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Dental Practice - Barkingside

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 18 November 2015 as part of our regulatory functions where a breach of legal requirements was found.

We carried out a follow- up inspection on 16 March 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 Dental Practice - Barkingside as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dental Practice - Barkingside 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. We also found the practice did not have effective recruitment procedures and systems in place to ensure that persons providing care and treatment to services users had the right qualifications, competence, skills and experience to do so safely.

We carried out a follow up inspection on the 16 March 2016. Action had been taken to make improvements so that the practice was safe.

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

Are services effective?

At our previous inspection we had found that the practice did not have effective audit and governance arrangements.

At our follow up inspection of 16 March 2016 we found that the practice had taken action to ensure that the practice was effective. There was now a system in place to carry out and document improvements as a result of the findings. The provider had now ensured that their audit and governance systems were effective

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

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.

At our follow up inspection of 16 March 2016 we found that action had been taken to ensure that the practice was well-led because there were now effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

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

Dental Practice - Barkingside

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 16 March 2016.

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

practice after our comprehensive inspection on 18 November 2015 had been made. We reviewed the practice against three of the five questions we ask about services: is the service safe, is the service effective and is this service well-led? This is because the service was not previously meeting three of the legal requirements.

The inspection was led by a CQC inspector who had access to remote advice from a dental specialist advisor. During our inspection visit, we checked a range of documents such as risk assessments, audits and staff files. We also carried out a tour of the premises

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The provider and staff we spoke with had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

Reliable safety systems and processes (including safeguarding)

The practice had risk assessments in place to keep staff and patients safe. We saw the risk assessments for fire and safe use of sharps (needles and sharp instruments). We saw that the practice had been assessed for legionella and were awaiting a copy of the risk assessment from the company who carried out the assessment.

Medical emergencies

The practice had a range of emergency equipment and medicines including oxygen. We were shown evidence that an automated external defibrillator (AED) had been ordered to support staff in a medical emergency. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). (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).

All of the emergency drugs were in date and there was evidence that staff had been checking and testing the equipment regularly.

Staff recruitment

There was a recruitment policy in place. We asked to look at the recruitment records for four staff members working at the practice. We found that the practice had carried out a check with the Disclosure and Barring Service (DBS) for the four members of staff. These checks are to ensure that the person being recruited was suitable for the role. Most of the staff files contained references and two contained induction records to ensure that the person was competent to do the job. We found that the dentists had evidence of professional indemnity. All records contained evidence of staff's Hepatitis B immunisation, employment history and where applicable professional registration.

Monitoring health & safety and responding to risks

The staff we spoke with told us fire safety checks and drills were now carried out.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks.

The practice received alerts from Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts highlight the risks associated with drugs and equipment. We were shown evidence minutes of staff meetings where a recent alert had been discussed.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy on display in the surgeries which included hand hygiene and use of protective equipment. There was evidence that most staff had received infection control training.

The practice was following 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)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment room and the decontamination room.

The dedicated decontamination room was being used effectively. The trainee dental nurse showed us how they decontaminated instruments and cleaned the surgery. We noted that they wore suitable personal protective equipment, such as heavy duty gloves, eye protection and a disposable apron. We observed the trainee dental nurse carrying out the decontamination procedure in accordance with HTM 01-05. Instruments were being stored in a sealed pouch; however some had not been dated to indicate how long they could be stored for before the sterilisation became ineffective. The practice manager assured us that the items would be reprocessed and then dated accordingly.

The practice had two autoclaves. There was a daily test carried out on one of the autoclaves to check its performance, the test carried out was in accordance with

Are services safe?

HTM01-05, however it was not being documented in the way it was explained to us by staff. The provider assured us that this would be rectified immediately. We were told the second autoclave was not used.

A Legionella test had been carried out and the provider was awaiting the risk assessment from the company who carried out the test. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There were records that staff had been immunised against hepatitis B.

Radiography (X-rays)

There was evidence in the staff records we checked that all clinical staff had completed radiation training. X-rays were audited for quality. There was also evidence that the practice had notified the Health and Safety Executive that they were using radiation in accordance with the Ionising Radiations Regulations 1999 (IRR 99).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the dentist and checked dental care records to confirm the findings.

The dentist regularly assessed soft tissues (including lips, tongue and palate) and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The dentist had started recording the justification, quality and findings of X-ray images taken. The practice was aware of National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients. However, improvements could still be made to the information recorded and ensuring that patients were recalled based upon their level of risk.

Staffing

We reviewed four staff files and saw that there was evidence of staff completing continuing professional development. There was also evidence of induction.

Since our visit in November 2015, the practice had recruited new staff. All of the staff seen in November 2015 had left, except one. This person was not yet due an appraisal.

Working with other services

We saw evidence that the practice now kept a copy of the referral forms when referring patients to local secondary and tertiary providers.

Consent to care and treatment

Most of the practice staff were able to explain how valid consent was obtained for all care and treatment. Our check of the dental care records found that these discussions about treatment options and consent were recorded on occasions. Improvements could be made to how the practice documented treatment options that were discussed with patients and consent that was obtained.

We found that most staff were aware of the Mental Capacity Act (MCA) 2005 and that staff had completed training in this subject.

Are services well-led?

Our findings

Governance arrangements

The practice had up to date policies and procedures in place. Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council. Records relating to patient care and treatment were all kept securely; however improvements could be made about the information recorded.

There were adequate arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There was a risk assessment in place for fire safety and sharp instruments. A Legionella test had been completed.

Leadership, openness and transparency

We found that staff had not been at the practice long enough to have had an appraisal. The practice manager assured us that this would be carried out in the future.

Learning and improvement

We saw evidence in the four staff files looked at that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice did have an adequate programme of clinical audit in place. An audit of X-rays and oral cancer risk factors audit had been undertaken. The provider assured us that they had plans for further audits such as re-doing the infection control audit in April 2016.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had a system to gather feedback from patients through the use of the NHS 'Friends and Family Test' survey. The results had been reviewed by the practice.