

Mr. Alan Freedman

# Alan Freedmans Dental Practice

## Inspection Report

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### Overall summary

We undertook a follow up focused inspection on 21 August 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 by a specialist dental adviser.

We undertook a comprehensive inspection of Alan Freedmans Dental Practice on 21 February 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 safe and 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 Mr. Alan Freedman on our website [www.cqc.org.uk](http://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 safe?
- Is it well-led?

#### **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 21 February 2018.

##### **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 21 February 2018.

##### **Background**

Alan Freedmans Dental Practice is in Salford and provides private treatment to adults and children.

# Summary of findings

A portable ramp is available for people who use wheelchairs and pushchairs. On street parking is available directly outside the practice.

The dental team includes two dentists, five dental nurses who also carry out reception and administrative duties (one manages the practice and one is a trainee), and a dental hygiene therapist. 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 the principal dentist and dental nurses, one of whom manages the practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Tuesday and Thursday 9am to 5.30pm

Wednesday 9am to 5.00pm

Friday 9am to 1.00pm

## **Our key findings were:**

- The practice had infection control procedures. Improvements had been made to the decontamination processes.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Staff were up to date with safeguarding training.
- Staff files were well organised, stored securely and Information relating to recruitment procedures was readily available.
- Improvements had been made to the overall governance arrangements. The practice used audits to review their improvements.
- The practice had reviewed their processes to carry out and document assessments in line with nationally agreed guidance.
- Disability access had been reviewed and improved.

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

- Review the practice's protocols to ensure audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the Faculty of General Dental Practice.

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### **Are services safe?**

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

Staff knew how to recognise the signs of abuse and how to report concerns. We saw evidence that staff were up to date with safeguarding training.

A sharps risk assessment was in place. We noted this did not include matrix bands. The lead nurse told us this would be reviewed immediately. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles to minimise the risk of inoculation injuries to staff.

Staff were qualified for their roles. A staff recruitment policy was in place to help them employ suitable staff. We saw evidence that the practice had followed appropriate recruitment procedures for the most recent member of staff, and reviewed the staff files which were stored securely.

The practice had an infection prevention and control policy in place. Procedures were in place for staff to follow. Improvements had been made to the decontamination processes and management of dental unit waterlines.

The practice had suitable arrangements for dealing with medical and other emergencies. Staff had received training and were familiar with the operation of the medical oxygen cylinder.

The practice had registered to receive patient safety alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).

No action



### **Are services well-led?**

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

The provider had made improvements to the management of the service. This included establishing clear roles and responsibilities for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

The practice had up to date and accessible policies, and risk assessments to support the management of the service and to protect patients and staff. Policies and procedures relating to recruitment, the Mental Capacity Act and Gillick competency were now in place.

We saw evidence that clinical leadership had been reviewed. On the day of the inspection, the principal dentist was open to feedback. The processes to assess and document patient needs, including options, risks and benefits had been reviewed and improved.

The practice had introduced quality assurance processes including audits of dental care records, radiographs and infection prevention and control. These had led to improvements in clinical record keeping. We discussed how these could be further improved, for example, by including action plans.

No action



# Summary of findings

Staff files were held securely and contained evidence of up to date staff training. The practice ensured that staff completed their appropriate continuing professional development training and were up to date.

# Are services safe?

## Our findings

At our previous inspection on 21 February 2018 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 21 August 2018 we found the practice had made the following improvements to comply with the regulation:

- The practice had registered to receive national patient safety and medicines alerts from the MHRA. These were retained for reference.
- The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were up to date with safeguarding training to the correct level.
- We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been completed. We noted this did not include matrix bands. The lead nurse told us this would be reviewed immediately. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of needles to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.
- Emergency equipment and medicines were available as described in recognised guidance. Staff had received training and were familiar with the operation of the medical oxygen cylinder.
- The practice had introduced a staff recruitment policy to help them employ suitable staff. The evidence confirmed the a recent member of staff had been recruited safely. Information relating to staff was retained in individual staff files and stored securely to maintain their confidentiality.

- The practice had an infection prevention and control policy in place. 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 had reviewed the workflow and completed training in decontamination processes and followed practice procedures. The practice had carried out an infection prevention and control audit and reviewed the findings to improve processes.
- The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Monthly water temperature testing was carried out and a product was used in the dental unit water lines in line with the manufacturer's instructions.

The practice had also made further improvements:

- The practice had acted upon the recommendations in a fire risk assessment. This included the installation of fire doors, emergency lighting and additional fire detection devices.
- Staff had reviewed their storage and use of hazardous substances to ensure they were risk assessed, stored in the correct container and used in line with manufacturer's instructions.
- The practice had suitable arrangements to ensure the safety of the X-ray equipment. A radiation protection file was in place. Staff had registered the practice's use of radiography with the Health and Safety Executive (HSE).

These improvements showed the provider had acted to comply with the regulation when we inspected on 21 August 2018.

# Are services well-led?

## Our findings

At our previous inspection on 21 February 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 21 August 2018 we found the practice had made the following improvements to comply with the regulation.

The provider had made improvements to the management of the service. This included establishing clear roles and responsibilities for all the practice team. Staff had worked together to make the necessary improvements. These improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice:

- The practice had reviewed the availability of policies and procedures. Policies and procedures relating to recruitment, the Mental Capacity Act and Gillick competency were now in place.
- We saw evidence that clinical leadership had been reviewed. On the day of the inspection, the principal dentist and staff were open to feedback. The processes to assess and document patient needs, including options, risks and benefits had been reviewed and improved. The dentist used templates to ensure the correct assessments were carried out and documented. We saw that further improvements could be made, particularly in relation to ensuring periodontal assessments were carried out and documented.
- The practice had introduced quality assurance processes including audits of dental care records, radiographs and infection prevention and control. These

had led to improvements in clinical record keeping. We discussed how these could be further improved. For example, by including the clinicians' own reflections and action plans.

- Staff files were held securely and contained evidence of up to date staff training. The practice ensured that staff completed the appropriate continuing professional development training and were up to date.
- Procedures were made available to staff to ensure that correct processes were in place and being followed, for example in relation to decontamination processes and COSHH. Staff were familiar with the Mental Capacity Act and Gillick competence. A formal sharps risk assessment had been completed.
- Systems were in place to ensure staff completed highly recommended training, including safeguarding and decontamination training.
- The practice had systems to ensure that the results of vaccinations against Hepatitis B were checked and followed up as necessary. A low responder had been risk assessed to minimise the risk of infection.

The practice had also made further improvements:

- The practice had reviewed its responsibilities to the needs of people with a disability and the requirements of the equality Act 2010. A Disability Discrimination Act audit had been undertaken and further improvements made. Including grab rails in the patient toilet and the provision of reading glasses at the reception desk.
- The practice had reviewed the information held in relation to members of staff.
- A lone worker risk assessment was in place in relation to the cleaner.

These improvements showed the provider had acted to improve the quality of services for patients and comply with the regulation when we inspected on 21 August 2018.