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Daventry Dental Care

Inspection Report

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Overall summary

We carried out a focused inspection of Daventry Dental Care on 14 June 2018

The inspection was led by a CQC inspector who had assistance from a dental clinical adviser.

We carried out this inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 20 December 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 area(s) where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant

regulations. We judged the practice was not providing well-led care in accordance with regulation 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 Daventry Dental Care on our website www.cqc.org.uk.

We also reviewed aspects of the key questions of safe and effective as we had made recommendations for the provider relating to these key questions. These particularly related to issues concerning the use of safer sharps, the use of rubber dam for root canal treatment, X-ray audits, staff training in the Mental Capacity Act 2005 and installing an induction hearing loop to assist patients who used a hearing aid. We noted that improvements had been made.

Our key findings were:

- The system and processes for dealing with significant events had been reviewed.
- Risk assessments for Legionella and fire had been completed since the last inspection in December 2017.
- The practice received Medicines and Healthcare Products Regulatory Authority (MHRA) alerts.
- Policies were practice specific.
- Staff files contained all of the information required by Schedule 3 of the Health and Social Care Act 2008 Regulations.

Summary of findings

- Audits for key areas of activity had been completed and action plans produced.

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

- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

Our findings were:

Are services well-led?

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

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 20 December 2017.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service. This included: reviewing the systems and processes for identifying and recording significant events. A review of the audit processes within the practice to ensure areas for improvement could be identified and measured. Risk assessments for both fire and Legionella had been completed. The system for receiving alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) had been reviewed. This ensured up-to-date information relating to risk was received at the practice and shared with staff. Policies at the practice had been updated and made service specific. Up-to-date information relating to the Hepatitis B status of staff at the practice was held on file. All staff had received a Disclosure Barring Service (DBS) check. Staff files had been reviewed to ensure they contained all of the information required by Schedule 3 of the Health and Social Care Act 2008 Regulations.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our inspection on 20 December 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 14 June 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The provider had reviewed their systems and processes relating to the recording of accidents and significant events at the practice. A significant event folder had been established. We saw the one significant event which had been recorded in January 2018 had been analysed, learning points identified and action taken.
- The provider had reviewed their systems and processes relating to audits being completed at the practice. We saw that a radiography audit had been completed between 29 December 2017 and 12 April 2018 for all dentists. Learning points had been identified and action taken as a result. An infection control audit had been completed on 10 January 2018 and this had an action plan which identified when tasks had been completed and improvements made.
- An external company had completed a Legionella risk assessment on 11 January 2018. Another risk assessment with the same company was booked for 17 July 2018 due to changes in the premises. Hot and cold water outlets were being checked regularly and there were records to demonstrate this. Signage had been added in the patient's toilet regarding hot water. A new hot water system was being brought into use when the renovations to the building were complete. This was expected to be in the week after this inspection.
- An external company had completed a fire risk assessment on 19 May 2017. The same company were booked to re-assess the fire arrangements and update the fire risk assessment on 27 June 2018 when the renovations were complete. We noted the Health and Safety risk assessment would be reviewed by the same company at the same time.

- A system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) had been established with relevant information shared with all staff members.
- The provider had reviewed policies and procedures to ensure they were specific to the practice. We saw a number of examples such as: the infection control policy, the recruitment policy, the duty of candour policy and the whistleblowing policy.
- The provider had reviewed the information that was held for staff in the practice. The files for 11 members of staff and they contained all of the information required by Schedule 3 of the Health and Social Care Act 2008 Regulations. We saw that the clinical staff had current indemnity insurance, and this was being monitored by the provider. We saw that the practice held information relating to the Hepatitis B immunisation status for all staff except one. Following this inspection, we were sent a risk assessment which detailed the action being taken to confirm the staff member's Hepatitis B status.

The practice had also made further improvements:

- The provider had updated the sharps risk assessment and policy. The provider said the use of sharps within the practice was under review and they would be trialling a different system of safer sharps.
- We noted that not all dentists at the practice were using rubber dam when completing root canal treatments. The British Endodontic Society's guidelines advocate the use of rubber dam during root canal treatments. We discussed this with the provider who said where rubber dam was not used the risk was mitigated by the use of rotary dental instruments.
- There had been a review of staff training in relation to the Mental Capacity Act 2005. We saw certificates to evidence that all staff at the practice had completed this training at various times from June 2017 onwards.
- The practice had not purchased an induction hearing loop to assist people who had hearing difficulties. The provider said this would be discussed at a staff meeting and the relevant information to inform the discussion would be gathered.