

Mr. Alexander Langdon

Alexander Langdon Dental Practice

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Alexander Langdon Dental Practice on 29 August 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 Alexander Langdon Dental Practice on 1 May 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, effective or well led care and was in breach of regulations 12 safe care and treatment, 17 good governance and 18 staffing 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 Alexander Langdon Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

When one or more of the five questions are not met we require the service to make improvements. Due to the serious level of concerns which we identified when we inspected Alexander Langdon Practice on 1 May 2019 we took urgent action to ensure people could not be exposed to a risk of harm and suspended the provider's CQC registration for a period of three months to allow the provider to act on the risks. We then inspected again after this period, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 1 May 2019.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 1 May 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 breaches we found at our inspection on 1 May 2019.

Background

Alexander Langdon Dental Practice is in the London Borough of Barnet. The practice provides private treatments to patients of all ages.

The dental team includes the dentist who owns the practice.

The practice is owned by an individual who is the 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 dentist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday from 9am to 5.00pm.

Our key findings were:

- The provider had improved the practice infection control procedures so that they reflected published guidance.
- There were effective arrangements for dealing with medical emergencies and appropriate medicines and equipment were available.
- The provider had suitable safeguarding processes and the principal dentist knew their responsibilities for safeguarding vulnerable adults and children.
- There were effective arrangements for assessing and mitigating risks to patients and staff.
- There were arrangements to ensure that the premises and equipment were fit for use.
- There were systems to ensure that and the principal dentist and other staff undertook appropriate training.
- The provider had reviewed the leadership arrangements to support a culture of continuous improvement.
- There were arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- The practice had protocols to ensure that patient referrals were monitored suitably.
- There were arrangements to assess and plan for the needs of patients including people with disabilities and those who did not speak English as a first language or who may have difficulty understanding English.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services effective?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At our previous inspection on 1 May 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We suspended the provider's registration and told the provider to take action as described in our suspension notice. At the inspection on 29 August 2019 we found the practice had made the following improvements to comply with the regulation:

- The practice had reviewed and improved the arrangements to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK). The recommended emergency medicines including medicines to treat a severe allergic reaction, seizures, medicines to relieve angina and medicines to treat low blood sugar were available. These medicines were stored correctly in line with the manufacturer's instructions and there were arrangements to check medicines and to ensure that they were available and in within their expiry dates.
- Emergency equipment, including an Automated External Defibrillator and
- The principal dentist had undertaken training in basic life support and was able to demonstrate that they knew how to deal with medical emergencies.
- There were arrangements to keep patients and staff safe. A comprehensive health and safety risk had been undertaken in July 2019 and there were arrangements to review this every six months or more frequently if required.
- The premises were tidy and clutter free.
- Equipment including the compressor, pressure vessels, sterilising equipment and the dental X-ray unit had been serviced in June 2019 and there were service contracts in place to ensure regular periodic service and maintenance checks. Daily checks were carried out for the sterilising equipment and these were recorded.
- A Legionella risk assessment was carried out in July 2019 and there were arrangements in place to keep this under review. The results of this assessment showed that there were suitable arrangements in place to minimise the risk of bacterial growth in the water systems, including arrangements to disinfect dental unit waterlines.
- A gas safety maintenance and fixed electrical installation test had been carried out and the certificates showed that these systems were operating safely. There were arrangements to ensure that these tests were carried out in accordance with current gas and electrical safety guidance and legislation.
- A fire risk assessment was carried out in July 2019 and there were arrangements to keep this under review. All of the recommendations from this risk assessment had been acted upon including testing fire extinguishers and the provision of fire resistant doors. There were arrangements to regularly check smoke alarms and there were suitable fire safety signs and arrangements for fire evacuation drills.
- The dental amalgamator which was present when we inspected on 1 May 2019 had been removed. The principal dentist demonstrated that dental amalgam was used in pre-dosed encapsulated form taking into account EU Regulation 2017/852 on Mercury and the UK Control of Mercury (Enforcement) Regulations (2017)
- The principal dentist showed us dental dams for use when carrying out root canal treatments in line with guidance from the British Endodontic Society when providing root canal treatment. They described how they would assess risks and record measures they would take to minimise these risks in any instance where the dental dam was not used, such as for example refusal by the patient.
- There were arrangements for assessing and mitigating risks in relation products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations. There was a detailed inventory of all hazardous products and there were bespoke risk assessments and information to help staff minimise and deal with accidental exposure to these items.
- The practice had improved the arrangements protecting patients and staff against the risks of healthcare related infections. The principal dentist had undertaken infection control training.

Are services safe?

- The principal dentist was planning to refurbish one room for use as a dedicated decontamination room. In the interim period decontamination of dental instruments was carried out in a dedicated area within the dental treatment room. There were clear procedures to carry out these procedures safely. There were clearly identified clean and dirty zones and the principal dentist demonstrated the arrangements for transporting, cleaning, checking and storing dental instruments.
- There were arrangements to ensure that single use dental items such as dental burs and files were disposed of appropriately after use.
- An infection prevention and control risk assessment audit was carried out in August having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. The results of this audit showed that the practice infection control procedures reflected this guidance.
- There were systems in place to assess and minimise risk associated with the use and disposal of dental sharps.
The provider had also made further improvements:
- The practice had reviewed the arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). There were systems to review safety alerts and share any relevant safety information with the practice team.

These improvements showed the provider had taken action to improve safety and to comply with the regulation when we inspected on 29 August 2019.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this practice was providing effective care and was complying with the relevant regulations.

At our previous inspection on 1 May 2019 we judged the practice was not providing effective care and was not complying with the relevant regulations. We suspended the provider's registration and told the provider to take action as described in our suspension notice. At the inspection on 29 August 2019 we found the practice had made the following improvements to comply with the regulations:

- The principal dentist had reviewed the staff arrangements for the service. They were seeking to employ a permanent dental nurse and had advertised the post.
- The principal dentist had arrangements to use temporary dental nursing staff when they treated patients until such time as a permanent dental nurse was employed. There were arrangements to carry out checks to ensure the fitness, suitability, skills and experience for temporary dental nurses who worked at the practice.

- The principal dentist had completed training in areas relevant to their role and including the 'highly recommended' training as per General Dental Council professional standards. They had completed training in basic life support, safeguarding children and vulnerable adults, and training in infection control and dental radiography. Records which we looked at showed that they were up to date with their continuing professional development and all staff undertook training updates periodically.

The provider had also made further improvements:

- The practice had reviewed its protocols for monitoring patient referrals to other dental services. There were systems to ensure that urgent and routine referrals were followed up to ensure that patients received prompt treatment.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 29 August 2019.

Are services well-led?

Our findings

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

At our previous inspection on 1 May 2019 we judged the practice was not providing well led care and was not complying with the relevant regulations. We suspended the provider's registration and told the provider to take action as described in our suspension notice. At the inspection on 29 August 2019 we found the practice had made the following improvements to comply with the regulations:

- The practice had made improvements to the governance arrangements so that there was a system for assessing and mitigating risks through a comprehensive range of internal and external risk assessments.
- There were risk assessments in relation to infection control, Legionella, health and safety and there were arrangements to act on these to monitor and improve safety within the service.
- The practice policies and procedures had been reviewed and amended so that they were bespoke to the service and reflected current relevant legislation and guidance. There were arrangements to ensure that policies and procedures were kept under review.

The provider had also made further improvements:

- There were arrangements to support patients who did not speak English as a first language or who may have difficulty understanding English. Language interpretation services were available should these be needed.
- There were arrangements to assess and plan for the needs of patients with disabilities. An access audit was completed and reasonable adjustments had been made including the provision of step free access to the dental surgery and accessible toilet facilities with hand rails and a call bell.
- There was a business contingency plan in place with arrangements to deal with any untoward instances which may disrupt the running of the service.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 29 August 2019.