

Mr. Warrent Wing Leung Law

King's Green Dental Surgery

Inspection Report

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Date of inspection visit: 20 March 2018
Date of publication: 23/04/2018

Overall summary

We carried out a focused inspection of King's Green Dental Surgery on 20 March 2018

The inspection was led by a CQC inspector.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 4 May 2017 and 11 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 were required.

At the previous comprehensive inspections we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with Regulation 17 HSCA (RA) Regulations 2014 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. You can read our reports of these inspections by selecting the 'all reports' link for King's Green Dental Surgery on our website www.cqc.org.uk.

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 sufficient improvements and had addressed the regulatory breaches we identified at our inspection on 4 May 2017 and 11 September 2017

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?

The provider had made improvements to the management of the service. This included undertaking a Legionella risk assessment, putting an action plan in place to identify, assess and mitigate the risks from Legionella and implementing any necessary measures to control those risks. Staff personal files were no longer accessible to those who were not involved in staff management. There were action plans and further auditing planned to address the records audit findings, which showed that mouth cancer risk was not being recorded.

No action



Are services well-led?

Our findings

At our inspection on 4 May 2017 and 11 September 2017 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 20 March 2018 we noted the practice had made improvements to meet the requirement notice:

- During our inspection on 11 September 2017 we found the practice had submitted samples to a professional Legionella testing organisation for Legionella testing on 10 May 2017; a certificate confirmed no Legionella was present in the practice water at that time. However, the practice had not undertaken a Legionella risk assessment. Therefore, there was no action plan in place for the practice to identify, assess and mitigate the risks from Legionella and implement any necessary measures to control those risks. The practice undertook a Legionella risk assessment utilising an external organisation on 17 October 2017; this recommended several areas where the practice were required to take actions. During our inspection on 20 March 2018, we saw evidence to confirm the practice had completed these actions and had undertaken regular checks and audits of the system recording the outcomes in data logs for on-going monitoring.
- Concerns were raised at the previous inspections regarding the storage of staff files and other records associated with the management of the practice. We looked at the storage of records relating to people working at the practice and the management of regulated activities. We noted staff records were securely locked away and staff files were not accessible to any other staff who were not involved in staff management.
- We noted that since the previous inspections of 4 May 2017 and 11 September 2017, the practice had undertaken a second audit of patients' records in November 2017. Whilst this evidenced some improvements in general record keeping, the second audit showed that mouth cancer risk was still not being recorded in the 30 patients records reviewed. There was an action plan raised regarding this omission along with a reminder to all clinicians to ensure mouth cancer risk was recorded during consultations. The practice planned to re-audit patient records in November 2018 to monitor any improvement. We discussed this on-going concern with the practice manager who told us they would now review the audit sooner in April 2018 to ensure clinicians' were taking action to improve. The practice manager confirmed they would continue to monitor this omission and would notify CQC of the outcome of the April 2018 audit.
- At the 4 May 2017 and 11 September 2017 inspection we were told the two dental hygienists normally worked without chairside support, but support was available when requested. We highlighted to the provider the advice given in the General Dental Council's Standard (6.2.2) for the Dental Team about dental staff being supported by an appropriately trained member of the dental team when treating patients in a dental setting. At this inspection, the practice manager told us the practice continued to experience staff sickness and absence. The practice confirmed there had been no recruitment of new staff. We discussed this with the practice manager who confirmed the practice continued to review the current staffing arrangements to ensure all dental care professionals were adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.