

Mr. Sanjeev Talwar

606 Dental Practice

Inspection Report

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Overall summary

We undertook a desk-based follow up of 606 Dental Practice on 15 May 2019. 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 review was led by a CQC inspector who had access to remote advice from a specialist advisor.

We undertook a comprehensive inspection of 606 Dental Practice on 29 May 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 well led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also completed a focussed follow up inspection of 606 dental practice on 12 December 2018. Although the provider had made some improvements, we found the provider was still not providing well led care and was in breach of regulation 17. You can read our report of that inspection by selecting the 'all reports' link for 606 Dental Practice on our website www.cqc.org.uk.

We have not re-visited 606 Dental Practice for this review because the registered provider was able to demonstrate that they were meeting the standards without the need for a visit.

As part of this inspection we asked:

- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

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 in relation to the regulatory breach we found at our inspection on 12 December 2018.

Background

606 Dental Practice is in Solihull, West Midlands and provides both NHS and private treatment for adults and children.

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

The dental team includes six dentists, six dental nurses (including one head nurse), two dental hygienists, one dental hygiene therapist, a part time practice manager and five receptionists. The practice has six treatment rooms.

Summary of findings

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 checked that the registered provider's action plan had been implemented. We reviewed a range of documents provided by the registered provider.

The practice is open Monday to Friday from 9am to 5.30pm.

Our key findings were:

- The provider's sharps risk assessment had been amended and included details of all sharp instruments in use at the practice
- The provider had confirmed that the Electricity Board had taken action to address issues identified in the five-year fixed wiring test.
- Risk assessments had been updated and now contained correct information including the health and safety risk assessment, lone workers risk assessment and the violence at work risk assessment.
- Infection prevention and control audits were completed on a six-monthly basis using an up to date audit tool. The infection prevention and control procedure had been updated.
- The practice's systems for logging prescriptions had been amended and processes had been put in place to provide assurance of prescription security. The practice completed a prescribing audit to review individual prescribing patterns for each of the dentists who used the same prescription pad.
- The provider had developed and implemented a structured induction process.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service. This included updating risk assessments, completing works to address issues identified in the five year fixed wiring check, safer systems for logging prescriptions and completion of audits on a regular basis such as prescribing audits and infection prevention and control audits. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action 



Are services well-led?

Our findings

At our previous inspection on 29 May 2018 we judged the provider 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 inspection on 15 May 2019 we found the practice had made the following improvements to comply with the regulation(s):

- The action plan sent following the last inspection included an amended sharps risk assessment. This included details of all sharp instruments in use at the practice. As part of this desk based review we were sent further information regarding sharps risk and use and management of sharps.
- The provider sent evidence to demonstrate that an electrician had visited the practice in April 2019 to conduct an inspection of the fixed wiring, to correct any minor faults immediately and to arrange for a date to address any other faults identified. The provider has since confirmed that the Electricity Board have taken action to address issues identified in the five year fixed wiring test.
- Risk assessments have been updated to meet the needs of the practice. The practice's health and safety risk assessment had been amended and information about Class 3B and 4 lasers which were not in use at the practice has been removed. The action plan sent following the last inspection of the practice included a copy of an amended lone workers risk assessment. A lone workers policy has also been introduced at the practice. Mitigating action to reduce the risk of lone working was recorded and acted upon. All risk assessments have been discussed at a practice meeting and staff have signed to confirm that they have received

update training regarding this. The action plan sent following the last inspection included an amended violence at work risk assessment. The practice has also developed a policy on violence and aggression.

- Infection prevention and control audits were completed on a six-monthly basis using an up to date audit tool. The most recent audit demonstrated that this had been completed correctly. A new infection prevention and control procedure has been implemented at the practice and is to be reviewed on an annual basis.
- The practice manager had implemented a new system for logging prescriptions which improved prescription security. A log had been developed and all prescription numbers were listed in the log book prior to issue. Systems were put in place to log details of each prescription once issued. Prescriptions pads were kept separately from the prescription log. Changes have been made to the prescribing audit. Each dentist now completes an audit. This enables individual prescribing patterns to be identified for each of the dentists who used the same prescription pad. The prescribing audit is to be completed in March each year and discussed during the April practice meeting.
- The practice manager had developed a structured induction process. This included separate induction processes and documentation for reception staff, qualified dental nurses and trainee dental nurses. A new induction folder had been developed which contained recruitment information such as application forms, pre-employment checks, immunisation reports and an induction programme, including health and safety induction information, various policies and procedures and information regarding induction and ongoing training.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation(s) we identified they were not meeting when we inspected on 29 May 2018.