

Dr. Mohammed Bholah

M I Bholah Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of M I Bholah Dental Practice on 14 October 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 was supported by a specialist dental adviser.

We undertook a focused inspection of M I Bholah Dental Practice on 7 July 2022 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 safe or well led care and was in breach of regulations 12 and 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 M I Bholah Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 7 July 2022.

Are services well-led?

Summary of findings

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 we found at our inspection on 7 July 2022.

Background

The provider has 2 practices and this report is about M I Bholah Dental Practice.

The practice is in Gosforth in Newcastle Upon Tyne and provides NHS dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The practice is located near local transport routes and car parking spaces are available at the practice and in the surrounding streets.

The dental team includes a principal dentist and 2 dental nurse/receptionists. The practice has 1 treatment room.

During the inspection we spoke with the dentist and a dental nurse/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday from 9:30am to 12:30pm

Tuesday from 9:30am to 12:30pm and from 1:30pm to 5pm

Thursday from 1:30pm to 5pm

Friday from 2pm to 5pm

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

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular, relating to the ongoing management of Legionella and ensuring all recommendations made in the fire safety risk assessment were actioned.
- Take action to improve audits to ensure that, where appropriate, audits have documented learning points, action plans 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 safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 14 October 2022 we found the practice had made the following improvements to comply with the regulation:

- An electrical 5-year fixed wire safety assessment had been undertaken.
- Records were available to demonstrate the dental suction unit had been serviced and maintained according to manufacturer's instruction.
- The electrical and mechanical testing of the intra-oral X-ray unit had been carried out.
- The infection prevention and control measures were in accordance with HTM 01-05 guidelines. For example, daily and weekly testing protocols for the steriliser were being undertaken as recommended. In addition, the temperature of the water used to clean dirty dental instruments was being monitored as required.
- We saw the provider had made significant improvements in relation to the levels of cleanliness in the clinical areas. For example, the worksurfaces had been restored and were now impervious and areas used for the decontamination of dental instruments were now clean and on the whole, clutter free. The handle of a handpiece on the dental chair, used to treat patients, had been replaced and appropriate levels of cleanliness could be maintained.
- Improvements had been made to the protocols in place for the management of Legionella. The water bottles in use on the dental chair on the day of the inspection had been replaced and were fit for purpose. The product used for the disinfection of the dental unit water lines was used in accordance with manufacturer's guidelines. The taps in the decontamination room were clean with no visible limescale and those in the surgery had been completely replaced. We were shown records that indicated regular flushing protocols had been introduced for low-use taps. Temperature monitoring of the water outlets had been carried out in August 2022, but further improvements could still be made to ensure this was carried out at the recommended intervals. We saw a thermometer was available to carry this out. However, it was not designed for the purpose of monitoring water temperatures and the temperature range did not allow for effective monitoring of the risks from Legionella.
- A fire safety risk assessment had been carried out by a competent person on 25 July 2022 and a substantial number of recommendations were made. We noted the provider had taken action to address the majority of these recommendations. Immediately after the inspection, the provider confirmed, where action had not been taken, a plan was in place to ensure this was done within suitable timescales. Records were available to demonstrate some staff members had undertaken fire safety training as recommended. A fire drill was also planned to be carried out immediately after the inspection.

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 14 October 2022, we found the practice had made the following improvements to comply with the regulation:

- The system for monitoring prescription safety had been improved and was now effective. We noted, prescriptions previously missing from the records, had also been accounted for.
- A current Health and Safety Executive registration certificate in relation to radiation protection was available for review.
- Since the last inspection, a system had been introduced to ensure all servicing and testing requirements were carried out at the appropriate intervals.
- The system relating to the storage and handling of hazardous substances had been improved and important information was available. Further improvements could still be made to the organisation of the information to ensure it was easily accessible in the event of an incident.
- The referral monitoring system included checks to ensure patients were followed up. We discussed with the provider that further improvements could be made to ensure this was carried out consistently.
- We looked at 6 service users' dental care records and noted significant improvements had been made to ensure all necessary information was recorded. For example, individual risk assessments, diagnosis and treatment options were now consistently recorded in the records we were shown.
- Dental care records were stored securely.
- Infection prevention and control audits were undertaken bi-annually as required.
- A disability access audit was available. We discussed further improvements could be made to the audit to ensure it considered how to support patients with both physical and non-physical disabilities.
- Staff had carried out training in relation to safeguarding children and vulnerable adults. The provider confirmed hands-on basic life support training would be carried out by all staff by December 2022. In the interim online training had been completed. A robust training monitoring system was not in place, but as a very small team the provider was now aware of the staff's training requirements.
- The provider had carried out refresher training and demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and their responsibilities under the Act when treating adults who might not be able to make informed decisions.
- Quality assurance protocols were still not in place in relation to the wet-film processing. We discussed this with the provider who confirmed this would be implemented.

The provider had also made further improvements:

- An audit for prescribing of antibiotic medicines had been introduced, taking into account the guidance provided by the College of General Dentistry. We discussed improvements could be made to the audit to ensure that the audit process is fully understood and embedded in terms of assessing against a standard, making changes where required and measuring that change by re-auditing.
- An audit of patient care records had been carried out in October 2022 to check that necessary information is recorded. We observed substantial improvements had been made in the information recorded in patient care records. We discussed with the provider they could change the auditing tool to ensure it was reflective of the current clinical record guidelines to help drive continued improvement.

Are services well-led?

- The provider carried out a radiography audit in July 2022 and this was due to be repeated in 12 months time. We discussed this with the provider who confirmed they would carry out the audits at the recommended 6 monthly interval. We noted some improvements could be made to ensure when carrying out an audit, the provider only considered X-rays taken within that particular auditing period. For example, we saw in the last audit, the provider considered X-rays taken in 2021.