

Mr Alan Shamosson

Rose Lane Dental Surgery

Inspection Report

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Date of inspection visit: 20 July 2016
Date of publication: 03/08/2016

Overall summary

We carried out an announced comprehensive inspection of this service on 15 February 2016 as part of our regulatory functions where breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach.

We carried out a follow- up inspection on 20 July 2016 to check that they had followed their plan and to confirm

that they now met the legal requirements. This report only covers our findings in relation to those requirements. We revisited Rose Lane Dental Surgery as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Rose Lane Dental Surgery on our website at www.cqc.org.uk.

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 safe?

At our previous inspection we had found that the practice did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

We carried out an inspection on the 20 July 2016. Action had been taken to ensure that the practice was safe because there were now effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

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

No action



Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The provider had also not ensured that their audit and governance systems were effective.

We carried out an inspection on the 20 July 2016. Action had been taken to ensure that the practice was well-led because there were now effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors and to ensure that their audit and governance systems were effective

We found that this practice was now providing well-led care in accordance with the relevant regulations.

No action



Rose Lane Dental Surgery

Detailed findings

Background to this inspection

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.

We carried out an inspection of this service on 20 July 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 15 February 2016 had been made. We reviewed the practice

against two of the five questions we ask about services: is the service safe and is this service well-led? This is because the service was not previously meeting two of the legal requirements.

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

During our inspection visit, we checked that points described in the action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff files and staff training.. We also carried out a tour of the premises.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff reference.

The principal dentist and staff we spoke with had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. Substances used at the practice that had a potential risk to safety of staff, patients and others had now been recorded and graded as to the risk.

Reliable safety systems and processes (including safeguarding)

We noted that rubber dams were being routinely used in root canal treatment in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

A range of emergency medicines and equipment including oxygen and an automated external defibrillator (AED) were available to support staff in a medical emergency. [An AED

is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm]. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

The emergency medicines and equipment were stored securely with easy access for staff working in any of the treatment rooms.

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at recruitment records of all staff employed and found that this process was now being consistently followed. We saw that checks including, criminal record checks through the Disclosure and Barring Service, detailed job descriptions, which described their roles and responsibilities proof of ID and employment references had been obtained.

Monitoring health & safety and responding to risks

A health and safety policy was available and a practice wide risk assessment had been conducted to ensure the environment was safe for both patients and staff. We could be assured that systems and processes were implemented to monitor and manage the risks to patients, staff or visitors. For example, staff toilets were fit for purpose. There was now a suitable floor covering in the staff toilet floor. The patients' toilet now had heating.

Infection control

The practice had suitable policies and procedures to reduce the risk and spread of infection. Staff were aware of these procedures and had undertaken infection control training.

The protocol for single use items were being followed.

Are services well-led?

Our findings

Governance arrangements

We spoke with the principal dentist about the governance arrangements at the practice. We found that they had initiated a number of changes to their governance systems since the previous inspection. The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively.

Audits had been carried out with a view to monitoring and improving performance. We saw that audits for monitoring infection control processes, the quality of X-rays, and the quality of dental care records had all been carried out. There was a six month rolling audit programme in place that the principal dentist had implemented.

The principal dentist had implemented a system of log books to check that equipment, medicines and cleaning standards were being maintained appropriately. Staff were carrying out weekly/monthly checks and recording when these were complete.

Learning and improvement

Staff meetings occurred monthly with clear agenda, format and direction.

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. For example, safeguarding, infection control and basic life support training had been carried out by an external organisation at the practice for all staff members.