

Mazdak Eyrumlu and Azad Eyrumlu Clevedon Dental Care

Inspection Report

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Overall summary

We carried out a follow- up inspection of this service on 19 July 2017.

We had undertaken an unannounced comprehensive inspection of this service on 18 July 2016 as part of our regulatory functions where breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We reviewed the practice against three of the five questions we ask about services: is the service safe, responsive and well-led?

We revisited the surgery as part of this review and checked whether they had followed their action plan.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Clevedon Dental Care on our website at www.cqc.org.uk.

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 safe?

At our previous inspection we had found that the practice had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff. The practice had not maintained adequate records of immunisation against Hepatitis B, national patient safety and

medicines alerts that affected the dental profession as well as accident report including learning points.

At our inspection on 19 July 2017 we found that this practice was now providing a safe service in accordance with the relevant regulations. The practice had put into place arrangements for updating staff files with immunisation records, implemented a safety alerts folder and reporting system and shared the learning from incidents and accidents with staff. The practice had completed the action plan from the infection control audits and which showed the practice was fully compliant with essential quality requirements.

Following our review on the 19 July 2017 we were assured that action had been taken to ensure that the practice mitigated the risks relating to the health, safety and welfare of patients and staff.

No action



Are services responsive to people's needs?

At our previous inspection we found the practice was not providing responsive care. Patient's appointments were often cancelled at short notice or were not available for emergency

treatment when patients had dental pain. Patients had limited practice to the service. The practice did not have system for identifying learning from the complaints and sharing it with the staff team for the well-being of patients.

At our inspection on 19 July 2017 we found that the practice had put into place systems and processes to respond to patient's appointments needs. Patients told us the service had improved in the last 12 months. Patients reported it was easy to book appointments and they had not waited for a long time to receive treatment. The practice had a complaints log which recorded the nature of the complaint, how it was resolved and the learning outcome. We saw records which showed that the practice discussed complaints at the staff meetings.

Following our review on 19 July 2017 we were assured that there were now systems in place to provide responsive care to meet the needs of patients and access to the service had improved.

No action



Are services well-led?

At our previous inspection we had found that the practice had not established effective governance arrangements to ensure risks were identified, understood and managed. Policies and procedures were not effective to ensure the smooth running of the service.

At our inspection on 19 July 2017 staff told us there had been a change in the management and governance structure. We found that the practice had an effective clinical governance system which covered aspects of clinical governance pertinent to dentistry. Systems had been put into

No action



Summary of findings

place to demonstrate that these policies and procedures were carried out effectively. The practice had implemented a robust audit process with the oversight of a clinical director. The practice had an effective system to ensure that staff were supported and had completed continuing professional development as required by the General Dental Council.

Following our review on 19 July 2017 we found evidence which showed that the practice had taken adequate action to ensure that the practice was well-led.

Clevedon Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a review of this service on 19 July 2017. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 18 July 2016 had been made. We reviewed the practice against three of the five questions we ask about services:

- Is the service safe?
- Is the service responsive?
- Is the service well-led?

The review was carried out by a CQC inspector and a dental specialist advisor. On the day of inspection we collected 30 CQC comment cards filled in by patients, the results of the NHS Friends and Family test and spoke with two patients.

During our review, we spoke with the practice manager, compliance manager, two associate dentists and a receptionist. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Results of the NHS Friends and Family test
- Appraisals
- Continuing Professional Development (CPD) training certificates
- Disclosure and Barring Service (DBS) checks
- Immunisation checks
- Practice policies and procedures
- Audits such as infection control, X-ray and record keeping

Are services safe?

Our findings

Reporting, learning and improvement from incidents

At our inspection on 19 July 2017 we found the practice had improved the incidents and accident reporting procedure. The practice had implemented a reporting form which included the outcome and learning following each incident or accident. We saw records which showed that the learning points were discussed at staff meetings.

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We saw records which showed alerts were reviewed and disseminated to the staff, where appropriate. The practice had a safety alert folder which included recent alerts such as those for defective oxygen masks.

Staff recruitment

We looked at six of the staffs' recruitment files. These showed the company's recruitment procedure was followed. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. Immunisation records were available for all members of staff.

A dental nurse worked with the dentists when they treated patients. We were told the dental hygienists normally worked without chairside support but support was available when requested. The practice had undertaken a risk assessment for the dental hygienist working without chairside support.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice carried out infection prevention and control audits twice per year. The latest audit showed the practice was meeting the required standards.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

At our inspection on 19 July 2017 we found that patients described high levels of satisfaction with the responsive service provided by the practice. The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

We reviewed 30 CQC comment cards completed by patients in the two weeks prior to our inspection, the results of the NHS Friends and family test and spoke with two patients. Patients commented on the improvements in accessing the service the last 12 months. This included getting an appointment with the dentist in a timely way and appointments were no longer cancelled at short notice.

Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were

handled. Information about how to make a complaint was available including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

The practice had received 10 complaints in the last 12 months. We reviewed the complaints that the practice received and saw that they were resolved in line with the practice complaints policy. The practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

At our inspection on 19 July 2017 staff told us a new management structure was in place. The practice had a clinical director who provided support to the dentist. Further planned developments include regional clinical support managers who would provide additional support to staff at a local level.

The practice manager was responsible for the day to day running of the service. They took the lead role for individual aspects of governance such as complaints, risk management and audits within the practice and sought to ensure there were systems to monitor the quality of the service such as risk assessments.

The practice manager told us a programme of improvement had been put in place which included redecorating the practice. The practice was in the process of employing two dentists who would be permanent members of the team. Lead roles, for example in infection control, safeguarding and fire safety had been identified to manage risks and help ensure information was shared with all team members. The practice manager told us ongoing training had been arranged for the lead dental nurse and other team members.

We reviewed the training records for six members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that staff were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as the Mental Capacity Act, fire safety, information governance and health and safety.

Leadership, openness and transparency

Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the practice manager as well as other colleagues. Staff we spoke with were confident in approaching the practice manager if they had concerns and displayed appreciation for the leadership. The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour.

The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be hard working, caring and a cohesive team and there was a system of yearly staff appraisals to support staff in carrying out their roles. Staff told us they felt more supported following the changes in the management structure.

Learning and improvement

The practice had implemented a comprehensive rolling programme of audits. The dentists told us when the audits were completed they were reviewed by the clinical director. In the last 12 months each of the dentist had completed an audit on record keeping, X-ray, the Basic Periodontal Exam, Delivering Better Oral Health, NICE guidelines, consent, NHS claims and referrals. We saw records which showed that the audits had documented learning points, were analysed so that the resulting improvements could be demonstrated.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had a procedure for monitoring the quality of the service provided to patients. We saw records that showed that the practice collected patient's response to the NHS Friends and Family test and analysed the results.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings provided appropriate forums for staff to give their feedback.