

Dental Harmony Ltd

Dental Harmony

Inspection report

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Date of inspection visit: 15 December 2020
Date of publication: 13/01/2021

Overall summary

We undertook a follow up inspection of Dental Harmony on 15 December 2020. This inspection 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 inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Dental Harmony on 20 February 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 Safe or Well led care and was in breach of Regulations 12, 17 and 18 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 Harmony on our website www.cqc.org.uk.

As part of this review we asked:

- 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 review this information after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

Summary of findings

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 breach we found at our inspection on 20 February 2020.

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 20 February 2020.

Background

Dental Harmony is in Gants Hill in the London Borough of Redbridge and provides private dental care and treatment for adults and children.

The practice is located on the ground floor and has two treatment rooms. There is level access to the practice for people who use wheelchairs and those with pushchairs.

The practice is located close to public transport links.

The dental team includes the registered manager, three dentists, one specialist oral surgeon, three trainee dental nurses and two receptionists.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Dental Harmony is one of the owners.

During the inspection we spoke with the practice owner, one trainee dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between

Mondays to Fridays 10.00 am to 8.00 pm

Saturdays 9.00 am to 6.00 pm

Our key findings were:

Improvements had been made to the systems for:

- assessing and managing risks to patients.

Summary of findings

- ensuring up-to-date documentation relating to staff recruitment and training was available.
- monitoring patient referrals.
- managing medicines safely.
- ensuring single-use items were disposed of appropriately and not re-used.
- managing risks associated with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

Systems and arrangements were now in place to:

- monitor the use-by dates of all dental materials.
- ensure the effective decontamination of dental instruments.
- ensure that all clinical staff had adequate immunity against vaccine preventable infectious diseases.
- ensure that staff undertook suitable training, relevant to their roles and responsibilities including practical training in dealing with medical emergencies and infection control.
- support and monitor trainee dental nurses to carry out their role effectively.
- check and monitor equipment taking into account relevant guidance to ensure that all equipment was well maintained.

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

- Review the practice's protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

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

At our previous inspection on 20 February 2020 we judged the practice was not providing safe care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice.

At the inspection on 15 December 2020 we found the practice had made the following improvements to comply with the Regulation:12

- Improvements had been made to the arrangements to ensure that dental instruments were decontaminated, sterilised and stored appropriately. An infection prevention and control audit was carried out on 17 September 2020. This showed the processes for decontaminating the instruments currently reflected the HTM01-05 guidelines. The practice infection prevention and control policy was reviewed and updated including arrangements to ensure that infection control audits are carried out every six months.
- Daily recommended checks were undertaken to ensure that the equipment used for sterilising dental instruments was functioning correctly.
- Dental items designed for single use such as endodontic files, implant components and disposable lip retractors were disposed off appropriately and not re-used. Systems were in place to monitor this on a monthly basis.
- We were sent evidence that single-use items were stored covered in the drawers minimising the risk of contamination from aerosols.
- Systems were in place to ensure patient referrals to other dental or health care professionals were monitored and followed up to ensure patients were seen and treated in a timely manner.
- Temperature of the hot and cold water in the surgery taps was monitored to ensure that it was maintained within the recommended range to help reduce the risk of Legionella or other bacterial growth in the water systems.

These improvements showed the provider had taken action to comply with Regulation: 12 when we inspected on 15 December 2020.

Are services well-led?

Our findings

At the inspection on 15 December 2020 we found the practice had made the following improvements to comply with the Regulations 17 and 18:

The principal dentist provided evidence to demonstrate that systems to assess and monitor the day-to-day running of the service had been improved. These included ongoing audits, reviews and systems to monitor staff training.

- Trainee dental nurses at the practice were provided suitable support. This included arrangements to monitor their training and understanding of their role in order to ensure they were able to carry out their work safely and effectively.
- Staff demonstrated that they understood and followed the procedures to clean and sterilise used dental instruments. We saw that there was suitable personal protective equipment (PPE) and cleaning materials available.
- Validation and maintenance tests for the sterilising equipment were carried out annually in line with the manufacturer's guidance. Annual maintenance checks were scheduled as part of an ongoing equipment testing and maintenance programme.
- There were arrangements in place to assess and manage risks associated with the handling and disposal of dental sharps.
- Suitable checks were now carried out so that emergency equipment including the Automated External Defibrillator (AED) was ready for use. Emergency medicines, such as the medicines to treat seizures and cardiac emergencies, were available as recommended by the Resuscitation Council (UK) and were checked so that they did not pass manufacturer's expiry date.
- Medicines were stored safely and stock levels of medicines held on site were monitored regularly.
- Systems had been implemented to ensure that outcomes from assessments and reviews were acted on to mitigate the risks to service users and staff.
 - The most recent Legionella risk assessment indicated the need for regular audits, including temperature monitoring. Since our inspection of February 2020, systems had been implemented to ensure this monitoring was carried out as recommended.
 - There were arrangements to assess and manage risks of fire in line with a fire safety risk assessment..
- Improvements had been made to the use of Closed Circuit TV (CCTV) policy. However, on the day of the inspection, we noted further improvements were needed to ensure patients were made aware of the policy relating to the use of CCTV within the practice.
- The practice had established systems to monitor the use-by dates of all dental materials to ensure they were disposed off securely and not used to treat patients.
- Staff now had access to appropriate and up to date information in relation to products and materials in line with Control of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments and product safety data information were available and easily accessible to the staff team. There were arrangements to keep these under review.
- Provider had undertaken a review of all staff documentation and implemented systems to monitor and ensure that this was kept up-to-date. This included the monitoring of recommended Continual Professional Development (CPD) training as required by the General Dental Council (GDC). Records were also maintained about staff vaccinations and checks on the effectiveness of the vaccination.

The provider had also made further improvements:

- Antimicrobial prescribing audits were carried out taking into account the guidance provided by the Faculty of General Dental Practice.
- Storage temperature of medicines and dental care products requiring refrigeration was monitored and recorded.