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Chester Dental Clinic

Inspection report

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Overall summary

We undertook a follow up desk-based review of Chester Dental Clinic on 28 October 2020. This review 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.

We undertook a comprehensive inspection of Chester Dental Clinic on 30 October 2019 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. You can read our report of that inspection by selecting the 'all reports' link for Chester Dental Clinic on our website 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 or review again after a reasonable interval, focusing on the area where improvement was required.

As part of this review we asked:

- Is it well-led?

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 28 October 2020.

Summary of findings

Background

Chester Dental Clinic is in Chester town centre and provides NHS and private treatment to adults and children.

Access is not possible for wheelchair users. Car parking, including spaces for blue badge holders, are available near the practice.

The dental team includes three dentists, four dental nurses (one of which is the practice manager and one is a trainee), one part time dental hygienist and a receptionist. The practice has three 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 review we spoke with owner and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 1pm and 2pm to 5.30pm

Saturday 9am to 1pm

Our key findings were:

- There were systems in place for checking the availability of medicines and life-saving equipment and removing expired medicines.
- Systems to identify and manage risk to patients and staff had been improved. For example, electrical and fire safety, risk assessing hazardous substances and sharps, and ensuring staff had immunity to Hepatitis B.
- A system was in place to ensure the security and appropriate use of NHS prescriptions.
- A process was now in place to check the suitability of agency staff and ensure they are familiar with practice protocols.
- The provider had increased their leadership capacity at the practice and staff reported that communication had improved.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

At our previous inspection on 30 October 2019 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the review on 28 October 2020 we found the practice had made the following improvements to comply with the Regulation:

- A process was now in place to check the suitability of agency staff by ensuring essential checks were carried out and ensure they are familiar with practice protocols.
- A risk assessment was undertaken to review the arrangements for staff to respond to medical emergencies and the procedure updated. The system to carry out regular checks of the medical emergency kit was reviewed and expired items removed.
- Recommendations in the electrical installation inspection undertaken in February 2019 had been actioned. Emergency lighting had been serviced and this is now carried out annually. Additional action had been taken to replace fire alarms.
- The practice had introduced a system to log patient safety alerts to ensure these were assigned to the correct person and to demonstrate these were acted on appropriately and in a timely way and discussed with staff.
- The provider reviewed the arrangements for the security of and use of NHS prescriptions. A process was introduced for all clinicians to log prescriptions and to identify any potential fraudulent use or if any were missing.
- The sharps risk assessment had been reviewed and updated to include all sharp items. Information was provided to staff to ensure the action to take after a sharps injury was clear to staff.
- The provider obtained evidence of immunity for clinical staff and understood the need to obtain this for new staff members or document risk assessment to help mitigate the risk.
- The provider had reviewed the hazardous substances in the practice and carried out risk assessments to ensure these were stored, used and disposed of appropriately.
- At the inspection on 28 October 2019 we found there was no evidence of compassionate and inclusive leadership. The registered individual was not visible or available to staff. Staff told us requests were not always answered or responded to appropriately. Staff reported that communication and leadership had improved. The provider was working through an action plan to improve the premises for staff and patients. This included the installing of a new computer system.

The practice had also made further improvements:

- The practice had improved the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and displayed these in the decontamination room for staff to follow.
- The provider had implemented an Accessible Information Standard policy to ensure that the requirements are complied with. This included how to access interpreter services for patients who do not speak English as their first language.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulations when we carried out the review on 28 October 2020.