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# Dental Practice - Barkingside

## Inspection Report

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Date of inspection visit: 11 April 2019  
Date of publication: 03/06/2019

### Overall summary

We undertook a follow up focused inspection of Dental Practice - Barkingside on 11 April 2019. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care 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 Dental Practice - Barkingside on 14 November 2018 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 regulation 12 - Safe care and treatment, 17 - Good governance, 18 - Staffing and 19 - Fit and proper persons employed 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 Dental Practice - Barkingside on our website [www.cqc.org.uk](http://www.cqc.org.uk).

- 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 and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breach we found at our inspection on 14 November 2018.

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

We found that this practice was providing effective care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breach we found at our inspection on 14 November 2018.

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

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 14 November 2018.

#### **Background**

# Summary of findings

Dental Practice - Barkingside is in Ilford in the London Borough of Redbridge. The practice provides NHS and private treatments to patients of all ages. The practice is situated close to public transport bus services.

The dental team includes the principal dentist who owns the practice, one associate dentist, one specialist periodontist and two dental nurses.

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 dentist, one associate dentist and two dental nurses.

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

The practice is open:

Monday to Friday from 9am to 5.30pm.

## **Our key findings were:**

- There were arrangements to assess and mitigate risks of infection. There were systems to ensure that single use dental instruments were disposed of and not available for re-use. Clinical waste was disposed of properly and safely.
- There were arrangements in place for ensuring that all relevant staff had suitable immunity against vaccine preventable infectious diseases. The practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- There were arrangements to assess and mitigate risks associated with infection prevention and control and Legionella.
- There were arrangements to monitor and improve quality in relation to dental radiography through a system of audits.
- There were processes in place to ensure the on-going supervision and appraisal for staff.

- There were systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles including training in safeguarding children and vulnerable adults and training in infection control.
- There were processes to ensure that appropriate checks were carried out including determining for each person employed their identity, employment history, proof of conduct in previous employment and registration with their appropriate professional body.
- There were systems to ensure that dental care products and medicines requiring refrigeration were stored in line with the manufacturer's guidance.
- There were arrangements to minimise risks associated with the use and handling of hazardous substances, taking into account the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- The practice had protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Information in relation to safety including patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and shared to help monitor and improve safety.
- Improvements had been made to the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- There were systems to ensure that urgent and routine referrals were monitored suitably.
- Improvements had been made to the arrangements to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

# Summary of findings

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

We asked the following question(s).

### Are services safe?

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

The practice had made improvements to the systems and processes to provide safe care and treatment.

Improvements had been made to the procedures followed when recruiting new staff to ensure that all of the essential checks were undertaken.

There were arrangements to ensure the practice policies and procedures in relation to safety were in accordance with current legislation and guidelines and that staff understood and followed procedures.

Improvements had been made to ensure that single use items were not re-used and that clinical waste was disposed of safely and appropriately.

There were suitable arrangements to ensure that staff had appropriate vaccinations.

Improvements were also noted to the systems in place to ensure that appropriate risk assessments were carried out. The risks associated with infection control, hazardous substances, dental sharps and Legionella were assessed and there were arrangements in place to minimise these.

No action



### Are services effective?

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

Improvements had been made to the arrangements to ensure that the dentists assessed patients' needs and provided care and treatment in line with recognised guidance.

Improvements had been made so that patients' dental records were complete, accurate and detailed and included information to demonstrate that patients understood and consented to their care and treatment.

The practice had reviewed its protocols for referral of patients and there were systems to ensure that routine and urgent referrals were made suitably and that urgent referrals were followed up promptly.

There were arrangements in place to ensure that staff were supported to complete training relevant to their roles and there were systems to monitor this.

No action



### Are services well-led?

We found that this practice was providing well-led care and was complying with the relevant regulations.

Improvements had been made to the oversight and management systems for the day to day management of the practice.

No action



# Summary of findings

There were systems in place to ensure that policies and procedures were bespoke to the practice, in accordance with current legislation and that they were understood and adhered to by the staff team.

There were arrangements in place to assess and mitigate risks in relation to Legionella and infection prevention and control.

Improvements had been made to the systems to audit and review clinical and non-clinical aspects of the service.

# Are services safe?

## Our findings

care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notices. At the inspection on 11 April 2019 we found the practice had made the following improvements to comply with the regulations:

The practice arrangements to assess and mitigate risks and ensure the delivery of safe care and treatment had been reviewed and furthered strengthened and we found:

- Improvements had been made to the arrangements to assess and properly mitigate risks of infection. Infection prevention and control audits were carried out and the findings of these audits were shared with the practice team and used to monitor and improve infection control procedures.
- There were systems to ensure that single use dental instruments were disposed of and not available for re-use. We noted that there was a list of single use items for staff to refer to and all single use items were disposed of appropriately.
- There were arrangements in place to ensure that clinical waste was segregated, stored and disposed of properly and safely.
- Improvements had been made to the arrangements in place for ensuring that all relevant staff had suitable immunity against vaccine preventable infectious diseases. We looked at records for all staff who were working at the practice and all had appropriate immunisation records.
- There were effective arrangements for assessing and mitigating risks associated with infection prevention and control and Legionella. A Legionella risk assessment had been carried out in January 2019. All recommendations had been actioned and records of water testing and dental unit water line management were in place.
- Improvements had been made to the processes for ensuring that appropriate checks were carried out including determining for each person employed their identity, employment history, proof of conduct in previous employment and registration with their appropriate professional body. We looked at the records for six members of staff and found that all of the appropriate checks had been carried out.

The provider had also made further improvements:

- Improvements had been made so that dental care products and medicines requiring refrigeration were stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.
- The practice had reviewed its systems for environmental cleaning taking into account current national guidelines. The practice looked clean when we inspected.
- The practice had reviewed its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002. We noted that there was a list of all hazardous materials used in the practice and there was a detailed risk assessment in place. Staff had access to information on how to minimise risks associated with the use and handling of these substances and how to deal with accidental exposure to these.
- The practice's protocols for the use of rubber dam for root canal treatment had been reviewed taking into account guidelines issued by the British Endodontic Society. The principal dentist told us that they used a rubber dam and dental care records which we saw confirmed this.
- The practice protocols and procedures for use of X-ray equipment had been reviewed taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment. We noted that rectangular collimators were in use.
- Improvements had been made to the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). We saw that there were systems in place to review and share relevant safety information. The principal dentist was aware of recent safety alerts and had responded to these appropriately.

## Are services safe?

These improvements showed the provider had taken action to comply with the regulations when we inspected on 11 April 2019.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 14 November 2018 we judged the practice was not providing effective care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notices. At the inspection on 11 April 2019 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to the processes for the on-going assessment and supervision including induction and appraisal for staff. We looked at the records for six members of staff. We noted that newly employed staff undertook a period of induction to assist them to become familiar with the practice policies and procedures. We saw that there were arrangements in place to supervise and appraise staff. There were appraisal records available for the dental nurses.
- There were systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles. We looked at the records for six members of staff and these showed that staff undertook training relevant areas including safeguarding children and vulnerable adults and training in infection control.

The provider had also made further improvements:

- Improvements had been made to the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. We looked at a sample of dental care records and noted that improvements had been

made in relation to their completeness. There were arrangements to audit dental care records and use the findings from these audits to further improve the quality of record keeping.

- The practice had reviewed the protocols for referral of patients and ensure urgent referrals are monitored suitably. There were arrangements in place to follow up on referrals made to ensure that patients were seen promptly.
- Improvements had been made to the practice's protocols and procedures for promoting the maintenance of good oral health taking into account guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. Dental care records which we looked at included details of the advice given to patients in relation to maintaining good oral health.
- The principal dentist was aware of the requirements of the Mental Capacity Act (MCA) 2005 and of their responsibilities under the Act as it relates to their role.
- The principal dentist was aware of Gillick competency and of their responsibilities in relation to this.
- The practice had reviewed its responsibilities to the needs of people with a disability, and the requirements of the Equality Act 2010. An access audit had been completed in January 2019 and this was being used to review and improve access to patients as needed,

These improvements showed the provider had taken action to comply with the regulations when we inspected on 11 April 2019.

# Are services well-led?

## Our findings

At our previous inspection on 14 November 2018 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 11 April 2019 we found the practice had made the following improvements to comply with the regulation.

The practice governance systems and processes had been reviewed and strengthened to ensure compliance in accordance with the fundamental standards of care and we found:

- Dental radiograph audits were carried taking into account .We saw that the results of these audits were shared with relevant staff and used to make improvements as needed.

- Improvements had been made so that dental care records included the grade, justification and reporting in relation to patients' dental radiographs.
- There were systems in place to assess and improve the safety and quality of services provided through a number of audits and reviews. We saw that reviews and audits were carried out to monitor clinical and non-clinical aspects of the service. The results of these were shared with staff and used to make improvements to the service as needed.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 11 April 2019.