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300 Great Western Street

Inspection Report

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Overall summary

We undertook a follow up focused inspection of 300 Great Western Street on 19 July 2019. 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of 300 Great Western Street on 15 February 2019 which continued on 20 February 2019 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, 13, 17, 19 and 20 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 300 Great Western Street on our website www.cqc.org.uk.

As part of this inspection we asked:

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

When one or more of the five questions are 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 areas where improvement was required.

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 breaches we found at our inspection on 15 February 2019.

Are services well-led?

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 breaches we found at our inspection on 15 February 2019.

Background

300 Great Western Street (known locally as Rusholme Dental Practice) is in Rusholme, Manchester and provides NHS and private treatment to adults and children.

Summary of findings

There is level access to the ground floor reception and surgeries for people who use wheelchairs and those with pushchairs. On street parking is available near the practice.

The dental team includes three dentists including a foundation dentist, 11 dental nurses (six of whom are trainees), a dental hygienist, two dental hygiene therapists (one of which is a foundation therapist), two receptionists and a practice manager. The practice has four treatment rooms.

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 registered individual, the practice manager, two dental nurses and a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am to 1pm and 2pm to 5pm.

Our key findings were:

- The practice appeared clean, tidy and well maintained.

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had systems to help them identify and manage risk to patients and staff.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols to ensure the results of audits of infection prevention and control have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's recruitment procedures to ensure that appropriate checks are completed prior to new staff commencing employment at the practice. In particular, seeking references of previous satisfactory employment.

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 our previous inspection on 15 February 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 19 July 2019 we found the practice had made the following improvements to comply with the regulations:

- The systems to report and investigate incidents and accidents had been reviewed and discussed with staff. There had been three incidents. These, and the resulting investigations were documented and discussed with the rest of the dental practice team to prevent such occurrences happening again in the future.
- Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training to the correct level and the safeguarding leads had received training to a higher level. The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records. Self-help information was displayed for patients. For example, how to access support if they were experiencing domestic violence.
- The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the staff recruitment records including one newly employed member of staff. These showed the provider followed their recruitment procedure, including a DBS check. We were told that a reference had been requested for this individual but evidence of this could not be shown. A new induction process had been introduced.
- The provider had acted to obtain evidence of immunity to the Hepatitis B virus. Three clinical members of staff were booked in for, or awaiting the results of testing. A risk assessment was in place to support staff.

- Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) including practicing medical emergency scenarios. Emergency equipment and medicines were available as described in recognised guidance. We found staff had reviewed their process to check these to make sure these were available, within their expiry date, and in working order.
- The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. They had learned from the previous incident and ensured clear instructions for using these substances were provided for staff to follow.
- A sharps risk assessment was in place. A safer sharps system was in use.

The provider had also made further improvements:

- The practice had reviewed the procedures and provided training for infection prevention and control. Instructions for manual cleaning and the correct operation of the ultrasonic cleaner and washer disinfectant were displayed in the decontamination room. The illuminated magnification device had been repaired. A dental nurse demonstrated the processes to be followed. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.
- The system to log NHS prescriptions had been reviewed. This would identify if any were missing.
- There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.
- A new cleaner had been employed. They followed cleaning schedules. The practice was visibly clean and tidy when we inspected.
- Staff had discussed strategies and role-played how to deal with patients who were verbally abusive or aggressive.
- Sepsis awareness had been discussed and information highlighting the signs and symptoms of life-threatening infections was displayed in the practice.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 19 July 2019.

Are services well-led?

Our findings

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

At our previous inspection on 15 February 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 19 July 2019 we found the practice had made the following improvements to comply with the regulations.

We found the principal dentist had prioritised the leadership of the practice. They had received support and advice from other organisations and specialist companies to enable them to prioritise and make the necessary improvements. Systems had been introduced to deliver the practice strategy and address risks to it. Weekly meetings ensured staff were engaged in this process. The provider spoke openly about the previous failings and acknowledged that improvements were necessary.

- A dental compliance company had been engaged to support the practice to implement a new system of governance. This included policies, procedures and systems to identify lead roles and when training and key tasks including the servicing of equipment is due.
- Risks relating to health and safety including fire, hazardous substances and sharps had been assessed. Specialist companies had carried out risk assessments Identifying and managing risks. For example, a fire risk assessment had been carried out in June 2019. We saw evidence that the practice was in the process of addressing minor concerns highlighted in the report. Access to the rear fire exit was clear.
- Staff recruitment and induction processes were now in place. The provider was aware of the need to assess the suitability of any future staff members, including trainee and temporary staff.

- The practice had ensured that staff were now up to date with training, including safeguarding, the Mental Capacity Act, decontamination, medical emergencies and basic life support.
- There were improved systems to ensure complaints were documented and responded to appropriately.

The practice had also made further improvements:

- Staff records had been improved using divided sections to store documents. The security of these had been reviewed and access was restricted.
- The premises had been redecorated. We saw that new flooring and carpets had been fitted. This improved the overall appearance of the practice which was clean and bright.
- An infection prevention and control audit had been carried out in March 2019. There was no evidence that the results of this had been analysed. However, we saw evidence that improvements had been made to the decontamination process and how instruments were transported to the decontamination room.
- The practice was continuing to have weekly staff meetings. We reviewed the agendas, minutes and actions identified during these meetings, which were well attended. Staff we spoke to confirmed they felt involved in making improvements and stated they felt respected, supported and valued. For example, we saw evidence that staff had discussed incidents and the Duty of Candour, emergency procedures and decontamination processes.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 19 July 2019.