

Dr Kianoosh Khorshidpour Nobandegani

Ivory Dental and Implant Clinic

Inspection Report

Ivory Dental and Implant Clinic, 10 Howardsgate
Welwyn Garden City, Herts AL8 6BQ
Tel: 01707326800
Website: www.ivorydentalandimplantclinic.co.uk

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Overall summary

During our unannounced inspection of this practice on 01 June 2017, we found breaches of the Health and Social Care Act 2008 in relation to Regulation 12- Safe care and Treatment, and Regulation 17- Good Governance.

We undertook this focused inspection on 2 August 2017 to check that the provider now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our previous inspection by selecting the 'all reports' link for Ivory Dental and Implant Clinic at www.cqc.org.uk

Are services Safe?

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

Are services Effective?

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

Are services Well-led?

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

Key findings

- Overall, we found that satisfactory action had been taken to address the shortfalls identified at our previous inspection and the provider was compliant with the regulations.

There were areas where the provider could make improvements and should:

- Embed newly implemented improvements into the practice and ensure they are sustained in the long term.
- Review the protocols and procedures for use of X-ray equipment, giving due regard to guidance notes on the Safe use of X-ray Equipment.
- Review equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Clarify legionella and equipment management arrangements with the dental practice based on the same site.
- Obtain safety data sheets for all dangerous products used at the practice.

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 satisfactory action had been taken to address shortfalls we had identified in our previous inspection. For example, out of date oxygen bottles had been replaced and an AED had been purchased. Risk assessment had improved and a system was in place to manage national patient safety alerts. Recruitment procedures had strengthened and sharps were better managed.

No action



Are services effective?

The practice no-longer provided conscious sedation to patients, referring them out to specialists instead. Staff had a better understanding of legislation and guidance when treating patients who could not make decisions for themselves.

No action



Are services well-led?

We found that adequate action had been taken to address shortfalls we had identified in our previous inspection. Regular staff meetings were now held and audits were used to improve the quality of the service. Staff were covered by employer's liability insurance.

No action



Ivory Dental and Implant Clinic

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Ivory Dental and Implant Clinic on 2 August 2017. This inspection was carried out to check that improvements had been made in order to meet legal requirements, after our inspection on 1 June 2017 had taken place.

We inspected the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

During our inspection we spoke with the owner, the dental nurse and the receptionist. We reviewed a range of documentation and checked the decontamination room.

Are services safe?

Our findings

At our previous inspection in June 2017, we found a number of shortfalls in the practice's procedures that showed that it was not safe. During this inspection we noted the following improvements had been implemented since then:

- The practice had signed up to receive national patient safety alerts directly by email and the receptionist checked them each day to see if any needed action.
- The practice had updated its safeguarding policy and it now included the contact details of local protection agencies and relevant referral forms for both vulnerable adults and children.
- A sharps' risk assessment had been completed by the practice on 20 June 2017 and the dentist was using an acceptable method for resheathing needles. He stated he would purchase a safer system following our inspection to implement best practice. Injury protocols had been put on display where sharps were used. We noted that the sharps bin had been dated, and an expiry date of three months had been added to its label.
- A new oxygen cylinder had been purchased and we saw that it had been checked regularly by staff. An automated external defibrillator had also been purchased. The practice had still not obtained an adult ambu bag, although staff agreed to purchase one immediately.
- The practice had implemented a comprehensive recruitment policy that we reviewed. Although no new staff had been employed, we saw that current staff had undertaken a documented fresh induction to their role, and an effort had been made to obtain retrospective references for one member of staff.
- The practice had undertaken a range of its own risk assessments, rather than relying on the other practice that shared the same site. We viewed comprehensive assessments that had been completed for each separate area of the practice.
- Records we viewed demonstrated that staff were now monitoring monthly water temperatures, and their knowledge of dental unit water line management had improved. Staff were still unclear of shared legionella management responsibilities with the other practice on site.
- The dental nurse confirmed that she now always wore an apron when sterilising instruments and aprons were available in the decontamination room. They were not available at our previous visit. The dentist told us he would introduce spot checks to ensure this was continued.
- We reviewed equipment maintenance records for the practice's dental chair and X-ray unit. Portable appliance testing had been booked for the day following our visit. The dentist told us he was still in the process of negotiating an agreement with the other practice in relation to maintenance requirements for the autoclaves and compressor.
- We reviewed the critical examination report and service record for the X-ray machine. However, the local rules, the name of the radiation protection supervisor and adviser were missing. Although a certificate was not available, the dentist assured us he had attended recent training in core radiological knowledge, and the nurse who had accompanied him on this training confirmed this.
- The practice had still not obtained safety data sheets for some of the dangerous substances it used. However, staff assured us they would obtain all missing data sheets.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in June 2017, we had concerns about how conscious sedation was carried out for patients in the practice. As a result of this, the practice had made a decision to no longer consciously sedate any patients, referring them out to other specialists if needed.

Staff's knowledge of the mental Capacity Act and Gillick guidelines had improved. They told us they had recently watched a training video that had given them a greater understanding of how to manage patients who might not be able to make decisions for themselves.

Are services well-led?

Our findings

Governance

At our previous inspection in June 2017, we found a number of shortfalls in the practice's procedures that showed that it was not well-led. During this inspection we noted the following improvements had been implemented since then:

- The practice had obtained the services of an external dental consultant and purchased an on-line clinical governance tool. Staff told us that this had particularly helped them in implementing improvements to the service.
- The practice now conducted its own audits and we reviewed recent audits in relation to radiographs, infection control and record keeping. These had been successful in identifying shortfalls and we saw that action plans had been implemented to address them.
- The practice had obtained its own employee's liability insurance.
- Information about how patients could raise concerns or complaints about their treatment was now available on the reception desk, making it easily accessible to them.
- Staff now recorded the minutes of the meetings they attended.