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Abbey Dental Walthamstow

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Abbey Dental Walthamstow on 6 June 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 Abbey Dental Walthamstow on 6 February 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 and well led care and was in breach of Regulation 12 - Safe care and treatment,

Regulation 15 - Premises and Equipment and

Regulation 17 – Good governance 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 Abbey Dental Walthamstow on our website www.cqc.org.uk.

- Is it safe?
- 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 6 February 2019.

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 6 February 2019.

Background

Abbey Dental Walthamstow is in the London Borough of Waltham Forest. The practice provides NHS and private treatment to patients of all ages.

Summary of findings

The practice is located on the ground floor of the premises. The layout and design of the building does not offer step free access. The practice is located close to public transport routes including bus and train services.

The dental team includes seven associate dentists, one dental hygienist and six dental nurses. The clinical team are supported by a practice manager and two receptionists.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Abbey Dental Walthamstow was the practice manager.

During the inspection we spoke with one associate dentist, the practice manager and one dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 8am and 6pm on Mondays, Tuesdays and Wednesdays, between 8am and 5pm on Thursdays and between 8am and 4pm on Fridays.

Our key findings were:

- Improvements had been made so that so that the practice premises and equipment were maintained suitably and fit for use.
- The practice had infection control procedures which reflected published guidance and there were arrangements for minimising the risks associated with Legionella.
- Staff knew how to deal with emergencies. The recommended emergency medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Improvements had been made so that the risks associate with fire were minimised.
- The practice had made improvements to its leadership. Staff felt more confident that they could raise concerns and that these would be listened to and addressed.
- There were processes in place to ensure the on-going supervision and appraisal for staff.
- There were arrangements to assess and minimise risks where the dental hygienist worked without chairside support.

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.

There were systems to ensure that all parts of the premises were monitored to and action taken so that they were properly and safely maintained.

There were systems to mitigate risks associated with fire and Legionella. The findings from risk assessments were acted on and kept under review.

The practice had arrangements for dealing with medical and other emergencies. The recommended emergency medicines and equipment were available and there were arrangements to check these.

No action



Are services well-led?

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

There was a defined management structure for the day to day management of the practice including monitoring staff performance and appraisal.

There were systems to effectively assess and mitigate risks in relation to premises, equipment, fire and Legionella infection.

Improvements had been made to ensure there were arrangements to monitor, review and improve the quality of the services provided through acting on the findings of audits and reviews.

No action



Are services safe?

Our findings

At our previous inspection on 6 February 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 6 June 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 in relation to the management and maintenance of the premises. Repairs had been made to the roof and ceilings which had sustained water damaged. There were arrangements in place to assess and monitor the premises to help minimise further issues.
- The practice had made improvements to the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The Legionella risk assessment had been reviewed. We noted from records of hot water temperature monitoring, which we were provided with, that the hot water was maintained at the recommended temperature (50 degrees Celsius) to minimise bacterial growth. We also noted that the taps in each of the dental surgeries and in the decontamination room appeared clean and free from lime scale.
- Emergency equipment and medicines were available as described in recognised guidance. There were child size

adhesive pads for use with the external automated defibrillator (AED). The Aspirin in the medical medicines kit was available in the recommended soluble formula and the Glucagon injection was stored in accordance with the manufacturers' instructions.

- A fire risk assessment was carried out by an external company in March 2019. Some recommendations including the provision of fire doors and emergency lighting had been identified. There was an action plan in place and this showed that the recommendations had been acted on and addressed.

The provider had also made further improvements:

- They had reviewed the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment so that rectangular collimators were available.
- There were arrangements to assess and minimise the risks when the dental hygienist worked without chairside support. These included measures to ensure that dental instruments used by the hygienist were cleaned and sterilised.
- Spittoons were available in all of the treatment rooms for patients to use to rinse their mouth during or after treatment.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 6 June 2019.

Are services well-led?

Our findings

At our previous inspection on 6 February 2019 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 6 June 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:

- There was a defined management structure and improvements had been made to the oversight and management of systems for the day to day running of the practice.

- Improvements had been made to the systems to effectively assess and mitigate risks in relation to fire and Legionella infection.
- There were arrangements to monitor, review and improve the quality of the services provided through acting on the findings of audits and reviews.
- There were arrangements for appraising and supporting all members of staff to identify learning and development needs.
- Staff said that they could raise concerns and felt that these would be listened to and acted on.

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 6 June 2019.