

Mrs. Avni Lee

Friern Barnet Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 26 May 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 followed up on our inspection of 26 May 2015 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 have not revisited the Friern Barnet Dental Clinic as part of this review because Friern Barnet Dental Clinic were able to demonstrate that they were meeting the standards without the need for a visit.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Friern Barnet Dental Clinic 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 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.

The review on 7 December 2015 concentrated on the key question of whether or not the practice was well-led.

Following our review on the 7 December 2015 we received assurances that action had been taken to ensure that the practice was well-led because there were now effective systems in place 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.

Friern Barnet Dental Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

We carried out a review of this service on 7 December 2015. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 26 May 2015 had been made. We reviewed the practice against one of the five questions we ask about services: is the service well-led? This is because the service was not previously meeting one of the legal requirements.

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

During our review, we spoke with the principal dentist and checked that the provider's action plan had been implemented. We reviewed a range of documents including: recruitment references, logs for fire drills, purchase receipt for a fire extinguisher, completed fire risk assessment, purchase receipt for an oropharyngeal airway and oxygen mask. We also reviewed evidence of basic life support training for staff, updated complaints procedure and a policy on the importance of using rubber dam for root canal treatments.

Are services well-led?

Our findings

At our previous inspection on the 26 May 2015, we had found that portable appliance testing (PAT) in accordance with current guidelines had not been carried out on electrical equipment. As part of our review on 7 December 2015, the provider sent us documents to show PAT testing had now been carried out on 3 July 2015 by a suitable external contractor.

We had noted at our previous inspection that improvements could be made to ensure completeness of the dental care records. As part of our review on 7 December 2015, the provider sent us documents to show that a policy had been written, read and signed by all dentists in relation to obtaining and recording patient consent, patient recalls, National Institute for Health and Care Excellence (NICE) guidelines and the recording of basic periodontal examination (BPE). (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to patients' gums). The provider confirmed this policy had been strictly implemented at the practice and all relevant staff had read and signed the policy held on file.

At our previous inspection we found that the practice did not have systems in place for obtaining and recording references for potential staff member. As part of our review on 7 December 2015, the provider sent us documents to show that a detailed recruitment process had been implemented and references for all staff member had been obtained.

The provider sent us documents to show that equipment such as oropharyngeal airways and oxygen masks which were not available in the emergency equipment kit as per Resuscitation Council (UK) guidelines at the time of our previous visit had now been purchased. Temperature logs for products stored in the fridge had also been implemented.

The practice also showed us evidence that they now had a system in place for the checking of emergency medicines

and equipment, a central location of where the equipment was kept, along with assurance that all staff, including any interim staff, were made aware of all emergency equipment and their usage. The provider sent us documents to show that all staff members now had undertaken basic life support training.

The provider sent us documents to show they had carried out a fire risk assessment, and roles and responsibilities for staff in the event of a fire had been put into place. Regular practice fire drills were now taking place. The practice also sent a receipt to evidence that a fire extinguisher had been purchased.

At our previous inspection on 26 May 2015, we had found the practice complaints procedure was not complete; it did not include contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. The provider sent us documents to show the complaints procedure had now been updated with the relevant details and this was now available to patients.

At our previous inspection on 26 May 2015, we had found that rubber dams were not being routinely used in root canal treatment in line with current national guidelines. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth). As part of our review on the 7 December 2015, the provider sent us documents to evidence a policy had been written and signed by all dentists in relation to the use of rubber dam. The provider confirmed the use of rubber dam had been strictly implemented at the practice.

In summary, following our review on the 7 December 2015 we received assurances that action had been taken to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.