

Marble Arch Dental Centre Ltd

Marble Arch Dental Centre

Inspection Report

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Overall summary

We carried out a follow-up inspection on 16 February 2017 at Marble Arch Dental Centre

We had undertaken an unannounced comprehensive inspection of this service on 25 August 2016 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.

We revisited Marble Arch Dental Centre as part of this review and checked whether they had followed their action plan.

We reviewed the practice against one of the five questions we ask about services: is the service well-led? This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Marble Arch Dental Centre 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 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 unannounced follow-up inspection on the 16 February 2017. We found that action had been taken to ensure that the practice was well-led because there were now effective governance systems in place. The provider now also had set up effective recruitment procedure to assess the suitability of staff for their role.

We noted that the provider had ensured that governance systems were effective and a well-defined risk assessment system was in place. The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a fire assessment which had been completed in September 2016. However improvements could be made to ensure the recommendations requested by the fire safety company in the risk assessment were completed at the earliest.

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

No action



Marble Arch Dental Centre

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 unannounced follow-up inspection of this service on 16 February 2017.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 25 August

2016 had been made. We reviewed the practice against one of the five questions we ask about services: is this service well-led? This is because the service was not previously meeting one of the legal requirements.

The follow up inspection was led by a CQC inspector and 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 well-led?

Our findings

Governance arrangements

We spoke with the registered 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 and this was ongoing. The practice now 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 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.

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

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.

A range of emergency medicines and equipment including two oxygen cylinders and an automated external defibrillator (AED) were available to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart 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.

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).

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.

Are services well-led?

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a fire assessment which had been completed in September 2016. However recommendations requested in the risk assessment had not yet been completed.

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

An up to date Legionella risk assessment had been carried out in September 2016 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.

Learning and improvement

Quarterly meetings were taking place, with various topics being discussed including processes in place for receiving and sharing safety alerts, and 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.