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Kilburn Corner Dental

Inspection Report

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Date of inspection visit: 19 January 2017
Date of publication: 27/01/2017

Overall summary

We carried out a follow- up inspection of this service on 19 January 2017.

We had undertaken an announced comprehensive inspection of this service on 02 June 2016 as part of our regulatory functions where 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 reviewed the practice against one of the five questions we ask about services: is the service well-led?

We revisited the surgery as part of this review and checked whether they had followed their action plan.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Kilburn Corner Dental on our website at www.cqc.org.uk.

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?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

At our inspection on 19 January 2017 we found that the practice had put into place a clinical governance system which covered all aspects of clinical governance pertinent to dentistry. This included policies and procedures in relation to infection control, health and safety, fire safety, Legionella control, complaints handling, clinical audit and risk management. Systems had been put into place to demonstrate that these policies and procedures were carried out effectively.

Following our review on 19 January 2017 we were assured that action had been taken to ensure that the practice was well-led because there were now effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

No action



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a review of this service on 19 January 2017. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 02 June 2016 had been made. We reviewed the practice against one of the five questions we ask about services:

- Is the service well-led?

The review was carried out by a CQC inspector who had remote access to a specialist dental advisor.

During our review, we spoke with the principal dentist, two dental nurses and the practise manager. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Control of Substances Hazardous to Health (COSHH) risk assessment
- Health and safety risk assessment
- Legionella risk assessment
- Continuing Professional Development (CPD) training certificates
- Disclosure and Barring Service (DBS) checks
- Practice policies and procedures
- Audits such as X-rays and record keeping



Are services well-led?

Our findings

At our inspection on 19 January 2017 we found the practice now maintained a comprehensive system of policies and procedures. The practice had implemented policies and procedures for confidentiality, consent and health and safety. We noted management policies and procedures were kept under review.

The practice had undertaken a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH) in June 2016. The practice now had a comprehensive COSHH folder. The practice had a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and staff we spoke with understood the requirements of COSHH and RIDDOR.

The practice had updated the incidents and accident reporting procedure in August 2016. The policy described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording them in the accident book

Staff were aware of their responsibilities under the Duty of Candour. The practice had a policy on the Duty of Candour which was implemented in August 2016. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

At our inspection on 19 January 2017 we found the practice had a health and safety policy. Policies and protocols were implemented in August 2016 with a view to keeping staff and patients safe. The practice had undertaken a health and safety risk assessment in August 2016. For example, we saw records of risk assessment for eye injuries, manual handling, electrical faults and slips, trips and falls.

Staff told us that a rubber dam was used for root canal treatment in line with guidelines issued by the British Endodontic Society (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be

recorded in the patient's dental care records giving details as to how the patient's safety was assured). We saw that a rubber dam kit was in place along with the other systems for preventing swallowing or inhalation of files.

The practice had a recruitment policy which was implemented in August 2016 and all staff recruitment records had been updated. The practice carried out Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Immunisation records were available for all members of staff.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). Staff described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out again by a competent person in June 2016.

At our inspection on 19 January 2017 we found the practice had updated the infection control policy to include the decontamination of dental instruments. When instruments had been sterilised, they were pouched and appropriately stored until required. We were shown the systems in place to ensure that the autoclave and ultrasonic bath used in the decontamination process were working effectively. It was observed that the log books used to record the essential daily and weekly validation checks of the sterilisation cycles and ultrasonic bath were complete and up to date.

The practice had portable appliances and had carried out portable appliance tests (PAT) in July 2016. The radiation protection file contained the maintenance history of X-ray equipment. The X-ray equipment had been serviced in July 2016. The principal dentist showed us improvements were made to the medical emergency equipment. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. The practice had



Are services well-led?

undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Protocols for audits such as record keeping and radiography had been developed. Staff showed us examples of audits such as radiography in September 2016 and record keeping in August 2016. We saw records which showed that the audits had documented learning points, were analysed and the resulting improvements could be demonstrated.

The practice had a policy and procedure for staff appraisals to identify training and development needs. Staff showed

us the practice training policy which used appraisals to identify staff's individual training needs. We saw records which showed staff had infection control training as a team in July 2016. We found the practice had stored patient's dental care records securely in locked filing cabinets.

In summary, following our review on the 19 January 2017 we found evidence that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.