

Dr Jihad Saleh

Brandon Dental Care - Mr Saleh

Inspection Report

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Overall summary

During our announced comprehensive inspection of this practice on 12 July 2016 we found a breach of legal requirements of the Health and Social Care Act 2008 in relation to regulation 17- Good Governance.

We undertook this focused inspection to check that the provider now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our previous comprehensive inspection by selecting the 'all reports' link for Brandon Dental Care- Mr Saleh at www.cqc.org.uk

Are services Well-led?

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

Key findings

- Overall, we found that effective action had been taken to address the shortfalls identified at our previous inspection and the provider was now compliant with the regulations.

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 well-led?

We found that effective action had been taken to address shortfalls we had identified in our previous inspection. Medical emergency equipment and medicines now met national guidelines; dentists used a safer sharps system to protect themselves from injury; significant events were better recorded; staff had a good understanding of the Mental Capacity Act and recruitment procedures were more robust.

No action



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Detailed findings

Background to this inspection

We undertook an announced focused inspection of Brandon Dental Care on 22 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 12 July 2016 had been made.

We inspected the practice against one of the five questions we ask about services: is the service well-led?

During our inspection we spoke with one of the dentists and lead nurse and reviewed a range of documentation.

Are services well-led?

Our findings

Governance arrangements

At our previous inspection in July 2016 we found a number of shortfalls in the practice's governance procedures, which showed that the practice was not well led. During this inspection we noted the following improvements had been implemented since then:

- A specific significant event policy and recording form had been implemented at the practice. In addition to this an incident log book had been introduced and we noted the details of two recent incidents that had been logged, along with any action taken in their response.
- A lead for safeguarding concerns had been appointed and we viewed the practice's safeguarding policy which named this lead.
- The dentists now used a safer sharps' system, which allowed them to re-sheath needles without the need to handle them, in line with the Sharps Regulations 2013.
- Missing emergency medical equipment had been purchased including airways of various sizes and buccal Midazolam. Syringes we viewed were in date for safe use.
- A full risk assessment had been undertaken to identify potential hazards in the practice, although this was a little generic needed to be more specific to the practice.
- A fire risk assessment had been completed for the premises since our previous inspection, although we noted that its recommendation to install smoke alarms had not been yet completed. The dentist assured us one would be installed immediately. Evacuations were now rehearsed regularly with staff to ensure they knew what to do in the event of a fire.
- Both the principal dentist and the practice had signed up to receive national safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA).
- The practice had obtained a copy of a Legionella assessment undertaken by the separately registered dentist on the floor above on 4 March 2016. We noted that all recommendations had been implemented including monthly water temperature monitoring, the use of a biocide and dip slide testing.
- We viewed evidence that showed that the Health and Safety Executive had been informed of new radiology equipment purchased in 2015 and of the change of ownership of the practice.
- The dentist had undertaken an audit of his recording keeping to ensure it met nationally agreed standards.
- A log had been implemented to better monitor and track patients' referrals to other dental services.
- All staff had been issued with a copy of the Mental Capacity Act 2005 for their information. However, no checks had been implemented to check their knowledge and understanding of its implications in dental care.
- The practice had signed up to translation and interpreting services and one dental nurse told us they had been used to good effect to support one Lithuanian patient who did not speak any English.
- Information about how patients could raise complaints was displayed on the waiting room noticeboard and the practice had implemented a specific form that could be completed by them.

It was not possible to assess if the practice's recruitment procedures had improved as no new staff had been employed since our last inspection. However, staff we spoke with were aware of the types of pre-employment checks that were required.

These improvements demonstrated that the provider had taken adequate action to address the shortfalls we had identified during our previous inspection.