

Dr. Qazafi Khalil

Perfect Teeth

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Perfect Teeth on 5 July 2019. 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 who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Perfect Teeth on 1 April 2019 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 well led care and 17 was in breach of regulation 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 Perfect Teeth dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

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 where improvement was required.

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 1 April 2019

Background

Perfect Teeth is in the London Borough of Enfield and provides NHS and private treatment to adults and children.

There is access for people who use wheelchairs and those with pushchairs.

The dental team includes the principal dentist, two associate dentists, one hygienist, two dental nurses, one receptionist and a practice manager.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist via telephone, the receptionist 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, Tuesday and Friday: 9am to 7pm
- Wednesday, Thursday and Friday: 9am to 6pm

Summary of findings

- Saturday 9am to 2pm

Our key findings were:

- Improvements had been made so that so that the practice premises were maintained and fit for use.
- The practice had infection control procedures which reflected published guidance and there were arrangements for minimising the risks associated with Legionella.
- The practice had systems to help them manage risk. Improvements had been made so that the risks associate with fire were minimised and a fire risk assessment had been completed.
- The practice had made improvements to its management structure.
- The practice had carried out a Disability Access audit.
- The practice had asked patients for feedback about the services they provided and there were now systems in place for ongoing patient feed to take place.

Summary of findings

Are services well-led?

No action



Are services well-led?

Our findings

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

At our previous inspection on 1 April 2019 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 5 July 2019 we found the practice had made the following improvements to comply with the regulation.

- There was a defined management structure and improvements had been made to the oversight and management of systems for the day to day running of the practice.
- Improvements had been made to the systems to effectively assess and mitigate risks in relation to fire.
- There were arrangements to monitor, review and improve the quality of the services provided through acting on the findings of audits and reviews.
- Improvements had been made in relation to the management and maintenance of the premises, the five-year fixed electrical wire safety check had been carried out and recommendation completed.
- The practice had made improvements to the procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. The Legionella risk assessment had been reviewed. We noted from records of hot water temperature monitoring, which we were provided with, that the hot water was maintained at the recommended temperature (50 degrees Celsius) to minimise bacterial growth.
- There were cleaning schedules for the premises and colour coded mops and buckets were now stored appropriately.
- There was now a system in place for receiving and acting on national alerts related to equipment and medicine safety alerts.
- The practice had carried out a Disability Access audit.
- The practice had asked patients for feedback about the services they provided and there were now systems in place for ongoing patient feed to take place.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 5 July 2019