Dr. Yuen-Chun Liu

Oracare Dental Practice

Inspection Report

11 Handel Parade
Whitchurch Lane
Edgware
HA8 6LD
Tel: 020 8952 8988
Website: N/A

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Overall summary

We undertook a follow up focused inspection of Oracare Dental Practice on 11 October 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 Oracare Dental Practice on 12 March 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 or well led care and was in breach of regulations 12 safe care and treatment and 17 good governance 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 Oracare Dental Practice on our website www.cqc.org.uk.

As part of this inspection we asked:

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

When one or more of the five questions are 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 area 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 breach we found at our inspection on 12 March 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 breach we found at our inspection on 12 March 2019.

Background

Oracare Dental Practice is in the London Borough of Harrow and provides NHS and private treatment to adults and children.

There is access for people who use wheelchairs and those with pushchairs.

Summary of findings

The dental team includes the principal dentist, two associate dentists, one hygienist, two dental nurses, one receptionist and a practice manager.

The practice is owned by an individual who is the principal 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 principal dentist via telephone, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9:30am to 3pm

Wednesday, Thursday and Friday 9:30am to 5pm

Saturday 10am to 4pm

Our key findings were:

- Improvements had been made so that the practice premises were maintained and fit for use.
- The practice had infection control procedures which reflected published guidance and there were arrangements for minimising the risks associated with Legionella.
- The practice had systems to help them manage risk. Improvements had been made so that the risks associate with fire were minimised and a fire risk assessment had been completed.
- The practice had made improvements to its management structure.
- The practice had carried out a Disability Access audit.
- The practice had asked patients for feedback about the services they provided and there were now systems in place for ongoing patient feed to take place.

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 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 12 March 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our warning and requirement notices. At the inspection on 11 October 2019 we found the practice had made the following improvements to comply with the regulations:

- 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 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.
- Improvements had been made to ensure that staff undertook safeguarding training. Training records given to us showed that all staff had undertaken training in safeguarding children and adults.
- The principal dentist had improved the arrangements for auditing the quality of dental radiographs. An audit of dental radiographs was carried out in May 2019. The results from this audit were analysed and there was an action plan to make improvements as needed to the quality of dental radiographs.
- Improvements had been made to the arrangements for ensuring that infection prevention and control risk assessments were carried out having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. We saw that an infection prevention and control audit was carried out and there were arrangements to complete these every six months.
- Improvements had been made to the systems to effectively assess and mitigate risks in relation to fire. A fire risk assessment had been carried out.
- Improvements had been made in relation to the management and maintenance of the premises, the five-year fixed electrical wire safety check had been carried out and recommendation completed.

These improvements showed the provider had taken action to improve safety and to comply with the regulation when we inspected on 11 October 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 12 March 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 11 October 2019 we found the practice had made the following improvements to comply with the regulation:

- There was a defined management structure and improvements had been made to the oversight and management of systems for the day to day running of the practice.
- The practice had made improvements to the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The Legionella risk assessment had been reviewed. We noted from records of hot water temperature monitoring, which we were provided with, that the hot water was maintained at the recommended temperature (50 degrees Celsius) to minimise bacterial growth.
- There were cleaning schedules for the premises and colour coded mops and buckets were now stored appropriately.
- There was now a system in place for receiving and acting on national alerts related to equipment and medicine safety alerts.
- The practice had carried out a Disability Access audit.
- The practice had asked patients for feedback about the services they provided and there were now systems in place for ongoing patient feed to take place.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 11 October 2019.