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The Dental Surgery

Inspection report

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Overall summary

We undertook a focused follow up inspection of The Dental Surgery on 13 May 2021 which included a review of evidence submitted to us by the provider before the site visit. 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 had remote access to a specialist dental advisor.

We undertook a follow-up inspection of The Dental Surgery on 10 November 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 The Dental Surgery on our website www.cqc.org.uk.

As part of this inspection 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 (requirement notice only). We then inspect again 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 10 November 2020.

Summary of findings

Background

The Dental Surgery is in the London Borough of Southwark and provides NHS and private treatment for adults and children.

The dental team includes the principal dentist and a trainee dental nurse. The practice has one treatment room.

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

The practice is open between 10.00am and 5.00pm - Monday to Friday (Wednesday closed)

Our key findings were:

- Recommendations from the Legionella risk assessment had been actioned.
- Infection prevention and control audits were completed accurately.
- Regular checks on medicines and equipment were undertaken.
- Improvements were made to maintain accurate, complete and contemporaneous records in respect of each patient.
- There were effective systems for the on-going identification of learning and development needs, training, assessment, supervision and appraisal of all staff.

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 10 November 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 inspection on 13 May 2021 we found the practice had made the following improvements to comply with the Regulation 17.

- Recommendations from the Legionella risk assessment had been actioned. The provider ensured regular monitoring of the water temperatures from the various outlets of the surgery to mitigate the risk of Legionella infection. These were suitably recorded. The provider had carried out a test for the presence of the legionella bacteria in the water system on 16 March 2021 and no legionella bacteria were detected.
- The infection prevention control audit carried out on 14 November 2020 accurately identified areas where improvements were needed.
- The provider had a checklist in place to ensure medicines and emergency equipment were within the manufacturer's use by date. Equipment and medicines were available according to the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The provider had systems and processes to ensure good governance and management. Training and appraisals had been carried out and a training matrix was in place to identify when updates were required. Staff were aware of the policies and procedures. Meetings took place for shared learning.
- Dental care records had detailed recording of clinical notes, the justification for taking dental radiographs and reports on the findings to support clinical diagnosis and treatments. The provider had carried out audits for both patients record cards and radiographs; learning points were identified.

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 13 May 2021.