks.

The practice had all necessary policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These were discussed at staff meetings and updated on a monthly basis. The practice had also implemented a number of checklists throughout the practice including a daily task list to enable staff to carry out procedures in consistent and uniform ways; and to ensure that all necessary tasks were completed in a timely manner and documented.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong and were aware of the legislation governing this.

Staff told us that the principal dentist was open and transparent. They said that they were confident to raise any issues and that the principal dentist was approachable and receptive to feedback.

Staff told us that communication at the practice was open and effective. Staff were updated with information as

required on a daily basis. The practice had also instigated weekly staff meetings as a means of sharing information and learning. Detailed minutes were kept for these and shared with staff.

### Learning and improvement

Following the previous inspection all staff had embraced opportunities to learn. All staff were involved in making decisions around changes required to bring about improvements at the practice; and the principal dentist valued the contributions made to the team by individual members of staff.

The practice had introduced quality assurance processes to encourage learning and continuous improvement. Audits in relation to the monitoring of X-rays, infection prevention and control, dental care records and the prescribing of antibiotics and management of dental infections had been carried out. Audits had clear action plans. We saw evidence that audits would be carried out on a rolling programme throughout the year.

All staff had received an appraisal and had a personal development plan. We saw evidence that where learning needs were identified staff were encouraged and supported to further their knowledge and skills.

All staff had completed mandatory training, including in medical emergencies and basic life support. The principal dentist had completed all necessary continuing professional development (CPD). The General Dental Council requires clinical staff to complete continuous professional development.

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

Since the previous inspection the practice had introduced a staff satisfaction survey. We saw evidence of clear action plans in place as a result of staff feedback. For example, where staff had identified a lack of knowledge or training had been completed in that area to rectify this.

The practice had also updated its patient satisfaction survey and was in the process of completing this. We were told that both patient and staff surveys would be completed at six monthly intervals.



## Are services well-led?

Staff told us that both staff and patients were encouraged to feedback informally as well as through the formal surveys; and that any required actions were discussed at staff meetings.