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Hainault Dental Practice

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Hainault Dental Practice on 20 February 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 Hainault Dental Practice on 28 November 2018 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, 17 Good governance and 18 Staffing 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 Hainault Dental Practice on our website www.cqc.org.uk.

- 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 areas 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 breaches we found at our inspection on 28 November 2018.

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 breaches we found at our inspection on 28 November 2018.

Background

Hainault Dental Practice is in Ilford in the London Borough of Redbridge. The practice provides NHS and private general dental treatment to patients of all ages.

The practice is situated close to public transport bus and train services.

The dental team includes the principal dentist who owns the practice, three associate dentists, two dental hygienists, four dental nurses and one trainee dental nurse. The clinical team are supported by a practice manager and a receptionist.

Summary of findings

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, one dental hygienist, one dental nurse and the practice manager.

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

The practice is open:

Mondays to Thursdays between 9am and 5pm.

Fridays between 9am and 1pm.

Our key findings were:

- The practice infection control procedures were in line with published guidance. Staff undertook appropriate infection prevention and control training and infection prevention and control audits were carried out to monitor infection control procedures.
- There suitable systems in place to deal with medical emergencies. The recommended life-saving equipment and medicines were available and staff had completed training in medical emergencies.
- The practice had made improvements to the systems to help them manage risk. There were arrangements to ensure that risks in relation to infection control, the use and disposal of dental sharps and the management of hazardous materials were regularly assessed and managed.
- The practice had made improvements to their safeguarding processes and staff had up to date training for safeguarding adults and children.
- Improvements had been made to the practice staff recruitment procedures and the appropriate and essential checks were carried out when employing new staff.
- Improvements had been made so that the practice dealt with complaints positively and used learning from complaints to monitor and improve services.
- Improvements had been made to the arrangements to respond to the needs of patients with disability and the requirements of the Equality Act 2010.
- There was effective leadership, and improvements had been made to the arrangements for monitoring the quality and safety of the services provided.
- The arrangements for assessing and minimising risks associated with lone working had been reviewed and improved.
- Information in relation to safety including patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and shared to help monitor and improve safety.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

We found that this practice was providing safe care and was complying with the relevant regulations.

Improvements had been made to the practice arrangements for assessing risks and for monitoring safety.

There were risk assessments in place in relation to infection control practices, Legionella and the use and disposal of dental sharps. There were arrangements for the regular service and maintenance of the equipment.

There were suitable systems for recruiting staff and undertaking the essential checks.

There were arrangements for receiving, reviewing and acting on safety alerts and other information to improve safety within the practice.

No action



Are services well-led?

We found that this practice was providing well-led care and was complying with the relevant regulations.

There was a defined management structure and improvements had been made to the oversight and management systems for the day to day management of the practice.

The practice had improved its systems to effectively assess and mitigate risks where we had identified issues. There were reviews and audits carried out to monitor and review quality and safety within the practice.

There were arrangements in place to check that clinical staff had adequate immunity for vaccine preventable infectious diseases.

The practice had improved on its arrangements for monitoring staff training and ensuring that records were available to demonstrate that relevant staff were up to date with their continuing professional development in areas such as safeguarding adults and children, infection control, basic life support and medical emergencies. There were on-going arrangements in place to monitor and appraise staff performance.

No action



Are services safe?

Our findings

At our previous inspection on 28 November 2018 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 requirement notices. At the inspection on 20 February 2019 we found the practice had made the following improvements to comply with the regulations:

The practice arrangements to assess and mitigate risks and ensure the delivery of safe care and treatment had been reviewed and furthered strengthened and we found:

- Improvements had been made to the arrangements for dealing with medical emergencies. We noted that the recommended emergency medicines and equipment were available for use, taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. There were suitable arrangements for checking emergency medicines and equipment. Staff had undertaken training in dealing with medical emergencies.
- The arrangements for assessing and mitigating risks had been reviewed and strengthened.
- Infection prevention and control audits were carried out every six months and the results of these were used to make improvements as needed.
- There was a Legionella risk assessment in place and suitable systems for disinfecting dental unit waterlines and monitoring water temperatures to minimise the risk of bacterial growth in the water systems.
- There were procedures in place for the safe use and handling of substances which are hazardous to health. There was a Control of Substances Hazardous to Health (COSHH) risk assessment in place. Safety data sheets were available and staff were aware of their responsibilities.

- There arrangements for assessing and mitigating the risks associated with the use and disposal of dental sharps had been reviewed. There were procedures and a risk assessment in place and staff followed relevant safety regulation when using needles and other sharp dental items.
- Improvements had been made to the arrangements for ensuring that equipment was regularly checked, maintained and serviced in line with the manufacturer's instructions
- There practices' recruitment processes had been reviewed and improved to ensure that appropriate checks were carried out including determining for each person employed their identity, employment history, proof of conduct in previous employment and registration with their appropriate professional body. We looked at the employment records for eight members of staff. These included evidence of identity, employment references and where appropriate evidence of an up to date registration with the General Dental Council (GDC).

The provider had also made further improvements:

- The practice had reviewed the arrangements to ensure all dental care professionals are adequately supported when treating patients in a dental setting considering the guidance issued by the General Dental Council. A risk assessment was in place for when the dental hygienist worked without chairside support and there were arrangements in place to minimise risks.
- The practice had reviewed the arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). There were systems for sharing relevant safety information and acting on this as needed to improve safety within the practice.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 20 February 2019.



Are services well-led?

Our findings

At our previous inspection on 28 November 2018 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 20 February 2019 we found the practice had made the following improvements to comply with the regulations:

The practice governance systems and processes had been reviewed and strengthened to ensure compliance in accordance with the fundamental standards of care and we found:

- There were arrangements in place to assess and monitor the quality and safety of the service through a system of audits. We saw that there were arrangements to review various aspects of the service including infection control, dental radiography and recordkeeping. The results of these audits were shared and used to monitor and improve the service.
- There arrangements in place for ensuring that all relevant staff had suitable immunity against vaccine preventable infectious diseases had been reviewed and strengthened. We looked at records for eight staff and noted that there were immunisation records in place.
- Improvements had been made to the arrangements for ensuring that the practice policies and procedures were adhered to. Policies and procedures were discussed and reviewed during practice meetings.

The arrangements in place to ensure that persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties had been further strengthened and we found:

- There were arrangements for the on-going assessment, supervision and appraisal for staff. There were planned staff appraisal sessions and systems to monitor the learning and development needs for the staff team.
- There were systems in place to ensure that staff undertook periodic training and updates in areas relevant to their roles and for ensuring that clinical staff undertook continuing professional development as per General Dental Council professional standards. We looked at the training records for eight members of staff and noted that these staff had undertaken training in safeguarding adults and children, infection control, basic life support and medical emergencies.

The practice had also made further improvements:

- The practice had reviewed its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010. Arrangements had been made to make the toilet facilities accessible.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 20 February 2019.