

# Mr Tariq Aziz Kanjoo

# The Dental Surgery

## Inspection Report

120 Hartington Street  
Barrow in Furness  
Cumbria  
LA14 5TW  
Tel: 01229 824966  
Website: n/a

Date of inspection visit: 9 November 2018  
Date of publication: 23/11/2018

### Overall summary

We undertook a follow up focused inspection The Dental Practice on 9 November 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 The Dental Practice on 2 July 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, effective 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 The Dental Practice 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 effective
- Is it well led

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

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

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

#### **Background**

The Dental Surgery is in Barrow in Furness and provides both NHS funded treatment and private treatment to adults and children.

There is assisted access for people who use wheelchairs and those with pushchairs. On street car parking spaces are available near the practice.

The dental team includes one dentist and two dental nurses. The practice has one treatment room.

# 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 spoke with the principal dentist and the dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9.15am – 6.00pm

Thursday 9.15am – 5.30pm

Friday 9.15am – 4.30pm

## **Our key findings were:**

- The practice had improved safeguarding processes.
- Staff files had been reviewed and now contained evidence of photographic identification, and immunity.
- A system was in place to audit radiography and infection prevention and control.
- Health and safety had improved with fire, electrical and gas systems checks in place.
- Medical emergency equipment was in place, regularly audited and accessible. Staff had completed emergency training.
- Clinical and non-clinical audits were in now place.
- The practice had improved systems to identify and manage risk effectively.
- Decontamination processes and management of treatment areas had improved.
- Patients records had improved and were consistent
- Patients surveys were in place, reviewed and shared at staff meetings.

# 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.

We saw how the provider had prioritised the areas of concern to ensure that the appropriate action was taken to address them. They introduced systems to prevent the re-occurrence of the concerns.

Staff meetings showed that the whole practice team had been involved in the improvement plans and all staff had worked together to implement these.

The practice had systems to identify and manage risk effectively. Risk assessments and action plans were in place and we saw evidence of improvement. For example, in the areas of fire safety, radiography, staff immunity, clinical waste segregation, hazardous substances and decontamination processes.

A system was in place to audit radiography and infection prevention and control. Action plans were in place.

The practice had systems to receive patient safety alerts and report adverse reactions. Prescription pads were now stored securely.

The practice had improved safeguarding processes. A safeguarding vulnerable adults and children procedure was in place and all staff had completed safeguarding training to the appropriate level. A staff whistle blowing procedure was now in place.

Staff recruitment files had been reviewed and now contained the required documentation.

No action



### Are services effective?

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

The provider had sought and received additional support and guidance to ensure that the patient dental care records reflected assessment, treatment, consent and discussions of treatment options with patients. The provider had made improvements in the all these areas.

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

Systems were now in place to identify and mitigate risks. The provider had engaged with external organisations to support them to implement positive change. Staff had worked together to ensure improvements were embedded and understood consistently.

No action



# Are services safe?

## Our findings

At our previous inspection on 2 July 2018 we judged the provider was not providing safe care and told the provider to take action as described in our requirement notice. At the inspection on 8 November 2018 we found the practice had made the following improvements to comply with the regulation:

- A safeguarding policy was in place with contact details of key contact organisations. A safeguarding poster was displayed for staff on the office wall. Staff had a received safeguarding training to the correct level and were aware of their responsibilities.
- Staff recruitment records included Hepatitis B immunity information and personal identification.
- Appropriate medicines and life-saving equipment were available and accessible to staff in an emergency, including a defibrillator on the premises.
- The provider had cleared the decontamination area and treatment room, store room and an unused surgery of all unnecessary items to ensure the premises be adequately cleaned, maintained and reduced the fire risk
- Infection prevention and control systems were in line the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The decontamination area had been re organised and unnecessary items removed. Cleaning and processing of instruments had improved and decontamination equipment was tested and validated daily.

- Staff had access to, and used personal protection equipment.
- The provider had support from the local fire authority and had appointed a fire safety advisor to complete a fire risk assessment. Recommended actions had commenced including additional fire alarms, fire doors and accessible firefighting equipment. Fire training had been completed for all staff, with a trained fire marshal in place. Fire drills were now completed.
- Electrical and Gas Safety certificates for the premises were now up to date and in place.
- The provider had registered the practice's use of dental X-ray equipment with the Health and Safety Executive in line with the new Ionising Radiation Regulations 2017 (IRR17). The provider had current radiation training in place. X-ray audits were now in place with supporting action plans.
- The sharps policy had been reviewed and, staff had signed to confirm they had read and understood this. Staff were aware of the procedure if an injury occurred and occupational health contact details were available.
- Staff had completed induction training in safeguarding vulnerable adults and children, infection control and health and safety.

The practice had also made further improvements:

- The security of prescription pads had been reviewed and these were stored securely. A system was in place to document all prescriptions.

These improvements showed the provider had acted to comply with the regulation when we inspected on 9 November 2018.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 2 July 2018 we judged the practice was not providing effective care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 8 November 2018 we found the practice had made the following improvements to comply with the regulation:

- We saw how the provider had prioritised this area of concern to ensure that the appropriate action was taken. The provider had sought and received additional

support and guidance to ensure that the patient dental care records consistently reflected assessments, medical histories, treatment, consent and discussions of treatment options with patients.

- The provider had introduced new paper templates to aid as prompts
- We found improvements had been made in all areas we highlighted concerns.

These improvements showed the provider had acted to comply with the regulation when we inspected on 9 November 2018.

# Are services well-led?

## Our findings

At our previous inspection on 2 July 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 9 November 2018 we found the practice had made the following improvements to comply with the regulation:

- The provider had introduced monitoring of clinical and non-clinical areas of their work to help them improve and learn including a minimum of six monthly infection control audits with actions. Cleaning schedules had also been completed covering clinical and public areas.

The practice had also made further improvements:

- Quality surveys were regularly undertaken to listen to the views of patients and staff, these were discussed at staff meetings.
- Waste was segregated and disposed of in compliance with the relevant regulations

- The provider has updated the practice information brochure to assist a patient who wished to make a complaint.
- The practice had consulted with external organisations, where appropriate, to obtain specialist advice in relation to fire and premises risk assessments to support them to embed safe systems. A whistle blowing policy was now in place and staff had signed to say they had read and understood the policy.
- The provider had made significant improvements and was proud to show us the decluttering he had completed and improved decontamination area. We will continue to review the practice to ensure consistency and that processes have been imbedded.

These improvements showed the provider had acted to comply with the regulation when we inspected on 9 November 2018.