

Mr. Omran Abbas

The Heathway Dental Surgery

Inspection Report

The Heathway Dental Surgery
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Overall summary

We carried out a focused inspection of The Heathway Dental Surgery on 14 March 2018.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 19 October 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 The Heathway 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 19 October 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.

The risk assessment and management systems had been strengthened and staff were aware of their individual and collective roles and responsibilities. There were clearly defined management structures in place and staff were aware of these.

The practice had effective systems in place to monitor clinical areas of their work to help them improve and learn.

The practice policies and procedures had been reviewed and updated where needed so that they were practice specific and reflected current national guidelines. There were arrangements to regularly review the policies and procedures and to ensure that staff understood and adhered to these.

There were arrangements for staff appraisal and for monitoring staff training.

No action



Are services well-led?

Our findings

At our inspection on 19 October 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 14 March 2018 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 in line with current guidance and legislation to ensure that infection control procedures were appropriately understood and followed.
- Audits were carried out to ensure that dental radiographs 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. These findings were shared with relevant staff and action plans were implemented and used to make any necessary improvements.

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 ensuring that equipment was serviced and maintained in line with the manufacturers' recommendations.
- There were systems in place for ensuring that risk assessments including those in relation to Legionella were carried out.
- There were systems for ensuring that staff were suitably trained and supported in relation to their roles and responsibilities.

The practice had also made further improvements:

- The practice had reviewed and improved its systems for sharing and acting relevant safety alerts.

- The practice had reviewed and improved its protocols for handling needles and other dental sharps taking into account the European Council Directive 2010/32/EU (the Sharps Directive) and other published guidance.
- 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.
- Improvements had been made to ensure that emergency medicines and equipment were available as described in recognised guidance. Regular checks were carried out to ensure that these were in good working order and that medicines were within their expiry date.
- Improvements had been made to the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment was in place and there were arrangements to review this assessment periodically.
- 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. There were robust systems for periodic service and maintenance for X-ray equipment.
- 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. The dentists were up to date with their continuous professional development in respect of dental radiography.
- All staff received appraisals and had personal development plans in respect of their learning and development.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 19 October 2017.