

Dr. Roksana Islam

Haydons Road Dental Practice

Inspection report

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Overall summary

We undertook a focused inspection of Haydons Road Dental Practice on 11 January 2022. This inspection was carried out to review in detail 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 inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Haydons Road Dental Practice on 21 September 2021 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 well led care and was in breach of regulation 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 Haydons Road Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

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 improvements in relation to the regulatory breach we found at our inspection on 21 September 2021.

Summary of findings

The provider had made improvements to put right the shortfalls and had responded to the regulatory breach we found at our inspection on 21 September 2021.

Background

Haydons Road Dental Practice is in Wimbledon in southwest London and provides NHS treatment for adults 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.

The dental team includes a principal dentist, a locum dentist, two trainee dental nurses and a receptionist. The practice has two treatment rooms.

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.

During the inspection we spoke with the principal dentist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.00 to 5.00pm Monday to Thursday

8.00am to 12.00pm Friday and Saturday

Our key findings were:

- Individual staff records had been developed with all relevant staff recruitment and These folders were readily available.
- A training matrix had been developed which recorded and tracked all training undertaken by staff in the practice. Certificates were collected and maintained on electronic individual staff folders.
- Systems were in place so that documents relating to equipment checks, risk assessments and servicing of equipment were stored centrally. Documents were filed in an orderly, accessible way.
- A legionella risk assessment had been carried out in October 2021. All actions and recommendations from the risk assessment had been completed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 21 September 2021 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. At the inspection on 11 January 2022 we found the practice had made the following improvements to comply with the regulation:

- Individual staff records were appropriately maintained and information related to staff such as immunisation, curriculum vitae, proof of identification and professional indemnity were readily available and accessible in an ordered filing system.
- The practice demonstrated that training was monitored in a way that continuing professional development (CPD) could be verified. A training matrix had been developed with all relevant CPD and completion dates. Certificates were collected by the practice and maintained via electronic individual staff records.
- Appropriate storage and retrieval systems were in place for documents relating to equipment checks, risk assessments and premises checks. The provider had developed both electronic and paper systems to store documents such as servicing certificates, risk assessments and clinical waste consignment notes. All relevant documents were stored in a way that was accessible and made them readily available.
- A legionella risk assessment had been completed in October 2021. We saw that all actions recommended in the assessment had been actioned by the provider in a timely manner.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with regulation 17 when we inspected on 11 January 2022.