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Marsh Hill Dental Surgery

Inspection Report

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Date of inspection visit: 18 July 2017
Date of publication: 15/08/2017

Overall summary

We carried out an announced comprehensive inspection of this practice on 31 March 2016. A breach of legal requirement was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to Regulation 17 HSCA (RA) Regulations 2014 Good Governance.

We undertook a focused inspection of Marsh Hill Dental Surgery on 18 July 2017. This was to follow up on actions we asked the provider to take after our announced comprehensive inspection.

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 Marsh Hill Dental Surgery on our website at www.cqc.org.uk

Our findings were:

Are services well-led?

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

Background

Marsh Hill Dental Surgery Centre is a general dental practice which offers predominantly NHS and some private dental treatment to adults and children.

The premises are located on the ground floor and consist of one treatment room and a reception/waiting area. The decontamination of dirty dental instruments is carried out in the treatment room as the practice does not have a designated decontamination room.

The practice is open Mondays and Tuesdays from 9am to 3pm, on Thursdays it is open from 9am to 2pm and on Fridays it is open from 9am to 1pm. On Wednesdays reception is open for bookings only from 9am to 1pm.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

Our key findings were:

- Improvements were seen in most areas where concerns had been highlighted in our previous comprehensive inspection.
- The practice's recruitment policy, procedures and the recruitment arrangements had been reviewed.
- The practice had put processes in place to establish a system to assess, monitor and mitigate the various risks arising from undertaking the regulated activities.

Summary of findings

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

- Review the condition of flooring, cabinetry and fittings and ensure that repairs and replacements are incorporated into future refurbishment plans. The practice should arrange to promptly carry out remedial repairs until the refurbishment.
- Review their cleaning schedules and the effectiveness of these in 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 well-led?

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

Improvements were noted in the way the practice managed staff recruitment, dental record keeping and quality assurance.

The practice had processes in place to assess, monitor and mitigate the various risks arising from undertaking the regulated activities.

Improvements were required to aid effective cleaning in clinical and non-clinical areas

No action



Are services well-led?

Our findings

Governance arrangements

Areas of concerns from the previous inspection were examined and improvements were noted in many areas.

Concerns were identified at the previous inspection that the practice did not have effective governance arrangements to ensure its smooth running. Policies and procedures were present but many had not been reviewed or updated. This included policies such as RIDDOR, COSHH and the local rules for radiation. We examined the practice's policies and saw that they had been updated to reflect current practice.

Concerns were identified at the previous inspection about the practice's arrangements for the management of medical emergencies. The practice carried an AED which can help to restore a normal heart rhythm. However, there were no checks to ensure that it was working appropriately. During our most recent visit, we saw evidence that staff now checked the AED regularly. Staff also demonstrated how they would use it in an emergency. At the previous inspection, we found that the practice's arrangements for dealing with medical emergencies did not extend to domiciliary dental visits. The provider made the decision to terminate all domiciliary dental visits with immediate effect due to this.

Concerns were identified at the previous inspection about the practice's recruitment procedures. Three new staff members had been recruited since the previous inspection and all three files contained evidence that satisfied the requirements of relevant legislation.

Concerns were identified at the previous inspection about dental record keeping as it did not consistently follow relevant guidance. We discussed this at the most recent inspection and found that improvements had been made, although some details were missing such as dietary advice. Within 48 hours, the practice manager sent us evidence of new examination sheets that patients would need to complete to gather this information.

Concerns were identified at the previous inspection about the security of prescription pads. Since then, staff had reviewed their methods of storage and issuing of prescriptions which reflected current guidance.

Concerns were identified at the previous inspection about governance processes and quality assurance. At this inspection, we saw evidence that staff carried out clinical audits regularly to encourage learning and improvement. Staff were also carrying out regular tests to ensure the quality of the X-rays was consistently satisfactory. Staff had received training on the control of infections as some staff were previously unaware of the correct methods of removing personal protective equipment.

Concerns were identified at the previous inspection about the lack of information available to patients about health promotion. During our recent visit, we found information in the waiting room which was readily available to patients. This included information about smoking cessation, oral cancer and oral hygiene. Toothpaste samples were also available.

Concerns were identified at the previous inspection about the storage of medicines and materials in the fridge. Expired materials were stored in the fridge although they were discarded immediately once we pointed this out at the previous inspection. During our most recent visit, we found expired materials again. However, we were told that they were used for demonstration purposes only. Within 48 hours, the practice manager informed us that they had labelled the materials clearly to state they were to be used for demonstration only. At the previous inspection, the fridge temperature was not monitored. During the most recent inspection, we saw evidence that the fridge temperature was recorded on a monthly basis; however, it should be checked and recorded on a daily basis. A medicine used for a medical emergency was stored in the fridge and must be stored between 2C and 8C. On the day of our visit, we checked the thermometer and this stated the temperature was 10C. The medicine can be stored at room temperature but this method of storage reduces the expiry date. Within 48 hours, the practice manager sent us evidence that the emergency medicine was fit for purpose and they had reduced its expiry date accordingly.

Concerns were identified at the previous inspection about the systems used to reduce the risk and spread of infection as some areas of the practice were visibly unclean. During the most recent visit, we found that some improvements had been made but further changes were required in order to allow effective cleaning to take place. We found a cobweb in a non-clinical area and several areas in the treatment room required repair or refurbishment. The floor

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adjacent to the clinical chair was damaged and it was not sealed. We also noted that the cabinetry edging was damaged and this had not been repaired since the previous inspection. The spittoon had a crack in it and the suction tubing had not been effectively sealed against the wall. The practice manager was aware that improvements were required but refurbishment plans were currently on hold. The provider had applied to merge contracts with

another dental practice and their future plans for this practice were uncertain. Due to this, they told us they were not in a position to carry out a full refurbishment. However, we were assured that they would carry out remedial repairs. Cleaning schedules were forwarded to us after our visit and we were told that the practice manager would double-check areas to ensure that they were thoroughly cleaned.