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Addiscombe Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 14 July 2015 as part of our regulatory functions where a 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.

We carried out a follow-up inspection on 25 May 2016 to check that they had followed their plan and to confirm

that they now met the legal requirements. This report only covers our findings in relation to those requirements. We revisited Addiscombe Dental Surgery as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Addiscombe Dental Surgery 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 safe?

At our previous inspection we had found that the practice did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated. They did not have proper arrangements in place to deal with medical emergencies.

We carried out an inspection on the 25 May 2016. Action had been taken to ensure that the practice was safe because there were now effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated. There were also proper arrangements in place to deal with medical emergencies.

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

Are services effective?

At our previous inspection we found that this practice was not ensuring that staff had received appropriate supporting, training, professional development, supervision and appraisals as was necessary to enable them to carry out the duties they were employed to perform.

We carried out an inspection on the 25 May 2016. Action had been taken to ensure that the practice was effective because there were now effective systems in place to ensure staff received appropriate training, supervision and support.

We found that this practice was now providing effective care in accordance with the relevant regulations.

Are services caring?

At our previous inspection we found that this practice was not providing caring services in accordance with the relevant regulations. We observed patients' privacy may not have been protected. People in reception were able to hear private conversations from the surgery. We also noted that the day list with patient's names and dates of birth was on display on the wall where other people could observe this.

We carried out an inspection on the 25 May 2016. Action had been taken to ensure that the practice was observing patients' privacy and confidentiality.

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. They had also not ensured that their audit, risk assessment and governance systems were effective.

We carried out an inspection on the 25 May 2016. Action had been taken to ensure that the practice was well-led because there were now effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The providers had now ensured that their audit, risk assessment and governance systems were effective.

We found that this practice was now providing well-led care in accordance with the relevant regulations.

Addiscombe Dental Surgery

Detailed findings

Background to this inspection

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.

We carried out an inspection of this service on 25 May 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the

practice after our comprehensive inspection on 14 July 2015 had been made. We reviewed the practice against four of the five questions we ask about services: is the service safe, effective, caring and well-led?

The inspection was led by a CQC inspector who was accompanied by a dental specialist advisor. During our inspection visit, we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff records, maintenance records and policies. We also spoke with staff and carried out a tour of the premises.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice now had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. There had been no incidents since the last inspection but the principal dentist told us they would be discussed at weekly team meetings if an incident ever occurred and staff we spoke with confirmed this. Staff confirmed that they were aware that the process of recording incidents that occurred should include contacting patients impacted by any incidents.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incident over the past 12 months.

Staff understood the need to inform the appropriate bodies and patients affected of any relevant incidents.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a child safeguarding policy that had last been reviewed in March 2016. They also had a system in place for vulnerable adult safeguarding. This included details of what should be considered abuse, how to report abuse and the contact details of the local safeguarding team. Staff had completed safeguarding training in October 2015. They were able to explain their understanding of safeguarding issues. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The principal dentist told us relevant information would be discussed with staff during team meetings.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file, infection control protocols, safer sharps and needle safeguards, procedures for using

equipment safely, health and safety process, procedures and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with radiography, slips and trips, display screen equipment and the use of equipment.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council (UK) and British National Formulary guidance. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included oxygen and an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (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).

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire and radiation. The assessments included the controls and actions to manage risks. For example a September 2015 risk assessment of display screen equipment had stated staff needed to undertake workstation assessments.

Infection control

The practice had followed the guidance on decontamination and infection control issued by the Department of Health namely Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05).

Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 guidance. Staff wore appropriate protective equipment such as heavy duty gloves, apron and eye protection. In accordance with HTM 01-05 guidance an instrument transportation system had

Are services safe?

been implemented to ensure the safe movement of instrument between treatment rooms and the decontamination room which ensure the risk of infection spread was minimised. Instruments were manually cleaned.

An illuminated magnifier was used to check for any debris during the cleaning stages. After cleaning instruments were placed in the autoclave, pouched and then date stamped.

Staff told us about the daily, weekly and monthly checks that were carried out to ensure sterilisation and cleaning equipment was working effectively. We saw records that confirmed these checks were carried out.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins. Bins were collected regularly by a specialist clinical waste company. The bins were appropriately stored safely away from public access while awaiting collection.

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE.

A Legionella risk assessment had been completed in 2016 [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The water lines were flushed daily and weekly.

There was a cleaning plan, schedule and checklist, which was regularly checked by the practice staff. Environmental cleaning was undertaken by staff after the practice closed.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. For example Portable appliance testing (PAT) had been completed in September 2015.

Radiography (X-rays)

The principal dentist was the Radiation Protection Supervisors (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). There were suitable arrangements in place to ensure the safety of the equipment. Critical exams had been undertaken and X-ray equipment had been serviced in July 2015. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in March 2016 and another had been rescheduled for September 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Staffing

Staff we spoke with told us they had received appropriate professional development and training and the records we saw reflected this. Examples of staff training included topics such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice.

Staff told us they felt support to do their job and had the opportunity to discuss training and development needs at weekly team meetings. Staff told us that they spoke to the principal dentist one to one on a regular basis to discuss development and training needs. For example one staff member described how the principal would regularly support them with any issues related to the dental nurse course they were undertaking. We also reviewed information about continuing professional development (CPD) and saw there was a system in place to monitor CPD hours staff had completed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from two patients. The feedback we received was positive. Staff were described as, caring and friendly. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

We saw that the opening in the wall between the reception desk and the surgery had been covered up. This meant people in the reception area could no longer hear conversations between the patient and the dentist about dental health and any other private matters. We also noted that the day list with patient's names and dates of birth that was displayed on the wall during the last inspection had been removed.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having policies and procedures in place regarding infection control, complaints and safeguarding. The principal dentist was the identified lead for infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Staff told us meetings were held every Tuesday to discuss issues in the practice and update on things affecting the practice. We saw notes in the practice diary that confirmed this.

The quality audits undertaken at the practice included dental records and radiography audits. For example we saw

Management lead through learning and improvement

Staff told us they had good access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).