

Mr. Paramjit Chopra

Chopra & Associates H M Prison Pentonville

Inspection Report

Caledonian Road

Islington

London

N7 8TT

Tel: 020 7023 7000

Website: <http://www.chopradental.com/>

Date of inspection visit: 19 December 2017

Date of publication: 09/05/2018

Overall summary

This inspection was an announced focused inspection on 19 December 2017, under Section 60 of the Health and Social Care Act 2008. The purpose of the inspection was to follow up on Requirement Notices that we issued following a joint inspection with Her Majesty's Inspectorate of Prisons (HMIP) in January 2017, and to check that the provider was meeting the legal requirements and regulations associated with the Act.

This report covers our findings in relation to those aspects detailed in the Requirement Notices dated 14 June 2017 in the joint HMIP/CQC report, in respect of dental services.

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?

We did not inspect the safe domain in full at this inspection. We inspected only those aspects detailed in the Requirement Notice issued in June 2017 as a result of the joint inspection with HMIP in January 2017.

At this focused inspection, we found that the provider had taken adequate action to address risks identified in January 2017 and improved the clinical environment. Decommissioned dental equipment had been removed from the dental surgery, current equipment was well maintained, and the clinical areas complied with current infection control standards.

Are services effective?

We did not inspect the effective domain at this inspection.

Are services caring?

We did not inspect the caring domain at this inspection.

Are services responsive to people's needs?

We did not inspect the responsive domain at this inspection.

Are services well-led?

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects detailed in the Requirement Notice issued in June 2017 as a result of the joint inspection with HMIP in January 2017.

At this focused inspection, we found that communication between the health providers had improved significantly, with more regular meetings and examples of integrated working evidenced. There was a comprehensive system of jointly-agreed policies and procedures in place, and Mr Paramjit Chopra had improved his quality assurance process through regular, independently-reviewed audits. Dental staff had adequate access to support through more regular supervision.

Chopra & Associates H M Prison Pentonville

Detailed findings

Background to this inspection

Background

HMP Pentonville is a large Victorian local prison for remand and convicted prisoners, with four wings unchanged since it was built in 1842. It is one of the busiest prisons in the country with approximately 33,000 movements of prisoners a year through its reception. It accepts all suitable male prisoners over the age of 18 from courts in its catchment area.

Some dental services are provided by Mr Paramjit Chopra, who is directly contracted by NHS England. The dental team share facilities at the prison with a second provider of dental services. The location is registered to provide the regulated activities: Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

CQC inspected this location with HMIP between 9 and 13 January 2017. We found evidence that fundamental standards were not being met and issued requirement notices in relation to Regulation 15, Premises and equipment, and Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The joint report published following the January 2017 inspection can be found by accessing the following website:

<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2017/06/Pentonville-Web-2017.pdf>

We subsequently asked Mr Paramjit Chopra to make improvements regarding these breaches. We checked these areas during this focused inspection and found that the provider had addressed the previous regulatory breaches identified.

Our inspection team

This inspection was completed by a CQC health and justice inspector and specialist dental adviser.

On the day of our focused inspection visit, we spoke with dentists and dental nurses from both providers, reviewed the clinical facilities within the dental suite, and looked at a range of documents and records relating to clinical practice and governance.

Are services safe?

Our findings

At our previous inspection in January 2017, we found that the provider had not identified and addressed risks associated with the dental room and equipment.

These included:

- Dental equipment left on the work surfaces was broken and had been out of use for over two years.
- Clean and dirty areas within the clinic room were indistinguishable, hindered by a cluttered environment, and the decontamination process was not defined or assured.
- A fridge in the middle of the clinic room, was a health and safety risk.
- The floor surrounding the base of the dental chair was not sealed, which provided a potential source for infection.

At this focused inspection, we found that Mr Paramjit Chopra had taken adequate action to address these risks and improve the clinical environment.

The provider had implemented an effective infection control policy, and ensured that the facilities now complied with current infection control standards by conducting a twice-yearly audit using a nationally-recognised electronic audit tool.

The dental clinic, decontamination room and storage cupboards were visibly clean, tidy and clutter free. A clear zoning system identified clean and dirty areas in the clinical areas, which reduced the risk of clean instruments coming into contact with dirty instruments. Dental staff had an effective policy and process in place for cleaning and decontaminating instruments. The prison had removed the broken and out of use dental equipment located in the decontamination room in April 2017. All of the equipment we inspected was maintained and certified appropriately.

The prison works contractor had moved the fridge from the middle of the clinic to a safer location underneath a worktop. The treatment room had been fitted with hospital-grade sealed flooring to comply with current infection control standards and a new dental chair had been installed.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective domain at this inspection.

Are services caring?

Our findings

We did not inspect the caring domain at this inspection

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive domain at this inspection.

Are services well-led?

Our findings

In January 2017, we found that there were very limited systems and processes in place to effectively monitor the safety and quality of the dental service and ensure compliance with legislation and clinical guidance. The concerns included:

- There was no integrated working with other health care and dental providers, with little communication and networking.
- There was no access to online or paper based policies and procedures, and the provider was unsure if he should be following his own policies, the other dental provider's or the main health care provider's policies.
- Self-audits were completed, but there was no external scrutiny of practices and trends, and no actions were taken in response to recurring findings highlighted. We were not assured of the integrity of audit records, which were amended during the January 2017 inspection.
- There were no external peer reviews or clinical or managerial supervision of staff.

At this focused inspection, we found that communication and integrated working between the providers had improved significantly.

The two dental providers, main health care provider and NHS England commissioners now met formally at least quarterly. The purpose of these meetings was to monitor

performance and address any concerns around the service, and we saw evidence of clear minutes and agreed action plans that were shared with all relevant parties and acted on promptly. Other examples of improved integrated working included agreed joint responsibility for providing urgent dental treatment, a shared template for electronic record keeping, and shared responsibility for recording daily checks of the dental facilities. All staff we spoke to reported improved communication between the providers.

The providers had implemented a comprehensive system of agreed joint policies and procedures. Staff could access these in a paper file in the dental surgery, and electronically on the main health provider's intranet. Examples of shared policies included safeguarding adults, data security, information governance and patient complaints.

Mr Paramjit Chopra had improved his safety and quality assurance processes by conducting regular audits of radiography practice and clinical record keeping. Independent dentists peer-reviewed these audits to ensure quality. The effectiveness of infection control procedures were also monitored through a twice-yearly audit. The audit results we reviewed did not indicate any concerns about safety or clinical practice. The two dental providers were developing plans to introduce further peer review across the team's wider practice.

Staff were receiving better support through more frequent managerial and clinical supervision, and those we spoke to told us they felt well supported.