Mr. Zafar Khan

# Horsforth Smile Clinic

## Inspection Report

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## Overall summary

We undertook a follow up desk based inspection Horsforth Smile Clinic on 14 November 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 completed by a CQC inspector.

We undertook a comprehensive inspection of The Dental Practice on 20 August 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 in accordance with the relevant regulations 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 Horsforth Smile Clinic on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it well led

**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 in relation to the regulatory breach we found at our inspection on 20 August 2018.

**Background**

Horsforth Smile Clinic is in the centre of Horsforth and provides NHS and private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking and public transport facilities are available near the practice.

The dental team includes four dentists (one of whom is a foundation dentist), five dental nurses (one of whom is a trainee), one dental hygiene therapist, a practice manager and a receptionist. The practice has five treatment rooms.

Horsforth Smile Clinic is a training practice for trainee dentists.

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.

# Summary of findings

The practice is open: Monday, Wednesday and Thursday 9am-5:30pm, Tuesday 9am-7:30pm, Friday 9am-2:00pm.

**Our key findings were:**

- The practice had systems to identify and manage risk effectively, including fire safety, electrical and gas safety.
- The practice had improved safeguarding vulnerable adults and children processes.
- A revised recruitment policy was now in place and DBS checks had been completed for all staff.
- A system was in place to audit infection prevention and control.

Other improvements were;

- The sharps risk assessment had been reviewed and revised.
- Prescription pads were now stored securely at the practice
- CCTV signage was now in place to ensure patients were aware they were being recorded.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services well-led?**

No action

The provider had made improvements to the management of the service. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

The practice had systems in place to identify and manage risk effectively. Risk assessments and action plans were in place and we saw evidence of improvement. For example, in the areas of fire safety, infection control and Legionella.

A revised recruitment policy was now in place and DBS checks had been completed for all staff. Staff files contained evidence of photographic identification, indemnity and immunity.

Prescription pads were stored securely.

The sharps risk assessment was now comprehensive and included all items that may cause injury to staff.

The practice had improved safeguarding processes with all levels of staff completing training to an appropriate level.

# Are services well-led?

## Our findings

At our previous inspection on 20 August 2018 we judged the provider was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 14 November 2018 we were provided with sufficient evidence to conclude the practice had made the following improvements to comply with the regulation:

- Staff had received safeguarding training to the correct level and were aware of their responsibilities.
- Staff recruitment records were now complete, including references and photographic identification.
- DBS checks had been completed on all staff working at the practice.
- The provider had provided evidence of regular completed fire checks and fire drills completed by staff at the practice.
- The practice ensured that facilities were safe and that equipment was maintained according to manufacturers' instructions, including electrical fixed wiring and gas safety. Certificates to confirm the safety of these were now in place.
- The sharps risk assessment had been reviewed, this showed that all sharps had been assessed and the risks discussed with staff. No sharps incidents had occurred since the previous inspection. The practice manager was aware of the importance of documenting their investigation and any outcomes in the event of a future sharps injury.
- The legionella risk assessment recommendations were being followed with regular water temperature monitoring being recorded. Staff were aware of the action they should take if temperatures were not safe.
- Records showed that fire detection equipment, such as smoke detectors, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice had also made further improvements:

- The security of prescription pads had been reviewed and these were stored securely. A system was in place to document all prescriptions.
- The practice had reviewed the use of closed circuit television system (CCTV). They ensured it's use complied with General Data Protection Regulation (GDPR) requirements. Signs were displayed internally and externally to advise people they were being recorded.

We saw how the provider had prioritised the areas of concern to ensure that the appropriate action was taken to address them. They introduced systems to prevent the re-occurrence of the concerns.

These improvements showed the provider had acted to comply with the regulation when we inspected on 14 November 2018.