

Mr Abid Abdulkhaliq

Gidea Park Dental Practice

Inspection report

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Overall summary

We undertook a follow up desk-based review of Gidea Park Dental Practice on 14 July 2020. This review was carried out to assess 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 review was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Gidea Park Dental Practice on 9 March 2020 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 Gidea Park Dental Practice on our website www.cqc.org.uk.

As part of this review 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 review this information 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 9 March 2020.

Background

Gidea Park Dental Practice is in Romford in the London Borough of Havering and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear the practice.

The dental team includes four dentists, five dental nurses, three dental hygienists and three receptionists. The practice is supported by two practice managers. The practice has four 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.

The practice is open:

Monday to Friday 8.30am to 5.00pm

Summary of findings

Our key findings were:

- There were systems to monitor the use-by dates of all dental materials.
- There were arrangements to ensure that emergency equipment and medicines are available as recommended.
- Systems were in place to manage medicines safely and to protect patients against avoidable risks.
- There were arrangements to ensure that staff undertook suitable training, relevant to their roles and responsibilities including safeguarding training.
- There were effective systems for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency
- The practice had systems in place to ensure non-latex dental-dams were available.
- There were systems to ensure dental items designed for single use only, were disposed of appropriately.
- There were arrangements and systems for checking and monitoring electrical and gas equipment/installations to ensure that all equipment is well maintained.
- There were systems to ensure where risks had been highlighted and recommendations made in risk assessments, these were acted upon.
- Arrangements were in place for staff to access information related to the storage and handling of hazardous substances.
- There were systems to ensure risk assessments relating to the handling and disposal of dental sharps considered all risks.
- There were arrangements to ensure ongoing fire safety management.
- Systems are in place to monitor the prescribing of antibiotic medicines.

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 9 March 2020 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 review on 14 July 2020 we found the practice had made the following improvements to comply with the Regulation 17:

The practice established effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Specifically, improvements had been made to the systems and management in relation to the Control Of Substances Hazardous to Health Regulations 2002 (COSHH), sharps safety, fire safety, medicines and Legionella management and the availability of emergency medicines and equipment.

- The practice established systems to monitor the use-by dates of all dental materials to ensure they were disposed of and not used to treat patients.
- The practice had reviewed and improved their systems to ensure that emergency equipment and medicines are available. These include items that were not available when we last inspected, such as small sized face masks for use with the self-inflating bag and repeat doses of the medicine to manage a severe allergic reaction. The practice had implemented systems to monitor these medicines and equipment.
- Systems were in place to manage medicines safely and to protect patients against avoidable risks. This included the introduction of stock control system of medicines which were held on site. This would ensure that medicines could be accounted for, did not pass their expiry date and ensure enough medicines were available if required.
- After the inspection we were provided with evidence that all staff, who have direct contact with patients, had undertaken safeguarding training in accordance with guidance.

- A system for receiving safety information such as medicines and safety alerts was implemented shortly after our inspection visit in March 2020. A policy was developed which described how the practice will share relevant alerts and safety information with staff.

- Immediately after the inspection in March 2020, the practice reviewed and improved its systems to ensure that non-latex dental-dams were available to mitigate the risk to those with a latex allergy.

- The practice implemented systems to ensure dental items designed for single use only, such as endodontic files and burs were disposed of appropriately.

- Arrangements were in place to ensure servicing and testing of electrical and gas installations/equipment were carried out as required by law. A new system for monitoring this has now been implemented.

- The practice had taken steps to ensure that risks highlighted and recommendations made in risk assessments were resolved. We received assurances that required improvements to pipe-work detailed in a Legionella risk assessment had been acted upon.

- Staff had access to information related to the storage and handling of hazardous substances and were aware where this important guidance is located in the event of an incident.

- A risk assessment relating to the handling and disposal of dental sharps was carried out on 10 March 2020. We reviewed this and found that the assessment considered and had arrangements to minimise risks. Improvements had also been made to systems ensuring the sharps bin was never filled beyond its recommended capacity thus reducing the risk of needlestick injury to staff.

- A fire risk assessment of the premises was carried out on 11 March 2020. We reviewed this and found that the practice had suitable arrangements to minimise the risk of fire.

The practice had also made further improvements:

- The practice implemented systems to carry out audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the Regulation: 17 when we inspected on 14 July 2020.