

Mottingham Dental Practice Limited

# Mottingham Dental Practice

## Inspection Report

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### Overall summary

We carried out a follow up inspection at Mottingham Dental Practice on 7 December 2016.

We had undertaken an announced comprehensive inspection of this service on 5 May 2016 as part of our regulatory functions where a breach of legal requirements was found. This report only covers our findings in relation to those requirements and we reviewed the practice against two of the five questions we ask about services: is the service safe and well-led?

We revisited Mottingham Dental Practice as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

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

# 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?**

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

Infection control procedures were effective to reduce and minimise the risk and spread of infections. Cleaning schedules were in place and cleaners were attending daily and the practice was clean and tidy, and free from clutter.

Single use items were not being reused. Staff were decontaminating dental instruments in line with guidance as set out in the Department of Health – Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.

**No action**



### **Are services well-led?**

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

Governance arrangements were in place and staff were adhering to them. Audits were being completed and learning was being documented from them.

**No action**



# Mottingham Dental Practice

## 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.

The inspection took place on 7 December 2016 and was led by a CQC inspector and supported by a dental specialist adviser.

At our previous inspection in May 2016 we found that the practice was not monitoring health and safety. Risk assessments were not being completed and there was no fire risk assessment in place.

At the previous inspection we also found that there were shortfalls in the governance arrangements that underpinned the quality of dental care.

During the inspection, we spoke with the practice manager, the owner of the practice, two dental nurses and reception staff. We also reviewed policies, procedures and other documents.

To get to the heart of patients' experiences of care and treatment, we always asked the following question:

- Is it safe?
- Is it well-led?

These questions therefore formed the framework for the area we looked at during this inspection.

# Are services safe?

## Our findings

At our previous inspection in May 2016 we found that the practice was not monitoring health and safety. Risk assessments were not being completed and there was no fire risk assessment in place. The practice did not have effective systems in place to minimise the risk and spread of infections. There was no appointed infection control lead. All of the surgeries were cluttered and sharps bins were not assembled correctly. Some of the draws were overfilled and single use items were being re-used.

During our follow-up inspection we found that risks to health and safety were being monitored and effective infection control procedures were in place.

There was an appointed infection control lead with responsibility for ensuring effective procedures were in place. The lead had completed recent training and demonstrated an awareness of relevant infection control procedures. Domestic cleaners had been appointed and they were attending every day to clean all areas of the practice. There was a cleaning schedule outlining what areas of the practice required cleaning and the frequency. The cleaners were signing to confirm their attendance each day. All surgeries were free from clutter and the practice was generally clean and tidy. We noted improvements to the general décor and staff told us they had redecorated since the last inspection visit.

The decontamination room was no longer being used as a kitchen.

The OPG X-ray was still in the room however there were clear procedures in place outlining when it should and should not be used, this included only using it when dental instruments were not being decontaminated. The procedures were displayed and staff we spoke with were

aware of the procedures. [An OPG (or orthopantomogram) is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these].

There were three sinks in the room, two for decontamination of dental instruments and one clearly labelled for hand washing only. One of the dental nurses gave a demonstration of the process for decontaminating used dental instruments. Staff wore correct personal protective equipment. The process included manually cleaning; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required) and placing into the autoclave. Instruments were pouched appropriately.

There was one autoclave; we saw records of the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits

There was appropriate stock of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice.

The practice had got an external legionella risk assessment undertaken. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

Taps were flushed daily in line with recommendations. Infection control audits were being carried out every two months. The practice manager explained that they were monitoring infection control closely and planned to carry out the audit every two months until they achieved 100% at which point they would revise to every six months.

# Are services well-led?

## Our findings

At our previous inspection in May 2016 we found that there were shortfalls in the governance arrangements that underpinned the quality of dental care. Audits were not being completed regularly and completed audits did not demonstrate that they were being used for continuous improvements. Audits were undated, some sections had not been completed and there was no analysis or learning documented. Governance arrangements were not in place to ensure equipment was maintained appropriately. Portable appliance testing was out of date, there was no system to know what equipment had been serviced.

At this inspection we found that there was a clear programme of audits in place. Audits conducted included adult recall, antibiotic prescribing, patient survey and

record card. All audits were scheduled to be repeated every six months. We reviewed audits and saw that general comments were made, the strengths and weaknesses were highlighted and proposed actions were outlined.

We found that equipment was being maintained appropriately and systems had been put into place to ensure servicing was carried out in a timely manner. The practice had devised an equipment testing spreadsheet which outlined all items that required regular servicing and testing. The practice manager explained that the spreadsheet was monitored periodically to ensure things were not missed.

Staff were following and adhering to governance procedures. For example staff were following their procedure for carrying out health and safety and infection control risk assessments. Relevant risk assessments had been completed.