

Chadwell Heath Dental Practice

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Inspection Report

1052 High Road

Romford

Essex

RM6 4BB

Tel: 02085990040

Website: www.chadwellheathdentalpractice.co.uk

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Overall summary

We carried out a follow- up inspection on 24 November 2016 at Chadwell Heath Dental Practice.

We had undertaken an announced comprehensive inspection of this service on 28 July 2015 as part of our regulatory functions where breach of legal requirements was 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. This report only covers our findings in relation to those requirements.

We reviewed the practice against two of the five questions we ask about services: is the service safe and well-led?

We revisited Chadwell Heath Dental Practice as part of this review and checked whether they had followed their action plan

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Chadwell Heath Dental Practice 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 provide care and treatment in a safe way because the provider had not assessed the risk to the health and safety of patients receiving care and treatment. The practice had not undertaken risk assessments in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations like for anaesthetic agents such as nitrous oxide, strong detergents, and mercury.

The provider was not doing all that was reasonably practicable to mitigate risks such as those associated with use of X-rays. .

We carried out an inspection on the 24 November 2016. Action had been taken to ensure the practice could provide care and treatment in a safe way and the appropriate risk assessments and radiation protection arrangements had been put in place.

We found that this practice was now providing safe care in accordance with the relevant regulations.

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. The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. The provider had not ensured that governance systems were effective and a well-defined system was in place.

We carried out an inspection on the 24 November 2016. Action had been taken to ensure that the practice was well-led because there were now effective systems in place; The provider had effective recruitment procedure in place to assess the suitability of staff for their role.

The provider had ensured that governance systems were effective and a well-defined system was in place.

We found that this practice was now providing well-led care in accordance with the relevant regulations.

No action



Chadwell Heath Dental Practice

Detailed findings

Background to this inspection

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 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 24 November 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 28 July

2015 had been made. We reviewed the practice against two of the five questions we ask about services: is the service safe and is this service well-led? This is because the service was not previously meeting two of the legal requirements.

The follow up inspection was led by a CQC inspector who had access to remote advice from a dental specialist advisor.

During our inspection visit, we checked that points described in the action plan had been implemented by looking at a range of documents such as risk assessments, staff files, policies, procedures and staff training. We also carried out a tour of the premises.

Are services safe?

Our findings

Reliable safety systems and processes (including safeguarding)

The practice had up to date policies and procedures in place for safeguarding adults and child protection. All staff including non-clinical staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed for staff reference. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

Medical emergencies

A range of emergency medicines and equipment including two oxygens and an automated external defibrillator (AED) were available to support staff in a medical emergency. [An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm]. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

The emergency medicines and equipment were stored securely with easy access for staff working in any of the treatment rooms.

Records showed daily and weekly checks were carried out to ensure the equipment and emergency medicines were safe to use.

All staff had completed recent basic life support training which was updated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

Staff recruitment

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. All prospective staff completed an application form and were interviewed as part of the recruitment and selection process. All staff had a

Disclosure and Barring Services (DBS) check completed (The DBS checks 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) and where relevant had to provide proof of immunisation against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections). We reviewed staff recruitment records and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. All of the dentists were appointed as the radiation protection supervisors (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date.

The critical examination test, risk assessment and quality assurance documentation were present. X-ray audits were now being conducted yearly.

Monitoring health & safety and responding to risks

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a practice risk assessment which had been completed in May 2016.

The practice had undertaken risk assessments in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations including anaesthetic agents such as nitrous oxide, strong detergents, and mercury.

There were system in place to provide assurance that employees and associates had responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice.

Infection control

Are services safe?

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations.

An up to date Legionella risk assessment had been carried out in September 2015 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being undertaken and documented and dental unit water lines were being maintained in line with current guidance. Water temperature checks were completed every month on water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

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All of the dentists were the radiation protection supervisors (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date.

X-ray audits were being conducted yearly.

Are services well-led?

Our findings

Governance arrangements

We spoke with the practice manager about the governance arrangements at the practice. We found that they had initiated a number of changes to their governance systems since the previous inspection. The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively.

The practice manager had implemented a system of log books to check that equipment, medicines and cleaning standards were being maintained appropriately.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations.

A number of risk assessments had been undertaken and we found that they were being acted on in order to minimise the risks to patient safety.

Leadership, openness and transparency

Leadership was very clear in the practice and we saw clear examples of how the practice manager led by example and promoted an atmosphere of openness amongst staff. For example, we saw that meetings were used to discuss issues

related to staffing issues, incident and errors. Staff we spoke with told us that leaders were open and transparent and they felt confident going to them regardless of what the situation was (i.e. if they had to make them aware of a mistake they had made or discuss an issue).

Learning and improvement

Weekly meetings were taking place, with various topics being discussed including processes in place for receiving and sharing safety alerts, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. For example, safeguarding, infection control and basic life support training had been carried out by an external organisation at the practice for all staff members.

Practice seeks and acts on feedback from its patients, the public and staff

The practice gave patients the opportunity to complete the NHS Friends and Family Test, to allow patients to provide feedback on the services provided. We looked at the results from this survey which was completed; we saw that 100% of patients who participated had responded either as “extremely likely” or “likely” to recommend the practice.