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# Surrey Docks Dental Practice

## Inspection Report

Surrey Docks Health Centre  
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### Overall summary

We undertook a follow up desk-based inspection of Surrey Docks Dental Practice on 12 March 2019. 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.

We undertook a comprehensive inspection of Surrey Docks Dental Practice on 22 November 2018 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 regulations 17 Good governance and regulation 19: Fit and proper persons employed 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 Surrey Docks Health Centre on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### • 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 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 22 November 2018.

#### **Background**

Surrey Docks Dental Practice is in the London Borough of Southwark and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs.

The dental clinical team includes a principal dentist, three associate dentists, a dental hygienist, and four qualified dental nurses. The clinical team is supported by three receptionists and a practice manager. The practice has four treatment rooms.

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 desk-based inspection we spoke with the practice manager and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

# Summary of findings

The practice is open at the following times:

Monday: 8.30am to 8pm

Tuesday and Thursday: 8.30am to 6pm

Wednesday: 9am to 7pm

Friday: 8.30am to 5pm

Saturday: 9am to 3pm

Appointments are not available between 1pm to 2pm  
Monday to Friday.

## **Our key findings were:**

- The practice infection control procedures were in line with published guidance. Staff undertook appropriate infection prevention and control training and audits were carried out to monitor infection control procedures.
- There were suitable systems in place to deal with medical emergencies. The recommended life-saving equipment and medicines were available and staff had completed training in medical emergencies.
- The practice had made improvements to ensure risks were suitably identified, assessed, monitored and mitigated. These related to having effective processes for the management of materials and equipment, staff recruitment, immunisation, appraisal and training.
- The practice had made improvements to their safeguarding processes and staff had up to date training for safeguarding adults and children.
- Improvements had been made to the practice staff recruitment procedures and the appropriate and essential checks were carried out when employing new staff.
- There was effective leadership, and improvements had been made to the arrangements for monitoring the quality and safety of the services provided.
- The arrangements for assessing and minimising risks associated with lone working had been reviewed and improved.

# 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 well-led?**

We found that this practice was providing well-led care and was complying with the relevant regulations.

Improvements had been made to the practice arrangements for assessing risks and for monitoring safety.

There were risk assessments in place in relation to Legionella and fire. There were arrangements for the regular service and maintenance of the equipment.

There were suitable systems for recruiting staff and undertaking the essential checks.

There was a defined management structure and improvements had been made to the oversight and management systems for the day to day management of the practice.

The practice had improved its systems to effectively assess and mitigate risks where we had identified issues. There were reviews and audits carried out to monitor and review quality and safety within the practice.

There were arrangements in place to check that clinical staff had adequate immunity for vaccine preventable infectious diseases.

The practice had improved on its arrangements for monitoring staff training and ensuring that records were available to demonstrate that relevant staff were up to date with their continuing professional development in areas such as safeguarding adults and children, infection control, basic life support and medical emergencies. There were ongoing arrangements in place to monitor and appraise staff performance.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 22 November 2018 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.

A desk-based inspection took place on 12 March 2019 we found the practice had made the following improvements to comply with the regulations:

The practice arrangements to assess and mitigate risks had been reviewed and furthered strengthened and we found:

- Improvements had been made to the arrangements for dealing with medical emergencies. We noted that the recommended emergency medicines and equipment were available for use, taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. There were suitable arrangements for checking emergency medicines and equipment. Staff had undertaken training in dealing with medical emergencies.
- The arrangements for assessing and mitigating risks had been reviewed and strengthened.
- Infection prevention and control audits were carried out and the results of these were used to make improvements as needed.
- There was a Legionella risk assessment in place and suitable systems for disinfecting dental unit waterlines and monitoring water temperatures to minimise the risk of bacterial growth in the water systems.
- Improvements had been made to the arrangements for ensuring that equipment was regularly checked, maintained and serviced in line with the manufacturer's instructions. We saw records of periodic checks and service and maintenance records for sterilising equipment and the X-ray equipment and there were arrangements in place to ensure that these were carried out as required.
- The practice's recruitment processes had been reviewed and improved to ensure that appropriate checks were carried out including determining for each person employed their identity, employment history, proof of conduct in previous employment and registration with their appropriate professional body.

- The practice had reviewed the arrangements to ensure all dental care professionals are adequately supported when treating patients in a dental setting considering the guidance issued by the General Dental Council. A risk assessment was in place for when the dental hygienist worked without chairside support and there were arrangements in place to minimise risks.

The practice governance systems and processes had been reviewed and strengthened to ensure compliance in accordance with the fundamental standards of care and we found:

- The arrangements in place for ensuring that all relevant staff had suitable immunity against vaccine preventable infectious diseases had been reviewed and strengthened.
- Improvements had been made to the arrangements for ensuring that the practice policies and procedures were adhered to. Policies and procedures were discussed and reviewed during practice meetings.

The arrangements in place to ensure that persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties had been further strengthened and we found:

- There were arrangements for the on-going assessment, supervision and appraisal for staff. There were planned staff appraisal sessions and systems to monitor the learning and development needs for the staff team.
- There were systems in place to ensure that staff undertook periodic training and updates in areas relevant to their roles and for ensuring that clinical staff undertook continuing professional development as per General Dental Council professional standards. We looked at the training records for eight members of staff and noted that these staff had undertaken training in safeguarding adults and children, infection control, basic life support and medical emergencies.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a desk-based review on 12 March 2019.