

Mr Kanaan Elias

# K. Elias, Dental Surgery

## Inspection Report

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### Overall summary

We carried out a follow- up inspection of this service on 25 May 2017.

We had undertaken an announced comprehensive inspection of this service on 16 February 2017 as part of our regulatory functions where breach of legal requirements was 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. This report only covers our findings in relation to those requirements.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

We revisited the surgery as part of this review and checked whether they had followed their action plan.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for K. Elias Dental Surgery on our website at [www.cqc.org.uk](http://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's radiography equipment was not maintained in line with current guidance. The practice had not assessed the risk of preventing, detecting and controlling the spread of infections and had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff.

At our inspection on 25 May 2017 we found that this practice was now providing a safe service in accordance with the relevant regulations. The practice had put into place arrangements for infection control and dental radiography (X-rays). We found that all the equipment used in the practice was properly maintained. The practice had undertaken a fire, Legionella, sharps and health and safety risk assessment.

Following our review on the 25 May 2017 we were assured that action had been taken to ensure that the practice was providing a safe service and there were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

No action



### Are services effective?

At our previous inspection we found the practice was not assessing patients' needs and delivering care and treatment, in line with relevant published guidance, such as from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DH) and the General Dental Council (GDC).

At our inspection on 25 May 2017 we found that the practice had put into place systems and processes to ensure the dental care provided was evidence based and focused on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Staffs had received professional training and development appropriate to their roles and learning needs and were meeting the requirements of their professional registration.

Following our review on 25 May 2017 we were assured that there were now systems in place to provide effective care and treatment in line with current published guidelines.

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. Policies and procedures were not effective to ensure the smooth running of the service.

At our inspection on 25 May 2017 we found that the practice had implemented robust clinical governance arrangements. Risk assessments such as for fire, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and COSHH had been carried out. Practice meetings were now being used to update staff or support staff. There were processes in place for staff development including appraisal. Audits such as those on the suitability of X-rays and dental care records had been undertaken. Systems had been put into place to demonstrate that these policies and procedures were carried out effectively.

No action



# Summary of findings

Following our review on 25 May 2017 we were assured that action had been taken to ensure that the practice was well-led because there were now effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

# K. Elias, Dental Surgery

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

We carried out a review of this service on 25 May 2017. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 16 February 2017 had been made. We reviewed the practice against three of the five questions we ask about services:

- Is the service safe?
- Is the service effective?

- Is the service well-led?

The review was carried out by a CQC inspector and a dental specialist advisor.

During our review, we spoke with the principal dentist, two associate dentists, a dental nurse and the practice manager. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Infection control procedures
- Legionella risk assessment
- Continuing Professional Development (CPD) training certificates
- Immunisation
- Practice policies and procedures
- Audits such as infection control

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

At our inspection on 25 May 2017 we found the practice had updated the incidents and accident reporting procedure. The practice had an accident book. All staff we spoke with were aware of reporting procedures including recording them in the accident book. The practice had updated the Control of Substances Hazardous to Health, 2002 Regulations (COSHH) folder. The practice had a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and staff we spoke with understood the requirements of COSHH and RIDDOR.

The practice had implemented a system to receive and act upon patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and other external organisations. The practice had a safety alerts folder which included guidance on the Yellow Card System, alerts on defective medicines and products.

### Reliable safety systems and processes

The practice had implemented a health and safety policy and had undertaken a range of risk assessments with a view to keeping staff and patients safe. Staff told us a health and safety risk assessment had been undertaken on 06 March 2017. Following our inspection the practice sent us confirmation of the health and safety risk assessment.

Staff showed us the flooring had been replaced addressing the trip hazards posed from frayed and raised carpets in the passage way. Staff had carried out training in health and safety in March 2017.

### Medical emergencies

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Improvements could be made to ensure checks were carried out on the oxygen cylinder. Staff had completed training in medical emergencies as a team on 06 March 2017.

### Staff recruitment

The practice had implemented a recruitment policy and updated the staff files. All staff files contained evidence of

immunisation, Disclosure and Barring Service (DBS) checks and identity checks. The practice had evidence of up to date registration with the General Dental Council (GDC) and professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice had a fire action plan in place and fire safety signs were clearly displayed. We observed that staff were aware of how to respond in the event of a fire. The practice had appropriate fire extinguishers and the fire exits were free of obstruction. Staff told us a fire risk assessment had been undertaken on 06 March 2017. Following our inspection the practice sent us confirmation of a fire risk assessment.

### Infection control

At our inspection on 25 May 2017 we found the practice now had effective systems in place to reduce the risk and spread of infection. The practice had in place robust infection control procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff had completed infection prevention and control training in March 2017.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We saw that the dental treatment room, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment and decontamination room. Hand washing facilities were available and hand washing protocols were also displayed appropriately in various areas of the practice. The drawers of the treatment room were inspected and these were clean, ordered and free from clutter.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

NHS England had carried out an infection prevention and control audit on 22 May 2017 and the practice had a score of 100%. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice had

# Are services safe?

undertaken a Legionella risk assessment in February 2017 and had an 80% risk rating. We observed that the practice had completed the action plan and a second risk assessment in May 2017 found the practice was fully compliant. We saw records which showed that staff had completed Legionella awareness training.

We saw cleaning schedules for the premises and the practice was clean when we inspected. Staff told us the cleaner had received further training on environmental cleaning.

## **Equipment and medicines**

We found the practice had appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the X-ray units. We saw records which showed the X-ray units had been serviced in

September 2016. We noted that the practice was advised to use rectangular collimators, a particular type of equipment attached to X-ray machines to reduce the dose of X-rays patients received. Staff told us the practice did not have rectangular collimators. The principal dentist told us the X-ray units were due to be replaced, though a date was not provided to us regarding the replacement.

The practice had portable appliances and had undertaken a portable appliance tests (PAT) in February 2017.

In summary, following our review on the 25 May 2017 we were assured that action had been taken to ensure that the practice was providing a safe service and there were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our inspection on 25 May 2017 we observed the practice was implementing a record keeping audit to improve the quality of record keeping. We saw records which showed that a record keeping audit would be carried out on 01 June 2017. Following our inspection the practice sent us confirmation of a record keeping audit including an action plan that was in place.

The dentists told us medical histories were updated in the dental care records. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

Staff told us dental care records were updated with the proposed treatment after discussing treatment options with the patient. A treatment plan would be given to each patient and this included the cost involved. Patients would then be monitored through follow-up appointments and these were scheduled in line with their individual requirements.

The dentists explained that they would record details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The dentists told us patients were given oral hygiene advice. The practice had health promotion information such as smoking cessation, tooth brushing and gum disease.

### Staffing

The practice had implemented an induction and training programme for staff to follow to ensure they were skilled and competent in delivering safe and effective care and support to patients. The induction programme - included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that all staff members were up to date with CPD and registration requirements issued by the General Dental Council. Staff had completed training as a team in health and safety, fire safety and the Mental Capacity Act.

The practice had a policy and procedure for staff appraisals to identify training and development needs. Staff showed us the practice training policy which used appraisals to identify staff's individual training needs. We saw records which showed that staff had appraisals in April 2017.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

In summary, following our review on 25 May 2017 we were assured that action had been taken to ensure that the practice was effective because there were now systems in place to provide effective care and treatment in line with current published guidelines.

# Are services well-led?

## Our findings

### Governance arrangements

At our inspection on 25 May 2017 we found that this practice was providing well-led care in accordance with the relevant regulations. The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had undergone refurbishment and addressed concerns regarding infection prevention and control including replacing cabinets, decontamination and hand washing sinks. The practice had implemented a new clinical governance system to assist with updating policies, procedures and audits. A general practice audit had been completed on 02 March 2017 and an action plan was in place.

The practice had reviewed and updated relevant policies and procedures in place such as those issued by the General Dental Council (GDC) and the Department of Health. These included arrangements to monitor the quality of the service and make improvements. The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments such as fire, Legionella, health and safety. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The principal dentist organised staff meetings to discuss key governance issues and staff training sessions. We saw records of regular staff meetings documenting discussions on audits, medical emergencies, Legionella awareness and fire safety.

### Learning and improvement

The practice had developed a quality assurance processes to encourage learning and continuous improvement. This included developing audit templates for record keeping and X-rays. Following our inspection the practice sent us confirmation audits had been completed in record keeping and X-rays on 01 June 2017. The practice had completed audits on the disposal of sharps in May 2017 and clinical waste in February 2017.

The General Dental Council requires clinical staff to complete continuous professional development (CPD). Staff told us the practice provided support and encouragement for them to do so. All members of staff were up to date with CPD requirements.

In summary, following our review on 25 May 2017 we found evidence which showed that the practice had taken adequate action to ensure that the practice was well-led. The practice had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.