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Derby Road Dental Practice

Inspection Report

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Overall summary

We carried out an announced follow-up inspection at Derby Road Dental Practice on the 28 June 2017. This followed an announced comprehensive inspection on the 26 October 2016 carried out as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what actions they would take to meet the legal requirements in relation to the breaches.

We revisited Derby Road Dental Practice and checked whether they had followed their action plan.

The practice had been served a requirement notice for issues relating well led. We reviewed the practice against this key question which they were in breach of. However we also reviewed the key questions of safe as the provider had also made some improvements in this area. This report covers our findings in these three areas.

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

Background

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 (Regulated Activities) Regulations 2014.

The follow-up inspection was led by a CQC inspector and a specialist dental advisor.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, policies and staff training.

Our key findings were:

- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Logs of checks to equipment were being maintained.
- The practice had infection control procedures which reflected published guidance. There were systems in place to ensure that all equipment used to sterilise instruments was being validated as per national guidelines; and maintained as per manufacturer's recommendations.
- The practice had systems to help them manage risk. Governance arrangements were in place for effective and smooth running of the practice.
- Clinical waste was being segregated and disposed of in accordance with relevant regulations.
- There was effective leadership at the practice and systems were in place to share information and learning amongst the team.

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?

At our follow-up inspection on the 28 June 2017 we found that action had been taken to improve the shortfalls. The practice had a system in place to check all medical emergency equipment on a weekly basis. Clinical waste was stored in a secure area of the practice until collection. All staff had received training on dental instruments including single use instruments. Single use items were stored separately and all staff were aware of them.

No action



Are services well-led?

At our previous inspection we had found that the governance systems at the practice required review.

At our follow-up inspection we found that action had been taken to ensure that the practice was well-led. Governance systems were in place to ensure that policies and procedures were kept up to date, staff were completing all necessary training and information was shared effectively with staff.

No action



Are services safe?

Our findings

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED) Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The practice were making regular checks to the equipment and medicine and maintaining records of the checks.

Infection control

The practice had an up to date infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The trainee dental nurse gave a demonstration of the decontamination

process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 – Decontamination in primary care dental practices (HTM 01-05).

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. The practice was carrying out infection prevention and control audits every six months. This showed that the practice was meeting the required standards.

Disposal of clinical waste such as amalgam was being carried out in a safe way and in line with guidance. All clinical waste was being stored in a secure area until collection by an external company on a monthly basis.

Equipment and medicines

At the previous inspection we found that the procedures in place for carrying out dental procedures using conscious sedation were not in line with guidance. Since our previous inspection the practice had made a decision to stop carrying out sedation procedures. All patients who needed treatment requiring sedation were referred to another practice.

Radiography

The practice had a radiation protection file. The file was fully up to date with evidence of servicing to the X-ray equipment. The dentist was carrying out regular audits of X-rays every three months, with justification and grading being recorded.

Are services well-led?

Our findings

Governance arrangements

At our previous inspection we found that risks associated with undertaking dental procedures under conscious sedation, re-use of single use instruments such as dental burs and disposal of dental waste had not been recognised and suitably mitigated.

During this inspection we found that the practice had systems in place to monitor risks and take appropriate action if needed. There were systems in place to monitor the quality of the service through auditing; servicing of

equipment was planned and monitored to ensure that annual checks were diarised. The practice was no longer carrying out conscious sedation so risks associated with this were no longer relevant.

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the practice. Staff understood the management structure and their roles and responsibilities.

The practice had policies, procedures, risk assessments and information governance arrangements to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.