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# West Dulwich Dental

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection of this service on 25 June 2015 as part of our regulatory functions. 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 undertook this focused inspection on 13 October 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for West Dulwich Dental on our website at [www.cqc.org.uk](http://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?**

The focused inspection concentrated on the key question of whether or not the practice was well led. We found that this practice was now providing well-led care in accordance with the relevant regulations.

The practice had improved its clinical governance and risk management protocols. Audits and risk assessments had been carried out to monitor and improve performance. For example, audits had been carried out in relation to infection control processes, X-ray quality, and record keeping quality. An external contractor had carried out a Legionella risk assessment. The results of these activities had been discussed with staff and dates had been set for reviews or re-audits.

A system of log books were used to check equipment, medicines and cleaning standards. The staff we spoke with were aware of these new systems and could show how they were being used to maintain standards. For example, the receptionist had checked the emergency medicines box on a monthly basis. They told us which medicines had been re-ordered so that medicines could be replaced before their expiry date.

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

# West Dulwich Dental

## Detailed findings

### Background to this inspection

We carried out an announced, focused inspection on 13 October 2015.

We inspected the practice against one of the five questions we ask about services: is the service well-led? This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 25 June 2015 had been made.

At the previous, comprehensive inspection on 25 June 2015 we found that the practice was not well-led because the governance and audit systems were not being used effectively

The focused inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

During our inspection visit, we checked that points described in the action plan had been implemented by looking at a range of documents such as risk assessments and audits. We also carried out a tour of the premises and spoke with members of staff.

# Are services well-led?

## Our findings

### Governance arrangements

We spoke with the principal dentist about the governance arrangements at the practice. We found that they had initiated a number of changes to their governance systems since the previous inspection.

Audits had been carried out with a view to monitoring and improving performance. We saw that audits for monitoring infection control processes, the quality of X-rays, and the quality of dental care records had all been carried out in October 2015. The audits found high standards of care in each instance, but also noted some areas for improvement. For example, the audit of X-ray quality noted that X-ray labelling systems could be improved. Records of the actions taken following the audits, including discussions with relevant members of staff, were kept. We also discussed the findings of the audits with the principal dentist and receptionist. They could both recall details of a meeting held to discuss the outcomes of the audits and demonstrated a good understanding of actions that had been taken to improve the quality of care.

The principal dentist had implemented a system of log books to check that equipment, medicines and cleaning standards were being maintained appropriately. Staff were carrying out monthly checks, recording when these were complete, and noting any actions that needed to be taken. For example, the equipment and medicines being kept for use in an emergency were reviewed monthly. The receptionist had carried out the monthly checks and knew which medicines were close to their expiry date; they had also ordered new medicines to replace those near to expiry so that a continuous supply could be maintained.

We found that risk assessments were being acted on in order to minimise the risks to patient safety. For example, the principal dentist had invited an external contractor to

undertake a Legionella risk assessment in October 2015 in order to identify and further minimise any risks associated with Legionella. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice was carrying out monthly checks of the hot and cold water temperatures in line with advice they had received about monitoring Legionella risk. A record of the outcomes of these checks was being kept.

The Control of Substances Hazardous to Health (COSHH) file had also been reviewed in July 2015. The staff we spoke with were aware of the contents of the file and referred to a staff meeting where the risks associated with these substances had been discussed.

### Learning and improvement

The principal dentist had organised a staff meeting in July 2015 to discuss clinical and other issues affecting the practice. Staff told us that issues including checking and monitoring equipment, environmental cleaning rotas, and outcomes of risk assessments related to COSHH products had been discussed. We also noted that the principal dentist had held individual discussions with members of staff in relation to the outcomes of audits with a view to driving improvements. They had kept a record of these actions and set dates for reviewing progress through a system of re-audit.

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. For example, the principal dentist had attended training courses in relation to infection control, basic life support and the taking and management of X-rays between July and September 2015.