

Mr. Riaz Mitha

# Dental Design Studio

## Inspection Report

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Date of inspection visit: 26 October 2017  
Date of publication: 17/11/2017

### Overall summary

We carried out a follow-up inspection at Dental Design studio on 26 October 2017.

We had undertaken an announced comprehensive inspection of this service on the 14 November 2016 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements. We checked whether they had followed their action plan to confirm that they now met the legal requirements.

We reviewed the practice against one of the five questions we ask about services: are the services well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dental Design Studios on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We revisited Dental Design Studios as part of this review and checked whether they now met the legal requirements. We carried out this announced inspection on 26 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a CQC inspector.

- Is it safe?
- Is it well-led?

This question forms the framework for the areas we look at during the inspection.

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

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

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

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

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

#### **Background**

Dental Design Studio is in the village of Edgworth near Bolton and offers private general dental treatments and a range of cosmetic treatments for adults and children, including porcelain veneers, teeth whitening, implants and invisible braces. The practice has facilities for people with limited mobility, including an adapted toilet and ground floor treatment room.

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.

# Summary of findings

The practice is open:

Opening times: Mon: 9am-5.30pm; Tue: 9am-5.30pm;  
Wed: 9am-1.00pm; Thu: 9am-8pm; Fri: closed; Sat:  
9am-12.30pm.

## **Our key findings were:**

We identified regulations that the provided had acted upon :

- A Legionella risk assessment is now in place and actions undertaken.
- Medicines and Healthcare Products Regulatory Authority alerts (MHRA) are now received and any required action completed.
- Sharps handling procedures and protocols are now in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 have been reviewed and now follow relevant guidance.
- Risk assessments of all control of substances hazardous to health (COSHH) are now in place.
- Recruitment policy and procedures are in place and necessary employment checks for all staff completed.
- Audits of various aspects of the service, such as radiography and dental care records are now undertaken at regular intervals.
- Policies and procedures have been reviewed and updated.
- Risk assessments are in place to ensure equipment and the premises are clean and safe.

The practice had also acted upon other recommendations:

- Safeguarding training is now in place for staff.
- Emergency medicines and equipment were available in line with the guidance.
- Clinical waste is now segregated and disposed of in accordance with relevant regulations.
- A review of needs of people with a disability has now been completed.

# 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?**

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

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection in November 2016:

Medicines and Healthcare Products Regulatory Authority alerts (MHRA) are now received and any required action completed.

Recruitment policy and procedures were in place and necessary employment checks had been completed for staff.

**No  
action**  


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

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

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection in November 2016:

The provider had arranged for a Legionella review of the practice and actions recommended had been completed including the monitoring of water temperatures.

Sharps handling procedures and protocols were now in place and easily accessible to staff.

The provider had arranged for updated safety reviews of all radiation equipment and complied with the Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 guidance.

Risk assessments were now in place and COSHH risk assessments had been updated.

The provider had completed audits of various aspects of the service, such as radiography and dental care records.

Policies and procedures were dated and regularly reviewed.

**No  
action**  


# Are services safe?

## Our findings

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

During this follow up inspection we found action had been taken to address the shortfalls from the previous inspection in November 2016:

Medicines and Healthcare Products Regulatory Authority alerts (MHRA) are now received and any required action completed.

Recruitment policy and procedures were in place and necessary employment checks had been completed for staff.

# Are services well-led?

## Our findings

### Governance arrangements

During the follow up inspection we found action had been taken to address the shortfalls from the previous comprehensive inspection:

The provider had arranged for a Legionella review of the practice and actions recommended had been completed including monitoring water temperatures

Sharps handling procedures and protocols were in place and easily accessible to staff.

The provider had arranged for updated safety reviews of all radiation equipment and complied with the Radiation Regulations (IRR) 1999 and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 guidance.

Infection prevention and control were now in place and COSHH risk assessments had been updated.

The provider had completed audits of various aspects of the service, such as radiography, infection prevention and control and dental care records.

Practice policies and procedures were regularly reviewed and easily accessible to staff such as recruitment and whistle blowing.

### Learning and improvement

The practice had implemented and addressed the quality assurance processes to encourage learning and continuous

improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

Other areas the provider has also addressed included:

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The provider had ensured that all emergency medicines and equipment were now available in line with the guidance and they had put in place additional resuscitation equipment for the practice in line with current guidance including and an automatic defibrillator .

Clinical waste was now segregated and disposed of in accordance with relevant regulations.

A review of needs of people with a disability has now been completed and reasonable adjustments for the premises reviewed, such as a ramp for wheelchairs and pushchairs.