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Dentcross Kidbrooke Village Dental Surgery

Inspection Report

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Date of inspection visit: 28 July 2017
Date of publication: 16/08/2017

Overall summary

We carried out this follow up inspection on 28 July 2017. This followed an announced comprehensive inspection on 23 March 2017 carried out as part of our regulatory functions, where a breach of a legal requirement was found.

After the comprehensive inspection the practice wrote to us to say what actions they would take to meet legal requirements in relation to the breach.

We revisited Dentcross Kidbrooke Village Dental Surgery and checked whether they had followed their action plan. The practice had been served a requirement notice for issues relating to well led. We reviewed the practice against this key question which they were in breach of.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dentcross Kidbrooke Village Dental Surgery on our website at www.cqc.org.uk.

Background

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.

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

During our inspection visit, we checked that points described in the provider's action plan had been

implemented, by looking at a range of documents relating to auditing systems to monitor and improve quality of the service provided and the monitoring and mitigation of risks.

Our key findings were:

Auditing systems were in place to monitor and improve quality.

The practice had systems to help them manage risk through the completion of appropriate risk assessments and the monitoring and mitigation of risks identified.

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 systems to monitor the quality of the service and systems to monitor and mitigate risks at the practice required reviewing.

At our follow-up inspection we found that action had been taken to ensure that the practice was well-led.

Governance systems were in place to ensure that regular audits were undertaken to monitor the quality of the service provided. Systems to assess and monitor risks had been updated and actions identified had been completed.

No action





Are services well-led?

Our findings

Governance arrangements

At our previous inspection, the practice had some clinical governance and risk management structures in place. However, they did not use audits and risk assessments effectively to monitor and improve performance. For example, audits in relation to infection control had not been completed. Risk assessments in relation to health and safety, fire safety, and sharps management were not available and stock management systems were not being used effectively.

During this inspection we found that the practice had systems to monitor the quality of the service through regular auditing and the appropriate risks assessments had been undertaken and actions identified had been completed.

The principal dentist had overall responsibility for the management, clinical leadership and day to day running of the practice. The practice had policies, procedures, risk assessments and information governance arrangements to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.