

Dr Ratnawathy Sivakumaran

Denmark Hill Dental Surgery

Inspection report

170A Denmark Hill
London
SE5 8EE
Tel:

Date of inspection visit: 03 May 2022
Date of publication: 26/05/2022

Overall summary

We undertook a follow up focused inspection of Denmark Hill Dental Surgery on 3 May 2022. 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 was supported by a specialist dental adviser.

We undertook a focused inspection of Denmark Hill Dental Surgery on 13 December 2021 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 and well led care and was in breach of regulations 12 and 17 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 Denmark Hill Dental Surgery dental practice on our website www.cqc.org.uk.

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 area(s) where improvement was required.

As part of this inspection we asked:

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

Our findings were:

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 breaches we found at our inspection on 13 December 2021.

Summary of findings

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breach we had found at our inspection on 13 December 2021.

Background

Denmark Hill Dental Surgery is in Camberwell in the London Borough of Southwark and provides NHS and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available nearby.

The dental team includes one dentist, one qualified dental nurse, one trainee dental nurse, one dental hygienist and one practice manager. The practice has one treatment room.

During the inspection we spoke with the dentist the qualified dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation/s the provider was not meeting are at the end of this report.

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?

Requirements notice



Are services safe?

Our findings

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

At the inspection on 3 May 2022 we found the practice had made the following improvements to comply with the regulations:

- Emergency medicines and equipment were available and in accordance with relevant guidance.
- All equipment had been serviced and maintained according to manufacturers' instructions and guidance.
- All important safety assessments of the premises had been carried out.
- The decontamination of used dental instruments was carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05), published by the Department of Health and Social Care.
- There were effective systems to ensure that dental materials were disposed of once they were beyond their expiry date.

Are services well-led?

Our findings

Our findings

We found that this practice was not providing well-led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

At our previous inspection on 13 December 2021 we found that the practice was not providing well-led care and was not complying with the relevant regulations. This was because the systems and processes did not consistently support good governance. We told the provider to take action as described in our previous requirement notice.

At the inspection on 3 May 2021 we found the practice had made some improvements to comply with the regulation:

- A radiography audit and disability audit had been undertaken.
- The practice kept detailed dental care records in line with recognised guidance.
- Recommendations made in the Legionella risk assessment had been actioned. There were effective systems in place for disinfecting Dental Unit Water Lines (DUWLs).
- The cleaning equipment was stored appropriately.
- Information was available for all materials in relation to the storage and handling of hazardous substances.
- NHS prescription pads were stored and monitored in accordance with the guidelines.
- All staff members had been fit-tested for Personal Protective Equipment (PPE) used when carrying out aerosol generating procedures (AGPs).
- On the day of the inspection the provider was unable to demonstrate that the Infection Prevention and Control audits had been undertaken bi-annually as per the national guidelines. In response to our draft report on 20 May 2022, the provider submitted an Infection Prevention and Control audit completed on 24 February 2022. We accepted this as proof that the infection control audit had been completed in line with the national guidelines.

However, we found that in some areas the practice was not complying with the relevant regulation. In particular:

- Improvements had been made in relation to fire safety but the processes for managing risks were ineffective. The fire risk assessment completed on 28 December 2021 was not reflective of the actual arrangements within the practice. For example, it stated that the fire alarm system was tested weekly; however the provider could not demonstrate that these checks had been carried out.
- The provider did not have records to demonstrate that periodic in-house checks of all fire safety equipment had been carried out.
- Not all checks that are required when recruiting new staff members had been carried out. For example, there was no evidence of tests to check Hepatitis B antibody levels for two members of staff.
- Systems for monitoring and maintaining training records were ineffective. We could not be assured all staff had completed 'highly recommended' training as prescribed by the professional regulator for dental professionals – The General Dental Council (GDC). This included for example Basic Life Support (BLS), safeguarding and infection control.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the Regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Not all fire safety risks had been considered. The risk assessment completed on 28 December 2021 was not reflective of what we found on the day of the inspection. There were no records in place to demonstrate that all fire safety equipment was regularly monitored and checked. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• Important recruitment checks for all members of staff had not been carried out.• Systems to ensure that staff were up to date with their training were ineffective.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)