

Mr. Abbas Shenyar

Stratfield Road Dental Practice

Inspection report

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Date of inspection visit: 13 October 2020
Date of publication: 11/12/2020

Overall summary

We undertook a follow up desk-based review of Stratfield Road Dental Practice on 13 October 2020. This review was carried out to assess in detail the actions taken by the provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The review was led by a CQC inspector who was remotely supported by a specialist dental adviser.

We undertook a comprehensive inspection of Stratfield Road Dental Practice on 19 February 2020 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 or well-led care and was in breach of regulations 12 and 17 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 Stratfield Road Dental Practice on our website www.cqc.org.uk.

As part of this review 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 breach we found at our inspection on 3 March 2020.

Summary of findings

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 3 March 2020.

Background

Stratfield Road Dental Practice is in Basingstoke and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for people with disabilities, are available near the practice.

The dental team includes one dentist, one dental nurse, one trainee dental nurse/administrator and one receptionist. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist. 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 review the provider sent us records to show where improvements had been made.

The practice is open:

- Monday to Friday 9am to 5pm.
- Saturdays by arrangement.

Our key findings were:

- Infection prevention and control procedures were being effectively followed.
- Procedures were in place to reduce the likelihood of legionella in line with guidance.
- The use of dental dams was in line with guidance.
- The practice had collated relevant information concerning radiation protection into a single file.
- Safer sharps procedures and protocols were being followed in line with guidance.
- Dental care records were being completed in line with guidance.
- Emergency equipment was provided in line with guidance.
- A full range audits including antibiotic prescribing and infection prevention control had been implemented.
- A Control of Substances Hazardous to Health (COSHH) Regulations 2002 file had been completed to ensure the safe storage and handling of hazardous substances in line with regulations.
- Staff were aware of prescribing guidelines for medicines, as well as consent policies, including the mental capacity act and Gillick competence.
- Clinical governance had been improved and a number of new policies, protocols and procedures had been implemented with a new clinical governance system.
- An interpreter service was available in the practice.
- Referrals were centrally monitored to ensure none were lost or not actioned.
- An effective staff appraisal system was implemented in line with guidance.

Summary of findings

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this review. We will continue to discharge our regulatory enforcement

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	✓
Are services well-led?	No action	✓



Are services safe?

Our findings

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

At our previous inspection on 19 February 2020 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 review on 13 October 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider produced evidence to show that arrangements for transporting, cleaning, checking, sterilising and storing instruments were in line with HTM 01-05. We saw that new long handled cleaning brushes, in line with guidance, were now available, as was a washer disinfectant and cleaning detergents in line with guidance.
- The provider produced evidence of procedures to reduce the possibility of legionella or other bacteria developing in the water systems, and a legionella risk assessment was provided in line with guidance. We saw that an external company had carried out a risk assessment on 22 August 2020, with no additional recommendations to be carried out.
- The provider produced evidence to show that usage of a dental dam was in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used this was documented in the patient dental care record and a risk assessment completed. The provider showed us dental care records were now recorded in an electronic format to ensure that details were not missed when recording dental dam use.
- The provider produced evidence that the required radiation protection information was available for inspection. The provider showed us a comprehensive file, with information recorded on online with an external contractor to ensure that service dates were not missed and appropriate information recorded.
- The provider produced evidence that safer sharps guidelines were followed; and where guidance is not followed this is recorded and risk assessed. The provider showed us the addition of safer sharps disposal equipment located in the treatment room. There was a new policy and sharps injury posters were displayed.
- The provider produced evidence that emergency equipment and medicines were available as described in recognised guidance. The provider had implemented processes to ensure staff were knowledgeable in how to manage emergency situations, equipment and medicines. We saw that the practice had obtained new equipment in line with guidance. The emergency medical equipment and medicines were being checked and recorded in line with guidance. Staff had received both online and face to face training.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we reviewed the evidence submitted, on 13 October 2020.

Are services well-led?

Our findings

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

At our previous inspection on 19 February 2020 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 review on 13 October 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider produced evidence that dental care records were completed in line with guidelines and included risk assessments, medical and social history, consent processes, basic periodontal examination details or comprehensive periodontal evaluation records, information about treatment options, previous treatment, justification for radiographs either by way of grading or reporting of images. We saw that the provider was completing computerised patient care records. The provider was using templates to ensure that required information was not missed whilst completing records. A record card audit had been completed to ensure that any dental care records development issues were recorded and actioned.
- The provider produced evidence that the Control of Substances Hazardous to Health (COSHH) Regulations 2002 file contained the relevant information for all substances where risk can be caused to health. The provider showed us a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 file to ensure the safe storage and use of hazardous materials.
- The provider produced evidence that staff were aware of guidelines in prescribing medicines. The provider showed us records which showed that medicine prescription training had been addressed with staff. A new policy had been implemented, including procedures, to ensure guidelines were complied with.
- The provider produced evidence that the practice team fully understand the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after.
- The provider produced evidence of a consent policy which included information about the Mental Capacity Act 2005. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances.
- The provider produced evidence of improved clinical governance and included policies, protocols and procedures that were accessible to all members of staff; including recruitment, prescriptions, consent, referrals, business continuity plan, incident reporting, environmental cleaning, whistleblowing, hand hygiene, training or induction procedures. The provider had adopted a new compliance system to help ensure a comprehensive range of policies, protocols and quality assurance processes.
- The provider produced evidence that a system had been implemented to ensure that staff received their annual appraisal. We were shown evidence of completed appraisals for all staff.
- The provider produced evidence that a system of quality assurance processes had been introduced to encourage learning and continuous improvement. We were shown audits of dental care records, radiographs and infection prevention and control.

The practice had also made further improvements:

- The provider produced evidence that a system of audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practitioners had been implemented.
- The provider had taken action to ensure the availability of an interpreter service for patients who do not speak English as their first language.
- The provider produced evidence that a system had been implemented to ensure patient referrals to other dental or health care professionals were centrally monitored to ensure they were received in a timely manner and not lost.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we reviewed the evidence submitted, on 13 October 2020.