

Mr. Si Nen Mooi

Selsdon Dental Surgery

Inspection report

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Overall summary

We undertook a focused inspection of Selsdon Dental Surgery on 3 August 2021. 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.

We undertook a comprehensive inspection of Selsdon Dental Surgery on 3 June 2021 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 well led care and was in breach of 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 Selsdon Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 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 3 June 2021.

Background

Summary of findings

Selsdon Dental Surgery is in the London Borough of Croydon and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the front of the practice and on surrounding roads.

The dental team includes a principal dentist, a dental nurse and a receptionist. The practice has two treatment rooms.

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 dentist and the dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am to 6.00pm.

Our key findings were:

- Staff had completed and were up to date with continuing professional development requirements relating to the provision of dental care procedures under conscious sedation.
- Staff had completed Immediate life support training.
- The Control of Substances Hazardous to Health 2002 (COSHH) file had been updated and a system was in place for it to be updated regularly.
- A thermometer had been purchased and staff were now able to accurately record water temperatures. Logs were in place for the recording of water temperatures.
- A thermometer had been purchased to measure fridge temperatures. The provider could now demonstrate that glucagon was stored at the right temperature in the fridge.
- The sharps risk assessment had been reviewed to consider all relevant dental sharps in the dental practice.
- All policies and procedures were stored at the practice and were accessible to all staff.
- The decontamination room had been rearranged to follow the dirty to clean flow in line with the Health Technical Memorandum (*HTM*) 01-05.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



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 3 June 2021 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 3 August 2021 we found the practice had made the following improvements to comply with the regulation:

- Staff had completed and were up to date with continuing professional development requirements relating to the provision of dental care procedures under conscious sedation.
- Staff had completed Immediate life support training.
- The COSHH file had been updated and a system was in place for it to be updated regularly.
- Logs were in place for the recording of water temperatures.
- The sharps risk assessment had been reviewed to consider all relevant dental sharps in the dental practice.
- All policies and procedures were stored at the practice and were accessible to all staff.

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 3 August 2021.