

Dr. Davinder Malli

Well Street Dental

Inspection Report

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Overall summary

We carried out a follow-up inspection on 26 August 2016 at Well Street Dental surgery.

We had undertaken an announced comprehensive inspection of this service on 3 March 2016 as part of our regulatory functions where breaches of legal requirements were 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. This report only covers our findings in relation to those requirements.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

We revisited Well Street Dental surgery as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Well Street Dental 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 safe?

At our previous inspection we had found that the practice did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated. The practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment

We carried out an inspection on the 26 August 2016. Action had been taken to ensure that the practice was safe because there were now effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated. The practice had implemented robust procedures and processes to ensure that people were protected from abuse and improper treatment

We found that this practice was now providing safe care in accordance with the relevant regulations.

No action



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 and ensure that their audit and governance systems were effective. Staff did not receive regular appraisal of their performance in their role from an appropriately skilled and experienced person. Training, learning and development needs had not been suitably identified, planned for and supported.

We carried out a follow up inspection on the 26 August 2016. Action had been taken to ensure that the practice was well-led because there were now effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors and to ensure that their audit and governance systems were effective. Staff received appraisal of their performance in their role from an appropriately skilled and experienced person and training, learning and development needs had been suitably identified, planned for and supported.

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

No action



Well Street Dental

Detailed findings

Background to this inspection

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 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 26 August 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 3 March

2016 had been made. We reviewed the practice against two of the five questions we ask about services: is the service safe and is this service well-led? This is because the service was not previously meeting two of the legal requirements.

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

During our inspection visit, we checked that points described in the action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff files and maintenance records. We also carried out a tour of the premises.

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. All staff had undertaken safeguarding training to an appropriate level and those we spoke with were aware of the different types of abuse and how to report concerns to the dentist or external agencies such as the local safeguarding team or the police as appropriate. Staff had access to a flow chart describing how to report concerns to external agencies where this was appropriate.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at recruitment files of all staff employed and found that this process was now being consistently followed. We saw that checks including, criminal record checks through the Disclosure and Barring Service, detailed job descriptions, which described their roles and responsibilities proof of ID and employment references had been obtained.

Infection control

There was a separate decontamination area for cleaning and sterilising used dental instruments. There were three sinks in the decontamination room in line with current guidance; one for hand washing; one for washing and one for rinsing dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05).

This included, use of an ultra-sonic bath, inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

Staff had undertaken infection control training and staff we spoke with were able to demonstrate that reusable dental

instruments were cleaned and sterilised in line with guidance from the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for sterilising dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

Clinical and the reception areas of the practice were visibly clean and tidy and there were suitable arrangements in line with the Department of Health guidelines for the segregation and disposal of dental waste. The practice used an external contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Patients we spoke with and those who completed comment cards told us that they had always found the practice to be clean.

There were cleaning schedules in place for cleaning the premises and cleaning records were maintained and equipment that was used for cleaning the premises was stored suitably in line with current guidelines.

There was a procedure in place for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

Sharps containers were correctly stored.

We observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infections.

Dental water lines were being maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

An infection prevention control audit had been carried out in line with national guidance.

Are services well-led?

Our findings

Governance arrangements

We spoke with the principal dentist about the governance arrangements at the practice. We found that they had initiated a number of changes to their governance systems since the previous inspection.

Audits had been carried out with a view to monitoring and improving performance. We saw that audits for monitoring infection control processes, the quality of X-rays, and the quality of dental care records had all been carried out. There was a six month rolling audit programme in place that the practice manager had implemented.

The principal dentist had implemented a system of log books to check that equipment, medicines and cleaning standards were being maintained appropriately. Staff were carrying out weekly/monthly checks and recording when these were complete.

Learning and improvement

Staff meetings occurred monthly; with clear agenda, format and direction.

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. For example, safeguarding, infection control and basic life support training had been carried out by an external organisation at the practice for all staff members. Appraisals for all staff members had been completed.