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Dental Surgery

Inspection Report

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Overall summary

We carried out a follow-up inspection on 18 April 2017 at Dental Surgery

We had undertaken an announced comprehensive inspection of this service on 23 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 Dental Surgery, Dental Practice 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 Dental Surgery Practice 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.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 23 August 2016 had been made.

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 such as risk assessments, staff files, policies, procedures and staff training. We also carried out a tour of the premises.

Our key findings were:

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.

Summary of findings

- The practice asked staff and patients for feedback about the services they provided.

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 did not have a well-established governance system and had not set up an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

We carried out an announced follow-up inspection on the 18 April 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. Staff training including safeguarding and medical emergency training had been completed.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a Legionella risk assessment which had been completed in September 2016. Staff yearly appraisals had been completed and staff meetings were taking place.

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

No action



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments 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.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files. These showed the practice followed their recruitment procedure

The practice had procedures to reduce the possibility of Legionella developing in the water systems, in line with a risk assessment.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Leadership, openness and transparency

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist was committed to ensure learning and improvement in the practice and valued the contributions made to the team by individual members of staff. The staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. Staff told us the practice provided support and encouragement for them to do so.