

# Ms. Kasturi Rao Haringey Dentalcare Inspection Report

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### **Overall summary**

We carried an unannounced focused follow up inspection on 16 August 2017 at Haringey Dentalcare.

We had undertaken an announced comprehensive inspection of this service on 5 August 2015 as part of our regulatory functions where breaches of legal requirements were found.

After the inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

We revisited Haringey Dentalcare as part of this review and checked whether they had followed their action plan.

We reviewed the practice against two of the five questions we ask about services:

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

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Haringey Dentalcare on our website at www.cqc.org.uk.

#### Background

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

We told the NHS England area team that we were inspecting the practice. They provided information which we took into account.

During our inspection visit, we checked that points described in the provider's action plan had been

implemented by looking at a range of documents such as risk assessments, policies, procedures and staff training. We also spoke with staff and carried out a tour of the premises.

#### Our key findings were:

- Systems were in place to assess, monitor and improve the quality of the service.
- The practice had systems to help them manage risk.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had thorough staff recruitment procedures.
- Equipment was maintained and serviced in line with the manufacturer's instructions.
- The practice had infection control procedures which reflected published guidance.

### The five questions we ask about services and what we found

We always ask the following five questions of services.

#### Are services safe?

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

No action

The practice had improved its systems and processes to provide safe care and treatment.

There were procedures in place for reporting safety related incidents and the staff team were aware of these.

The practice procedures for cleaning and sterilising dental instruments were in line with current guidelines and there were arrangements to ensure that staff understood and adhered to these. Cleaning and sterilising equipment was regularly checked and maintained in line with the manufacturer's instructions.

The practice had the recommended equipment and medicines to deal with medical emergencies. Checks were carried out to ensure that these were in date and available, within their expiry date and in working order.

| <b>Are services well-led?</b><br>We found that this practice was providing well-led care in accordance with the relevant regulations.   | No action | ~ |  |
|---|-----------|---|--|
| The practice had improved the arrangements to ensure the smooth running of the service.   |           |   |  |
| The practice had made improvements to its systems for monitoring clinical and non-clinical areas of their work to help them improve and learn. A range of audits were carried out to monitor the quality and safety of the services provided. These included infection prevention and control audits and X-ray audits which were carried out in line with current legislation and guidelines. The results of these audits were used to identify and act on any areas for improvement. |           |   |  |
| The practice team was small and information was shared informally via daily communications and periodic practice meetings. Staff told us that this system worked well.  |           |   |  |
| The practice had sustants to cool and act on the views of patients by you of a commonte and   |           |   |  |

The practice had systems to seek and act on the views of patients by way of a comments and suggestions book and the NHS Friends and Family Test survey.

## Are services safe?

### Our findings

#### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff used an accident book to record any accidents and safety incidents and were able to demonstrate that they understood their roles and responsibilities in relation to this. We reviewed the accident book and there were no incidents recorded and staff confirmed that there had been no accidents or safety incidents.

### Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff were aware of and understood their responsibilities to report any concerns. There were arrangements in place to ensure that staff had appropriate safeguarding training. The dentist had undertaken training in November 2015 and was due to complete an update later this year in line with current guidance.

The dentist confirmed that they used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw complete and ready to use rubber dam kits in the treatment room.

#### **Medical emergencies**

The practice had made improvements and we confirmed that emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks, which were carried out on a weekly basis to make sure these were available, within their expiry date, and in working order.

#### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff records. These showed the practice followed their recruitment procedure. All required checks including evidence of identity, skills and qualifications and employment references, where appropriate; and interviews were carried out. Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

#### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

The practice had made improvements to its arrangements for manual cleaning, checking, sterilising and storing instruments and we found these to be in line with HTM01-05. The dental nurse was able to demonstrate that they understood and adhered to these arrangements. Sterilised dental instruments were stored in sealed airtight pouches which were date stamped to ensure that they were not used beyond the recommended timeframe.

The practice records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The findings from these audits were shared with staff to help maintain appropriate staff practices and to identify and improve any areas as required. The latest audit showed the practice was meeting the required standards.

#### **Equipment and medicines**

The practice had made improvements to its systems for checking equipment and medicines. Records were maintained in respect of checks that were carried out to ensure that medicines and equipment including items in the first aid box and the mercury spillage kit were in date.

The practice stored prescriptions securely and monitored their use as described in current guidance.

#### Radiography (X-rays)

The practice had made improvements to its arrangements to monitor the quality of X-rays

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months following current guidance and legislation.

### Are services safe?

The results from these audits were reviewed where any areas for improvement were identified. The results from the

most recent audits showed that the quality of X-ray images were in line with guidance and that the reason for, and findings from X-rays were recorded within the patients dental care record.

## Are services well-led?

### Our findings

#### **Governance arrangements**

The practice had made improvements to its governance arrangements. There were arrangements in place to review the practice policies and procedures so that they reflected the management and day to day running of the practice.

Improvements had been made to the arrangements to ensure that the practice equipment was checked and serviced in line with the manufacturer's instructions and that the range of recommended emergency medicines and equipment were available.

There arrangements to monitor the quality of the service and make improvements had been reviewed and improved. The practice conducted a range of audits to assess, maintain and improve its service. Audits including those in relation to monitoring the effectiveness of infection control procedures, the quality of X-rays, dental records and audits in relation to dental treatment were carried out in line with current guidance. The practice had clear records of the results of these audits and the resulting action plans and improvements.

#### Learning and improvement

The practice owner showed a commitment to learning and improvement. The results from audits, assessments and reviews were used to support learning and shared within the team to maintain and improve the services provided.

The practice team was small and learning and communications were shared informally on a daily basis. Periodic practice meetings were held and the minutes from these were maintained. Staff told us that the arrangements for sharing information worked well.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used a comments and suggestions book to obtain staff and patients' views about the service. We reviewed the comments made and these showed that patients expressed high levels of satisfaction with the care and treatment that they received.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We reviewed the results from the FFT and this showed that 100% of patients who participated were either 'extremely likely' or 'likely' to recommend the dental practice to their family and friends.