

Melbourne Road Dental Care Moya Dental Practice

Inspection Report

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Overall summary

We undertook a follow up inspection of Moya Dental Practice on 9 December 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 second CQC inspector and a specialist dental adviser.

We undertook a comprehensive inspection of Moya Dental Practice on 26 April 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 or well led care and was in breach of Regulations 12,17 and 19 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 Moya Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 this practice was not providing safe care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 26 April 2019.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 26 April 2019.

Background

Moya Dental Practice is in Wallington in the London borough of Sutton and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including spaces for blue badge holders, are available near the practice.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Moya Dental Practice is the one of the principal dentists.

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 registered manager (who is also one of the principal dentists) and three reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.45am – 5.00pm Monday to Fridays. Appointments are available up to 7.00pm on Tuesdays.

Our key findings were:

- The practice had improved with regards to completion of dental care records.
- A sharps risk assessment had been completed.
- Improvements had been made with regards to ensuring that information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 was available for each employed person.
- Evidence was still unavailable on the day of the inspection to confirm the practice's procedures for risk assessment, including fire risk and completion of fire drills.
- Cupboards causing obstruction to access in the accessible patient's toilet had still not been removed.
- External clinical waste was still secured insecurely.

- Evidence was still unavailable on the day of the inspection to confirm that X-ray equipment had been serviced. Staff could not locate a radiation protection file neither confirm if there was an appointed Radiation Protection Adviser (RPA).
- Domestic cleaning had improved but further improvements were required. There were still numerous infection control issues.
- The practice still needed to review their protocols and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Evidence of the practice completing a disability access audit was still unavailable.
- Systems for auditing for continuous improvements were still not in place.
- Governance arrangements which operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 were still not in place.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment must be provided in a safe way for service users.
- Ensure systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full details of the regulations the provider was not meeting are at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

Enforcement action



Are services well-led?

Enforcement action





Are services safe?

Our findings

We found that this practice was not providing safe care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

At our previous inspection on 26 April 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 requirement notice. At the inspection on 9 December 2019 we found that the provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 26 April 2019.

- Cupboards causing obstruction to access in the accessible patient's toilet had still not been removed.
- External clinical waste was still secured insecurely.
- Domestic cleaning had improved but further improvements were required.

- There were still numerous infection control issues relating to the dental surgeries and equipment. This included in surgery two residue and dust in the seating for the suction tube on the dental chair; the suction filter had visible signs of residue; numerous tears in the dental chair; what appeared to be rust on the bracket table arm; signs of dirt in the three in one; the housing for the seat was visibly dirty; the slow hand piece had residue from denture easing; duct tape had been used to repair the connections on the portable suction machine and there were signs of dirt on the tubing.

We found the practice had made the following improvements:

- A sharps risk assessment had been completed.
- Improvements had been made with regards to ensuring that information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 was available for each employed person.



Are services well-led?

Our findings

We found that this practice was not providing well led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

At our previous inspection on 26 April 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 9 December 2019 we found the practice had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 26 April 2019.

- The registered person still had systems and processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the service.
- The registered person did not have appropriate governance arrangements in place for the effective running of the service in the absence of their practice manager. For example, documents such as the fire risk assessments and fire safety checks could not be located on the day of the inspection.
- Evidence of infection control and disability access audits were still unavailable
- Evidence was still unavailable on the day of the inspection to confirm that X-ray equipment had been serviced. Staff could not locate a radiation protection file, nor could they confirm if there was an appointed Radiation Protection Adviser (RPA)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014</p> <p>Safe Care and Treatment</p> <p>The provider had failed to do all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <ul style="list-style-type: none">• There was still items causing an obstruction and a fire hazard in the patient wheelchair accessible toilet. This included two large filing cabinets.• The external clinical waste receptacle was still not stored securely.• Improvements were required to domestic cleaning• There were numerous issues with infection control. This included in surgery two residue and dust in the seating for the suction tube on the dental chair; the suction filter had visible signs of residue, numerous tears in the dental chair, what appeared to be rust on the bracket table arm; signs of dirt in the three in one; the housing for the seat was visibly dirty; the slow hand piece had residue from denture easing; duct tape had been used to repair the connections on the portable suction machine and there were signs of dirt on the tubing to the portable suction. <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014
Treatment of disease, disorder or injury	

Enforcement actions

Good Governance

You are still failing to establish and operate effectively systems and processes to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure good governance in accordance with the fundamental standards of care.

In particular:

- Systems and processes were not in place which enabled you, the registered manager to maintain records that were necessary for the management of the regulated activities. You also have not responded to or taken measures to mitigate risks to patients or persons who may be at risk, which were identified at the previous inspection by your regulator.
- You were unable to provide evidence of your Radiation protection adviser or confirmation of servicing to the X-ray equipment.
- You were unable to provide evidence that a fire risk assessment had been completed or details of any other fire safety checks.
- You did not have appropriate governance arrangements in place for the effective running of your service in the absence of your practice manager. Documents which should be accessible such as risk assessments and safety checks could not be located on the day of the inspection and you were unable to supply them until your practice manager returned to work.
- You did not have continuous systems and arrangements in place to monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to infection control and disability access were completed and accessible.

Regulation 17 (1)