

Dr Davinderpal Kooner

Dr Davinderpal S Kooner - Southall Dental Centre

Inspection Report

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Overall summary

We carried out a follow- up inspection of this service on 27 February 2017.

We had undertaken an announced comprehensive inspection of this service on 02 November 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. 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 the surgery 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 Dr Davinderpal S Kooner - Southall 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 safe?

At our previous inspection we had found that the practice had not assessed the risk of preventing, detecting and controlling the spread of infections and had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff.

At our inspection on 27 February 2017 we found that this practice was now providing a safe service in accordance with the relevant regulations. The practice had put into place robust arrangements for infection control and hazardous waste disposal. Staff had undertaken relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.

Following our review on the on 27 February 2017 we were assured that action had been taken to ensure that the practice was providing a safe service and there were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

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.

At our inspection on 27 February 2017 we found that the practice had implemented more robust clinical governance arrangements. Risk assessments such as for fire, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and COSHH had been carried out. Practice meetings were now being used to update staff or support staff. There were processes in place for staff development including appraisal. Audits such as those on the suitability of X-rays and dental care records had been undertaken. Systems had been put into place to demonstrate that these policies and procedures were carried out effectively.

Following our review on 27 February 2017 we were assured that action had been taken to ensure that the practice was well-led because there were now effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

No action



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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.

We carried out a review of this service on 27 February 2017. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 02 November 2016 had been made. We reviewed the practice against two of the five questions we ask about services:

- Is the service safe?
- Is the service well-led?

The review was carried out by a CQC inspector and a dental specialist advisor.

During our review, we spoke with the principal dentist, an associate dentist, a dental nurse and the practice manager. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Control of Substances Hazardous to Health (COSHH) risk assessment
- Fire risk assessment
- Continuing Professional Development (CPD) training certificates
- Disclosure and Barring Service (DBS) checks
- Practice policies and procedures
- Audits such as infection control, X-ray and record keeping

Are services safe?

Our findings

At our inspection on 27 February 2017 we found the practice had undertaken a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH) in November 2016. The practice now had a comprehensive COSHH folder. We saw evidence that all members of staff had completed safeguarding adults and child protection.

The practice had undertaken a fire risk assessment and a fire inspection had been undertaken in November 2016. Following the risk assessment an action plan had been put in place. We saw records which showed fire drills had been carried out and staff had undertaken fire safety training in January 2017.

Staff told us that a rubber dam was used for root canal treatment in line with guidelines issued by the British Endodontic Society (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured). We saw that a rubber dam kit was in place along with the other systems for preventing swallowing or inhalation of files.

The practice had reviewed its recruitment policy. Records of Disclosure and Barring Service (DBS) were available for all members of staff. [The Disclosure and Barring Service carries out checks to 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. Immunisation records were available for all members of staff.

At our inspection on 27 February 2017 we found the practice now had effective systems in place to reduce the risk and spread of infection. The practice recorded daily and weekly tests to check that the steriliser was working efficiently and a log was kept. We saw records which showed the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks. The practice had robust procedures in place for the safe disposal of X-ray solutions in line with Hazardous Waste Regulations 2005 and guidance issued by Health Technical Memorandum 07-01 (HTM 07-01).

In summary, following our review on the 27 February 2017, we found evidence which showed that the practice was providing a safe service. There were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

Are services well-led?

Our findings

At our inspection on 27 February 2017 we found the practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Protocols for audits such as record keeping and radiography had been developed. The practice had undertaken record keeping audits in November and December 2016. The principal dentist told us record keeping audits would be undertaken on a quarterly basis until compliance was achieved. The practice X-ray audit

was ongoing. We saw records which showed that the practice audited the quality, justification and reporting on X-rays. An infection control audit had been undertaken in January 2017.

The practice had staff meetings documenting discussions on infection control, safeguarding, complaints handling, record keeping, whistleblowing and COSHH. The practice had improved its complaints procedure to ensure complaints were recorded, investigated and discussed with staff. Staff appraisals had been completed. Staff had also completed infection control training as a team.

In summary, following our review on the 27 February 2017 we found evidence that the practice had taken action to ensure that the practice was well-led because the practice now had effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.