

Mr Alan Shamosson

# Rose Lane Dental Surgery

## Inspection Report

129 Rose Lane  
Romford  
RM6 5NR  
Tel: 020 85993074  
Website: No website

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### Overall summary

We undertook a follow up focused inspection of Rose Lane Dental Practice on 4 October 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care following our comprehensive inspection on 1 March and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Rose Lane Dental Practice on 1 March 2019 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, effective or well led care and was in breach of regulations 12 safe care and treatment, 13 Safeguarding, 17 good governance, 18 staffing and 19 requirements relating to workers 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 Rose Lane Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

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

When one or more of the five questions are not met we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Due to the persistent nature of the issues we found when we inspected on 1 March we issued warning notices for breaches of Regulations 12 and 17 and requirement notices in relation to breaches of Regulations 13, 18 and 19.

#### **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 at our inspection on 1 March 2019.

##### **Are services effective?**

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 1 March 2019.

##### **Are services well-led?**

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

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 1 March 2019.

## Background

Rose Lane Dental Surgery is in Romford in the London Borough of Barking and Dagenham. The practice provides predominantly NHS and some private treatments to patients of all ages.

The practice is situated close to public transport bus services.

The dental team includes the principal dentist, one trainee dental nurse and one receptionist.

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 and the trainee dental nurse.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesdays and Friday from 9am to 5pm and Tuesdays between 9am and 12pm (reception only).

## Our key findings were:

- The provider had improved the practice infection control procedures so that they reflected published guidance.
- There were effective arrangements for dealing with medical emergencies and appropriate medicines and equipment were available
- The provider had suitable safeguarding processes and the staff knew their responsibilities for safeguarding vulnerable adults and children.
- There were effective arrangements for assessing and mitigating risks associated with hazardous materials.
- The practice staff recruitment procedures were followed so that all of the essential checks were carried out.
- There were suitable arrangements to ensure that clinical staff completed the required continuing professional development training.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- Improvements had been made to the leadership, clinical and managerial oversight for the day-to-day running of the service.
- The practice had suitable information governance arrangements.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

At our previous inspection on 1 March 2019 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 warning and requirement notices. At the inspection on 4 October 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had reviewed and improved the arrangements to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK). The recommended emergency medicines were available. These medicines were stored correctly in line with the manufacturer's instructions and there were arrangements to check medicines and to ensure that they were available and in within their expiry dates.
- The principal dentist was able to demonstrate that they were competent and confident in using the emergency equipment, including the Automated External Defibrillator and medical oxygen.
- The practice team had undertaken training in basic life support and was able to demonstrate that they knew how to deal with medical emergencies.
- Staff had access to information and procedures to follow should they witness or suspect abuse of children or vulnerable adults. These included contact details for the local safeguarding team should staff need to raise concerns outside of the practice.
- Improvements had been made to ensure that staff undertook safeguarding training. Training records given to us showed that all staff had undertaken training in safeguarding children and adults in July 2019.

- The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Improvements had been made so that the principal dentist followed employment legislation and their recruitment procedure. We looked at the recruitment records for the trainee dental nurse and the receptionist. These included records in relation to the required employment checks including Disclosure and Barring service (DBS) checks, proof of identity and evidence of suitable conduct in previous employment where relevant.
- The principal dentist had improved the arrangements for auditing the quality of dental radiographs. An audit of dental radiographs was carried out in May 2019. The results from this audit were analysed and there was an action plan to make improvements as needed to the quality of dental radiographs.
- There were effective arrangements for assessing and mitigating risks in relation to products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations. Staff had access to information regarding the use and disposal of hazardous materials and there were risk assessments in place.
- Improvements had been made to the arrangements for ensuring that infection prevention and control risk assessments were carried out having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. We saw that an infection prevention and control audit was carried out in May 2019 and there were arrangements to complete these every six months.

These improvements showed the provider had taken action to improve safety and to comply with the regulation when we inspected on 4 October 2019.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

At our previous inspection on 1 March 2019 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. At the inspection on 4 October 2019 we found the practice had made the following improvements to comply with the regulations:

- The provider had made improvements to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons at the practice. A trainee dental nurse was employed to work at the practice. There were arrangements to ensure that the trainee dental nurse received appropriate support, supervision and undertook training as was necessary to enable them to carry out the duties they were employed to perform.
- The trainee dental nurse had undergone a period of induction. They had also completed training in basic life support, safeguarding children and vulnerable adults, and infection control.

- The principal dentist had made improvements to ensure that patients dental care records contained information about the patients' current dental needs and past treatment. A record keeping audit was carried out in May 2019 and there were action plans in place to improve the content and detail in patients dental care records.
- The principal dentist described to us the procedures for helping patients improve and maintain oral health. Dental care records that we checked included information and advice given to patients such advice around diet, alcohol and tobacco consumption.

The provider had also made further improvements:

- The principal dentist had reviewed the protocols for monitoring patient referrals to other dental services. There were systems to ensure that urgent and routine referrals were followed up to ensure that patients received prompt treatment.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 4 October 2019.

# 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 1 March 2019 we judged the practice 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 warning and requirement notices. At the inspection on 4 October 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had made improvements to the governance arrangements so that there was a system for assessing and mitigating risks through a comprehensive range of internal and external risk assessments.

- There were risk assessments in relation to infection control and there were arrangements to act on these to monitor and improve safety within the service.
- There were systems in place to monitor staff recruitment, supervision and training.
- The practice information governance and data protection policies were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 4 October 2019.