

Mr. John Dineen

John Dineen Dental Surgery

Inspection Report

229 High Road

Leyton

London

E10 5QE

Tel: 020 8558 3505

Website: None

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Overall summary

We carried out a focused inspection of John Dineen Dental Surgery on 21 September 2017.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 8 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with Regulation 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 John Dineen Dental Surgery on our website www.cqc.org.uk.

We also reviewed the key questions of safe and effective as we had made recommendations for the provider relating to these key questions. We noted that improvements had been made.

Our findings were:

Are services well-led?

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

The provider had made improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 8 June 2017.

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 well-led?

The provider had made improvements to the management of the service. This included reviewing and strengthening the practice policies and procedures so that they reflected current guidance and legislation. A system was in place for establishing clear roles, responsibilities and support for all the practice team.

A system for reviews and audits had been introduced and was being implemented. Areas for improvement were identified and there were on-going arrangements in place to address these.

The improvements provided a sound footing for the on-going development of effective governance arrangements at the practice.

No action





Are services well-led?

Our findings

At our inspection on 8 June 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 21 September 2017 we noted the practice had made the following improvements to meet the requirement notice:

There were systems and processes in place that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided:

- Audits were carried out to ensure that X-rays were graded, justified and reported in line with current guidance and legislation. The findings from these audits were used to identify areas where improvements were needed and the practice had introduced arrangements for addressing areas for improvement.

There were systems and processes in place that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk:

- There were arrangements for dealing with medical emergencies to ensure that the recommended medicines and equipment were available to staff. The recommended range of emergency equipment and medicines were available. Regular checks were carried out to ensure that these were available, within their expiry date and in working order.
- There were arrangements for ensuring that equipment was serviced and maintained in line with the manufacturers' recommendations and that any recommendations arising from maintenance and servicing checks were carried out in a timely manner.
- The practice had a health and safety risk assessment and this was reviewed regularly to assess and mitigate risk to patients and staff.
- There were arrangements for reviewing and acting on national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA).
- The practice had policies procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff understood their role in the process.

- Improvements had been made to the systems and processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.

The practice had also made further improvements:

- The practice had reviewed its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Documentation in relation to COSHH including risk assessments were up to date and staff understood how to minimise risks associated with the use and handling of these substances.
- The practice had systems in place to review the training, learning and development needs of individual staff members at appropriate intervals. A process was established for the on-going assessment and supervision of all staff. Staff had undertaken training in basic life support and safeguarding children and adults. Training updates for continuous professional development in respect of dental radiography was scheduled for all staff for November 2017. Appraisals were planned and scheduled for staff.
- The practice had reviewed the protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society. Rubber dam equipment was readily available in each of the dental surgeries. On any occasions where a rubber dam was not used, risks were assessed and steps were taken to minimise these risks.
- The practice had reviewed its 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. We saw service and maintenance documentation in relation to the X-ray equipment.
- The practice had reviewed its systems when referring patients for specialist dental treatments. There were arrangements to monitor referrals to help ensure that these were dealt with promptly.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 8 June 2017.