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Wembley High Street Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 13 April 2016 as part of our regulatory functions where two breaches of legal requirements were 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.

We followed up on our inspection of 29 June 2016 to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements.

We revisited Wembley High Street Dental Surgery as part of this review. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wembly High Street Dental Surgery on our website at 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 did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment. The practice had not assessed the risk of preventing, detecting and controlling the spread of infections. The practice did not ensure the equipment used for providing care or treatment to a service user was safe for such use and used in a safe way.

The review on 29 June 2016 concentrated on the key question of whether or not the practice was providing a safe service. We found that this practice was now providing a safe service in accordance with the relevant regulations. Following our review on the 29 June 2016 we received assurances 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 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. Most policies were generic and had not been considered in the context in which services were provided. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

The review on 29 June 2016 concentrated on the key question of whether or not the practice was well-led. We found that this practice was now providing well-led care in accordance with the relevant regulations. Following our review on the 29 June 2016 we received assurances 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.

No action



Wembley High Street 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 29 June 2016. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 April 2016 had been made. We reviewed the practice against two of the five questions we ask about services:

- Is the service safe?
- 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, trainee dental nurse and a dental nurse who is also the receptionist. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Control of Substances Hazardous to Health (COSHH) risk assessment
- Health and safety risk assessment
- Legionella risk assessment
- Continuing Professional Development (CPD) training certificates
- Pressure vessel check
- Disclosure and Barring Service (DBS) checks
- Staff appraisals
- Audits such as infection control, radiography and record keeping



Are services safe?

Our findings

At our previous inspection on the 13 April 2016, the practice did not have adequate systems in place for the management of substances hazardous to health. Staff were not aware of the procedures in place for safeguarding adults and child protection. Details of the practice

safeguarding lead, local authority safeguarding teams and other useful telephone numbers were not known to staff. The practice did not have a fire evacuation procedure. There was no recruitment or induction policy. The practice had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff. The practice reused single use items and did not store instruments appropriately in line with guidance issued by the Department of Health, 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. The practice had a procedure for single use items and the storage of instruments. The practice had undertaken a Legionella risk assessment in October 2015 and an action plan was in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

At our review on 29 June 2016 we found the practice had undertaken a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a comprehensive COSHH folder. The practice had a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice had policies and procedures in place for safeguarding adults and child protection. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. All staff had completed child protection and safeguarding adults training to an appropriate level in May 2016.

At our review on 29 June 2016 we found the practice had a health and safety policy. Policies and protocols were implemented with a view to keeping staff and patients safe. The practice had undertaken a health and safety risk assessment in May 2016. For example, we saw records of risk assessment for eye injuries, manual handling, electrical faults and slips, trips and falls.

The practice had a recruitment policy and all staff recruitment records had been updated. The practice

carried out Disclosure and Barring Service (DBS) checks for all members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable]. Immunisation records were available for all members of staff.

The practice had a policy for safety alerts which listed the agencies that provide alerts and how they should be dealt with. The principal dentist had registered with Medicines and Healthcare products Regulatory Agency (MHRA) to receive alerts.

On 29 June 2016 we found the practice had effective systems in place to reduce the risk and spread of infection. The practice had updated the infection control policy and procedures in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice had a procedure for single use items and the storage of instruments. The practice had undertaken a Legionella risk assessment in October 2015 and an action plan was in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The practice had carried out a pressure vessel check in April 2016 and the X-ray developer had been serviced in June 2016. The second X-ray unit had been serviced in April 2016. The practice had a radiation protection adviser and had appointed a radiation protection supervisor. The practice did not have local rules. We spoke with the principal dentist who told us the treatment room is in the process of being renovated and the X-ray unit would be replaced in August 2016. The principal dentist explained the procedures which were in place to ensure safety when X-rays were taken.

In summary, following our review on the 29 June 2016, we found evidence which showed 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 well-led?

Our findings

At our previous inspection on the 13 April 2016 we found that this practice was not providing well-led care in accordance with the relevant regulations.

Policies and procedures were not effective to ensure the smooth running of the service. Most policies were generic and had not been considered in the context in which services were provided. We noted that the practice did not have robust systems in place to identify and manage risks. Practice meetings were not being used to update staff or support staff. There were no processes in place for staff development, no appraisals and no evidence of how staff were supported. Audits such as those on infection control, the suitability of X-rays and dental care records, had not been undertaken in the last 12 months. There were no mechanisms in place for obtaining and monitoring feedback for continuous improvements.

At our previous inspection on the 13 April 2016, the practice did not have suitable clinical governance and risk management structures in place.

As part of our review on 29 June 2016, we reviewed policies and procedures and spoke with staff about the governance arrangements at the practice. The practice had updated policies and procedures in line with current guidance.

At our previous inspection on 13 April 2016, we found that the practice did not complete appraisals for staff members. As part of our review on 29 June 2016 we found appraisals had been completed for all staff members. The practice had a performance and development review procedure.

There were protocols and procedures to ensure staff were up to date with their mandatory training and their CPD. Staff training records for infection control, medical emergencies, radiography and safeguarding were up-to-date. We saw records which showed that the trainee dental nurse was registered on a training course which could lead to registration with the General Dental Council.

On 29 June 2016 we found that the practice had now put in place a formalised system of learning and improvement. The practice had a schedule of audits. The practice had undertaken a radiography audit in May 2016, record keeping in May 2016, and infection control in April 2016. The audits had documented learning outcomes and staff told us how the practice planned to make improvements.

We saw records which showed that all staff had reviewed the updated infection control policy and discussed it as a team in April 2016. Staff told us they had completed training as a team in infection control, health and safety and safeguarding. We also noted that the principal dentist had organised staff meetings to discuss key governance issues and staff training sessions. The practice had monthly staff meetings to discuss governance issues and training in areas such as COSHH, RIDDOR, health and safety risk assessments and Legionella.

In summary, following our review on the 29 June 2016 we found evidence that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.