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The Broadway Dental Practice

Inspection Report

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Date of inspection visit: 29 September 2020
Date of publication: 17/11/2020

Overall summary

We undertook a desk-based review of The Broadway Dental Practice on 29 September 2020. This review was carried out to follow up on the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The review was led by a CQC inspector who had access to a specialist dental advisor.

We undertook a comprehensive inspection of The Broadway Dental Practice on 10 February 2020 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe or well led care and was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for The Broadway Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

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

When one or more of the five questions are not met we require the service to make improvements and send us an action plan (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found during our desk-based review on 29 September 2020.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded in full to the regulatory breaches we found at our inspection on 10 February 2020.

Background

Summary of findings

The Broadway Dental Practice is in Catford in the London Borough of Lewisham and provides NHS and private dental care and treatment for adult and children

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice for a fee. Local transport services are available nearby.

The dental team includes two principal dentists, two associate dentists, two dental nurses, a trainee dental nurse and a practice manager (who is also a qualified dental nurse and can provide nursing cover). Reception duties are covered by the practice manager and the dental nurse. The practice has two treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Broadway Dental Practice is the senior partner.

The practice is open:

9.00 – 6.00pm Monday, Tuesday, Wednesday and Friday

9.00 – 8.00pm Thursdays

9.00 – 1.00pm Saturdays (one Saturday a month)

Our key findings were:

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider is not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action**
Are services well-led?	**Requirements notice**

Are services safe?

Our findings

We found that this practice was now providing safe care and was complying with the relevant regulations.

At our previous inspection on 10 February 2020 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. This review undertaken on 29 September 2020 found that the practice had made the following improvements to comply with the regulation:

- The practice provided evidence that now there were atleast two medical oxygen cylinders available at the practice. This was to ensure there was access to sufficient quantity of medical oxygen, especially for occasions when dental procedures were undertaken under conscious sedation.
- Photographs were provided which demonstrated that the medical emergencies kit had all relevant items in line with Resuscitation Council guidance and that items were not past their expiry date.
- Photographs provided by the practice and our conversation with the practice manager confirmed that medicine used to treat low blood sugar was now stored in line with manufacturer's guidance
- Photographs were provided showing that dental instruments were pouched and appropriately date stamped.
- Photographs and an invoice for works were provided to confirm the installation of a dedicated hand washing sink.
- Copies of the servicing certificate of the autoclave were provided, confirming maintenance in line with manufacturer's guidelines
- A copy of the practice Control of Substances Hazardous to Health 2002 (COSHH) file was provided
- Certification of 5-year fixed wire electrical installation testing was provided
- Staff training certificates for safeguarding were supplied for staff (demonstrating the expected level of training).
- The practice manager told us that staff had completed continuing professional development (CPD) requirements.

These improvements showed the provider had taken action to comply with the regulation when we carried out the desk-based review on 29 September 2020.

Are services well-led?

Our findings

We found that this practice was not providing well led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

At our previous inspection on 10 February 2020 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

The desk-based review conducted on 29 September 2020 found that the practice had made the following improvements to comply with the regulation.

- A disability access audit had been completed.
- However, we were not provided with sufficient assurance for the following areas- Systems had not been set up for routine checks for fire equipment (e.g. daily/ weekly/ monthly checks to equipment such as smoke alarms/ emergency lighting/ fire drills etc)
- Systems were not in place for monitoring of staff's continuing professional development (CPD)
- Radiography audits were not being carried out.
- Infection control audits were not being completed in line with national guidance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The provider had no system in place for monitoring completed training. • Radiography and infection control audits were not being routinely completed. **Regulation 17 (1)**