

Mr. Meenesh Shah

Northwood Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Northwood Dental Practice on 23 January 2024. This inspection was carried out to review 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Northwood Dental Practice on 8 September 2023 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 and well-led care and was in breach of regulations 12 and 17 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 Northwood Dental Practice on our website www.cqc.org.uk.

When 1 or more of the 5 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.

As part of this inspection we asked:

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

Our findings were:

Are services safe?

We found this practice was providing safe 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 8 September 2023.

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 breaches we found at our inspection on 8 September 2023.

Background

Northwood Dental Practice is in Northwood, in the London Borough of Hillingdon and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist, 2 associate dentists, 1 dental nurse, 3 trainee dental nurses, 1 dental hygienist, 1 practice manager and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist, 1 associate dentist and 1 trainee dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5.30pm.

Saturdays by appointment only.

There were areas where the provider could make improvements. They should:

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases. In particular, ensure that all members of the clinical team are vaccinated against Hepatitis B and have evidence of their response to the vaccination they received.
- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

At the inspection on 23 January 2023 we found the practice had made the following improvements to comply with the regulations:

- Improvements had been made to ensure that all staff completed safeguarding training at a level appropriate to their role.
- The practice had made improvements to reduce the risk of Legionella and other bacteria developing in the water systems. Recommendations made in the Legionella risk assessment dated 13 September 2023 had been acted upon. Control measures included monthly hot and cold-water temperature testing, flushing of infrequently used outlets and dip slide testing to check for bacterial presence.
- There were now effective systems in place to reduce the risk of fire. Recommendations made in the fire risk assessment dated 13 September 2023 had been acted upon. The practice purchased the recommended carbon dioxide (CO₂) and powder fire extinguishers, and they had a contract in place for the annual servicing of these. The fire assembly point had been changed in line with the fire risk assessment recommendations and we saw evidence that staff had been notified of the new fire evacuation procedures. Illuminated exit signage had been displayed where required and the practice had emergency lighting installed above the rear exit. Electrical wires at the reception had been tidied and the practice displayed black and yellow anti-slip tapes on the steps. We saw evidence that fire evacuation drills were being carried out and there were systems in place for the regular in-house testing of the fire safety equipment. Further improvements could be made to ensure that the emergency lighting systems was serviced annually, and the rear fire exit was made easier to open.
- We saw evidence that the electro-mechanical servicing had been carried out on the radiography equipment on 14 September 2023. The two intraoral X-ray units now had rectangular collimators in line with the recommendations of the most recent performance test report.
- We noted that 1 member of clinical staff did not have evidence of their third and final Hepatitis B vaccination. A risk assessment specifying the control measures was in place and the principal dentist told us that the final dose and the blood test results would be arranged shortly.
- Emergency equipment and medicines were available and checked in accordance with national guidance. The practice now had child self-inflating bag, clear masks sizes 0,1,2,3 and 4 and sufficient adrenaline to deliver repeated doses if necessary.
- Staff were aware of the recalls and rapid response reports relevant to the service issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and there were systems in place to cascade safety alerts to all members of the dental team.

Are services well-led?

Our findings

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

At the inspection on 23 January 2023 we found the practice had made the following improvements to comply with the regulations:

- The principal dentist showed commitment to delivering safe, sustainable and high-quality care. Our discussions with the principal dentist demonstrated that they had sufficient oversight of the day-to-day activities of the practice. They had also engaged a compliance company to support their efforts in becoming compliant with the legal requirements. There were sufficient deputising arrangements in place and the dental team worked together to implement improvements.
- Information presented during the inspection was well organised and easily accessible.
- The practice had implemented an effective system to ensure staff training was up-to-date and reviewed at regular intervals. Personal development plans were monitored and there were processes in place to undertake annual appraisals to identify individual development needs. Further improvements could be made to ensure all members of staff completed training in autism and learning disability awareness.

The practice had also made further improvements:

The practice had implemented audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry. Further improvements could be made to ensure the audit was suitable to identify if clinicians diverted from the current guidance.