

Mr Rajesh Mayor

# Dental Surgery

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Dental Surgery on 2 June 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 who was supported by a second CQC inspector.

We undertook a comprehensive inspection of Dental Surgery on 09 May 2019 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, effective, responsive and 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 Dental Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it responsive to people's needs?
- 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?

# Summary of findings

We found this practice was providing safe care and treatment in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breaches we found at our inspection on 9 May 2019.

## **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breaches we found at our inspection on 9 May 2019.

## **Are services responsive?**

We found this practice was providing responsive care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breaches we found at our inspection on 9 May 2019.

## **Are services well-led?**

We found this practice was providing well-led services in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breaches we found at our inspection on 9 May 2019.

## **Background**

Dental Surgery is in Erith, within the Greater London Borough of Bexley. The practice provides NHS and private treatment to adults and children. The practice is open from 9am to 5pm Monday to Friday and is closed between 1pm and 2pm for lunch. The practice now has two treatment rooms, a separate decontamination area, an open plan reception/waiting room, small staff area and a large rear garden.

There is no level step-free access for people who use wheelchairs or those with pushchairs, however a portable ramp is available on request. Free car parking, including those for blue badge holders, are available on neighbouring roads.

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 dental team includes two dentists, two qualified dental nurses, one trainee dental nurse and a receptionist. All the dental nurses also undertake receptionist duties.

During the inspection we spoke with the principal dentist, one of the qualified dental nurses, the trainee dental nurse and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

## **Our key findings were:**

- The provider had taken steps to improve their staff recruitment procedures.
- Infection prevention and control procedures were now in line with published guidance.
- All medical emergency equipment was available and emergency drugs we checked were in date.
- The practice had taken steps to establish systems to help them manage risk to patients and staff.
- We found suitable safeguarding arrangements were now in place.
- The practice no longer undertook any type of endodontic treatment including root canal treatments.
- Systems and processes were implemented for managing and tracking outgoing referrals.

# Summary of findings

There were areas where the provider could make improvements. They should:

- Improve and develop the document staff use to report incidents.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

At our previous inspection on 09 May 2019, we judged the provider was not providing safe care in accordance with the relevant regulations. This was due to significant gaps in the management of incidents, recruitment checks, emergency equipment and medicines, fire safety, infection prevention and control (IPC) and safeguarding. A Warning Notice was issued in respect of these issues.

At this inspection of 02 June 2021 concerns identified at our previous inspection had been remedied satisfactorily. We found the practice had made the following improvements to comply with the regulations and was now providing safe care in accordance with the relevant regulations.

- At our previous inspection of 09 May 2019, we found that the safeguarding policies were not practice-specific, and some contained out-dated information. The policies did not state who the practice's safeguarding lead was, and staff were unsure whether there was a safeguarding lead for the practice. Prior to the inspection of 2 June 2021, we requested and were provided with copies of these policies. The policies demonstrated that the practice had safeguarding policies for identifying, reporting and dealing with suspected abuse. Staff we spoke with on the day knew who led, as well as deputised on safeguarding.
- At the inspection of 09 May 2019, staff we spoke with were not sure on how to report concerns externally without first informing the practice's principal and the whistleblowing policy did not provide clear guidance on how to do this. At this inspection, we found the provider had amended their whistleblowing policy to remove ambiguity around reporting. Staff we spoke with on the day had a good understanding on how to report concerns externally including to the CQC.
- At the previous inspection, the principal dentist could not demonstrate they used dental dams (equipment used in dentistry to prevent accidental injury to the patient) in line with guidance from the British Endodontic Society when providing root canal treatments. At this inspection, the provider informed us that the practice did not undertake any type of endodontic treatment including root canal treatments; instead patients were referred to external primary or secondary organisations.
- At the inspection of 9 May 2019, the practice was failing to undertake some essential recruitment checks as required by current legislation. The practice had not recruited any new members of staff since the last inspection, so we were unable to see check staff files to identify if improvements had been made. However, the practice recruitment policy now reflected what would be expected by current legislation.
- At this inspection we reviewed systems the provider had put in place following the inspection of 9 May 2019 to assess, monitor and mitigate the risks to service users. They had ensured fire safety, health and safety, sharps, electrical safety risk assessments and Portable Appliance Testing (PAT) were carried out and recommendations appropriately actioned.
- We saw evidence that all clinical staff had received the full course of vaccinations against Hepatitis B, and they had checked the effectiveness of the vaccination for all members of staff.
- The processes for managing medical emergencies had improved and they had all the medical equipment as described in national guidance. Staff demonstrated how they would set up the oxygen cylinder in the event of an emergency and razors were now available for shaving patients' chest prior to using the Automated External Defibrillator (AED).
- Staff were now monitoring the temperature of the fridge which was used to store Glucagon (a medicine used to treat low blood sugar in diabetic people), and they ensured it was stored at the optimum temperature; logs were maintained.
- Infection control processes were now in line with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. We saw evidence that the autoclave was serviced; staff had received training in IPC, and they had a programme of six-monthly IPC audit.

# Are services safe?

- Effective processes had been established to prevent Legionnaire's disease. A legionella risk assessment had been undertaken following the inspection in 2019 and the practice was now following the recommendations. This included regular monitoring of water temperatures at the hot and cold-water outlets as well as the hot and cold-water tanks. Staff routinely also monitored the hot water outlets to ensure they reached the recommended temperatures. Records were seen to evidence these.
- Staff understanding of how to identify, report, record and manage incidents had improved, however we noted that staff recorded all incidents in a notebook instead of the incident recording template available. We raised this with the provider who told us this will be reviewed.
- At the previous inspection, the provider was unable to evidence they understood the types of incidents reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). At this inspection, the provider demonstrated their knowledge around RIDDOR had improved.

These improvements showed the provider had taken the necessary action to comply with the regulations when we inspected on 2 June 2021.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 09 May 2019, we judged the provider was not providing effective services as the arrangements in respect of dental care records, consent to care and treatment, monitoring care and treatment, effective staffing and coordinating care and treatment were not adequate. We told the provider to take action when we issued them with a requirement notice.

These arrangements had significantly improved when we undertook a follow up inspection on 2 June 2021. We found the practice had made the following improvements to comply with the regulations and was now providing effective care in accordance with the relevant regulations.

- Dental care records we looked at during the follow up inspection demonstrated that they were now proactively recording detailed periodontal information for those patients with or at risk of gum disease.
- Processes were now in place for gaining consent.
- We found there had been improvements to dental care record audits. Records now included; who had examined and treated the patient, consent obtained, current dental needs, disease risks, treatment options, past treatment and medical histories.
- At the previous inspection, there was a lack of evidence of training for some members of staff in Infection prevention and control (IPC), fire safety, radiography, medical emergencies and safeguarding children and vulnerable adults. The provider provided us with evidence clinical staff had completed the continuing professional development required for their registration with the General Dental Council.
- Systems were now in place to ensure staff received regular appraisals to discuss their performance, training and development needs; we noted all staff had received one in the last 12 months.
- The provider had established systems and processes to manage referrals and these were fit for purpose.

These improvements showed the provider had taken the necessary action to comply with the regulations when we inspected on 2 June 2021.

# Are services responsive to people's needs?

## Our findings

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

At our previous inspection on 9 May 2019 we judged the practice was not providing responsive services 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 2 June 2021 we found the practice had made the following improvements to comply with the regulation.

- The registered person had not carried out suitable audits relating to Disability Access. We saw evidence that an external company undertook this audit in 2019 following our inspection. Since the audit, the provider had made reasonable adjustments for patients with enhanced needs. They now had a ramp which enabled step-free level access for service users in wheelchair, a hearing loop, a magnifying glass and the toilet now had handrails and a call bell.
- Staff demonstrated how to use the hearing loop.

These improvements showed the provider had taken the necessary action to comply with the regulations when we inspected on 2 June 2021.

# Are services well-led?

## Our findings

At our previous inspection of 09 May 2019, we judged the provider was not providing well-led services as there was limited over-arching governance structure, risks were not adequately mitigated and there was a general lack of awareness of their responsibilities to other external organisations. We told the provider to take action and issued them with requirement notices in respect of these issues. When we undertook the follow up inspection on 2 June 2021, the following improvements to the service was demonstrable.

- At this inspection, we found that the provider who had overall responsibility for the management and clinical leadership of the practice had been responsive to the findings in the CQC report. The provider ensured system of clinical governance was now in place which included a suite of updated policies, protocols and procedures accessible to all members of staff and were reviewed on a regular basis. The whistleblowing policy we reviewed was reflective of what we would expect to see.
- The practice demonstrated that risks assessments were now in place to identify and mitigate risks to patients and staff; this included legionella and fire safety.
- The provider had put in place quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Records of the results of these audits were maintained and the resulting action plans and improvements. In particular, the radiograph audit we examined was thorough, detailed and provided an evaluation of the overall findings.
- These improvements including those in the other key questions showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 2 June 2021.