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Danesholme Dental Practice

Inspection Report

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Overall summary

We carried out a focused inspection of Danesholme Dental Practice on 27 September 2017.

The inspection was led by a CQC inspector who was supported by a second CQC inspector.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 18 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 area(s) where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with regulation 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 Danesholme Dental Practice on our website www.cqc.org.uk.

We also reviewed the key questions of safe and responsive as we had made recommendations for the provider relating to these key questions. We noted that improvements had been made.

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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 18 October 2016.

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?

The provider had taken steps to improve the safety of the service. The practice were now receiving national safety alerts.

Rubber dam was used by the dentist to protect patients undergoing root canal treatment.

A rectangular collimator had been obtained and this was fitted to the intra-oral machine.

The practice had effectively managed the risks associated with legionella proliferating.

No action



Are services responsive to people's needs?

The practice had access to an interpreter service to assist those patients for whom English was not their first language.

No action



Are services well-led?

The provider had made improvements to the management of the service. Risks to the health, safety and welfare of patients had mostly been addressed. Risk assessments had been undertaken in relation to health and safety and fire. We noted one area which required action as an electrical installation condition report had not been carried out. The provider told us this was an oversight and made immediate arrangements for this to be undertaken.

The provider had implemented a system for reporting, investigating and learning from significant incidents and had amended policy accordingly.

Infection control audit processes had been strengthened.

Appropriate servicing and testing was undertaken for X-ray machines and records were maintained.

A system was in place for policy review and the practice had implemented a whistleblowing policy.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services safe?

Our findings

At our previous inspection on 18 October 2016 we judged the practice was providing safe care in accordance with the relevant regulations. We had made recommendations to the provider relating to this key question. At the inspection on 27 September 2017 we noted the practice had made improvements:

- The practice had signed up to receive patient safety alerts such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA). The provider told us that there had not been any relevant alerts received to date, but they would log and take appropriate action in respect of alerts which impacted upon patient safety.
- Rubber dam was in use to protect patients undergoing root canal treatment.

- A rectangular collimator had been obtained and fitted to the intra-oral machine.
- The practice had taken all reasonable steps and had effectively managed the risks associated with legionella proliferating.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 18 October 2016.

During our latest inspection on 27 September 2017 we identified that Glucagon was being stored outside of refrigeration. The provider is required to amend the expiry date on the product when stored in this way. We noted that the expiry date had not been changed. We were provided with photographic evidence after our inspection that a new expiry date had been placed on to the product packaging.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection on 18 October 2016 we judged the practice was providing responsive services in accordance with the relevant regulations. We had made a recommendation to the provider relating to this key question. At the inspection on 27 September 2017 we noted the practice had made an improvement:

- The practice had obtained access to an interpreter service for the benefit of patients who do not speak English as their first language.

This improvement showed the provider had taken action to address the shortfall we found when we inspected on 18 October 2016.

Are services well-led?

Our findings

At our inspection on 18 October 2016 we judged the practice was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 27 September 2017 we noted the practice had made the following improvements to meet the requirement notice:

- Risks to the health, safety and welfare of patients had mostly been addressed. Health and safety and fire risk assessments had been completed in October 2016. Our review of the fire risk assessment identified that an electrical installation condition report was required. This had not been undertaken at the point of our re-inspection. The provider told us this had been an oversight and made immediate arrangements for this to be undertaken. Following our inspection, we were informed that the testing had taken place on 4 October 2017.
- The provider had implemented a system for the reporting, investigating and learning from significant incidents. An incident reporting form was in place and

staff were informed about the process for reporting untoward incidents. The provider had made amendments to the Health and Safety policy to incorporate the changes made.

- We reviewed two infection control audits undertaken in January 2017 and August 2017. The audits were complete and included reference to the current staff lead.
- Risks had been addressed in relation to the servicing or testing of equipment. We reviewed documentation that showed annual servicing had taken place of X-ray machines in October 2016. We also noted that weekly visual checks of X-ray units were undertaken and recorded. The practice had previously made a decision to decommission the ultra-sonic bath.
- We saw evidence that practice policies had been reviewed to ensure they were up to date and relevant, for example, the infection control policy. The practice had also implemented a whistleblowing policy.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 18 October 2016.