

Mr. Farshid Ansari Ardabili

Fence Houses Dental Practice

Inspection Report

68 Station Avenue North

Fence Houses

Houghton Le Spring

Tyne and Wear

DH4 6HT

Tel: 0191 385 2622

Website: www.fencehousesdentist.co.uk

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Overall summary

We undertook a focused inspection of Fence Houses Dental Practice on 13 December 2018.

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 remotely by a specialist dental adviser.

We undertook a comprehensive inspection of Fence Houses Dental Practice on 4 September 2018 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 well-led care and was in breach of regulations 9, 12, 17 and 19 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 Fence Houses Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- 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 improvements were 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 4 September 2018.

Are services effective?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 4 September 2018.

Are services well-led?

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

Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 4 September 2018.

Background

Fence Houses Dental Practice is in Houghton Le Spring and provides NHS and private treatment to adults and children.

There is a small step at the entrance to the practice. Staff are available to help people who use wheelchairs and those with pushchairs if assistance is needed into the practice. Car parking spaces are available near the practice.

The dental team includes three dentists (including the principal dentist), four dental nurses and a receptionist. One of the dental nurses is also the practice manager. The practice has two 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 two dentists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday-Friday 9am to 5pm

Saturday 9am to 1pm.

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The practice had effective leadership.
- The provider had improved their staff recruitment procedures.
- Training of staff was monitored efficiently.
- Policies were re-written and updated where applicable.
- Risk assessments had been reviewed and recommended actions were implemented.
- Referrals and prescriptions were monitored efficiently.
- Dental records were audited by the principal dentist to ensure treatment was reflective of national guidance.
- The practice had closed-circuit television (CCTV) on the premises; a policy had been created. There was no privacy impact statement in place.

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

- Review the practice's protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance. In particular, for undertaking X-rays and monitoring of gum health e.g. using the basic periodontal examination (BPE) index.

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



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

The provider now had effective systems and processes to provide safe care and treatment.

They completed essential recruitment checks for all employees and managed risks identified on-site.

An effective referral tracking system was now in place.

Prescription pads were no longer pre-stamped, were logged and safe storage had been considered.

Are services effective?

No action



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

Dental professionals followed national guidance for taking X-rays and for assessing periodontal disease. This still required consistency in terms of implementing and was being closely monitored by the principal dentist. We have shared this information with NHS England as part of our inspection process.

Written treatment plans were now given to patients in accordance with the guidance from the General Dental Council (GDC).

Are services well-led?

No action



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

Improvements were made to the overall management of the service and in particular to the risk management systems within the practice. These risk systems include fire, recruitment and clinical waste storage.

The provider had set aside protected staff time for management and administration duties and clear roles and responsibilities for all the practice team were established.

Practice policies were given to staff for them to read and sign.

Audits had analysis of results and subsequent action plans where applicable.

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

Are services safe?

Our findings

At our previous inspection on 4 September 2018 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 13 December 2018 we found the practice had made the following improvements to comply with the regulations:

- Recruitment procedures were completed adequately for staff, in particular for a recently employed dental professional. Each staff file had an index checklist to ensure all procedures were completed appropriately. We saw evidence that the provider had obtained a Disclosure and Barring Service (DBS) check, references, photo identification, evidence of qualifications, registration, indemnity insurance and employment history.
- Protocols for obtaining checks of immunisation status of clinical staff were in place. Risk assessments had been completed where the status could not be confirmed or where the individual did not have sufficient protection.
- Safety alerts were subscribed to for medical drugs and equipment. We discussed recent alerts with the principal dentist. These were available to all staff and were discussed at practice meetings.
- A smoke detector had been placed in the compressor room in accordance with the fire risk assessor's recommendations.

- Clinical waste storage was now secure.
- At our last visit, we saw a full sharps container on the floor in the storage room which was awaiting collection. This had been removed.
- All referrals were now monitored efficiently. The urgent referral that had not been tracked at our last inspection had been reviewed appropriately.
- Prescriptions were no longer pre-stamped and were monitored efficiently. The principal dentist had stored these in what was thought a secure place however we found this was not the case on the inspection day. They immediately took action to review this and store these in a secure manner.
- When providing root canal treatment all dentists used rubber dams, or suitable alternatives in line with a risk assessment, and followed the guidance from the British Endodontic Society.

The provider had also made further improvements:

- The principal dentist had confirmed thermometric tests were completed in accordance with the steriliser's manufacturing instructions.
- All staff had completed Legionella awareness training.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 13 December 2018.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 September 2018 we judged the practice was not providing effective 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 13 December 2018 we found the practice had made the following improvements to comply with the regulations:

- The principal dentist had arranged training for all staff in the frequency of taking of X-rays and periodontal disease.
- A weekly record card audit system had been introduced to monitor both the record keeping standard and provision of dental care by the dentists. This was undertaken by dental nurses and reviewed by the principal dentist each week.

We viewed the results of these audits with the principal dentist and found

- All three dentists showed some improvements in recording of gum health and undertaking X-rays.
- Two out of three dentists still needed to improve in taking X-rays in accordance with the Faculty of General Dental practitioners (FGDP) guidance and recording of gum conditions.

We discussed our findings with the principal dentist and agreed we would share this information with NHS England for further support in relation to this.

- Written treatment plans were provided to patients.
- The detail in the dental care records we viewed followed FGDP guidance in relation to treatment options, costs of procedures, X-rays and root canal treatment.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 13 December 2018.

Are services well-led?

Our findings

At our previous inspection on 4 September 2018 we judged the practice 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 13 December 2018 we found the practice had made the following improvements to comply with the regulations:

- Management and governance systems were reviewed and made to be more effective. Protected time was provided for the practice manager to ensure they could carry out their duties appropriately.
- Staff were assigned roles and responsibilities and were contributing to the overall running of the practice.
- The practice manager ensured all policies were reviewed, made practice specific and read and signed by staff. They had made provision for an annual review process.
- Staff training was effectively monitored.
- An effective system was now in place to carry out recruitment procedures to eliminate the risks to staff and patients.

- The principal dentist reviewed all risk assessments, including Legionella and fire, and ensured all actions required were implemented to provide safety to staff and patients.
- Safety alerts were subscribed to for medicines and equipment.
- There were sufficient safety measures in place to reduce the risk in relation to clinical waste storage, prescription pad storage and urgent referrals.
- Audits of dental care records, radiographs and infection prevention and control were carried out with analysis of the results, resulting action plans and improvements. We found the patient survey results were still under analysis.

The practice had also made further improvements:

- A disability access audit was carried out and plans for improvement in future were documented.
- A new policy for the closed-circuit television (CCTV) was created. A data protection impact assessment had not been carried out in line with the General Data Protection Regulation, (GDPR) requirements. The principal dentist had told us they had decided to remove the CCTV.

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 13 December 2018.