

Mitcham International Dental Centre

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 30 September 2015 as part of our regulatory functions where a 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 carried out a follow-up inspection on 11 January 2016 to check that they had followed their plan and to

confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. We revisited the Mitcham International Dental Practice as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Mitcham International 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 did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

We carried out an inspection on the 11 January 2016. Action had been taken to ensure that the practice was safe because there were now effective systems in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated.

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

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. They had also not ensured that their audit and governance systems were effective.

We carried out an inspection on the 11 January 2016. Action had been taken to ensure that the practice was well-led because there were now effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The providers had now ensured that their audit and governance systems were effective

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

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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 inspection of this service on 11 January 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 30

September 2015 had been made. We reviewed the practice against two of the five questions we ask about services: is the service safe and is this service well-led? This is because the service was not previously meeting two of the legal requirements.

The inspection was led by a CQC inspector who had access to remote advice from a dental specialist advisor. During our inspection visit, we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, staff files and maintenance records. We also carried out a tour of the premises and spoke with the practice staff.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures for investigating significant events and other safety incidents. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentists. Where safety or other significant events occurred these were discussed at staff meetings.

The principal dentists and staff we spoke with had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment such as gloves and aprons and safe storage.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. Staff had undertaken safeguarding training in November 2015 to an appropriate level and those we spoke with were aware of the different types of abuse and how to report concerns to the dentist or external agencies such as the local safeguarding team or the police as appropriate. Staff had access to a flow chart describing how to report concerns to external agencies where this was appropriate.

Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies. Staff had undertaken basic life support training and could describe how they would act in the event of a patient experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency equipment and medicines including oxygen and an automated external defibrillator (AED) were available to support staff in a medical emergency. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). (An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm).

The emergency medicine Glucagon injection (1mg) was now available as per guidance and stored correctly. (A glucagon injection kit is used to treat episodes of severe hypoglycaemia which is defined as having low blood glucose levels that requires assistance from another person to treat).

Infection control

The practice had suitable policies and procedures in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05), to reduce the risk and spread of infection. Staff were aware of these procedures and had undertaken infection control training in November 2015.

The equipment used for sterilising dental instruments was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

There were cleaning schedules in place for cleaning the premises and equipment and cleaning records were maintained. Infection prevention and control audits were carried out to ensure that cleaning and infection control practices were effective.

All areas of the practice were visibly clean and tidy and there were suitable arrangements in line with the Department of Health guidelines for the segregation and disposal of dental waste. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

A Legionella risk assessment had been carried out in April 2013 [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

Are services safe?

Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (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 observed that staff wore clean uniforms and that they were aware of the proper laundering procedures to follow to minimise the risks of infections.

Equipment and medicines

The practice had procedures in place for the safe management of equipment. Regular visual checks were carried out and recorded to help identify any issues and to ensure that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. The principal dentist confirmed that the X-ray equipment was regularly tested, serviced and repairs undertaken when necessary, and visual checks were routinely carried out and recorded in line with the practice policy. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available within the radiation protection folder for staff to reference if needed.

X-rays were digital film-based, and images that were processed were stored within the patients' dental care record. Records showed staff had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

Are services well-led?

Our findings

Governance arrangements

We spoke with the principal dentist 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. A practice manager had been appointed to take over the day to day running of the practice.

Audits had been carried out with a view to monitoring and improving performance. We saw that audits for monitoring infection control processes, the quality of X-rays, and the quality of dental care records had all been carried out in October 2015. Records of the actions taken following the audits, including discussions with relevant members of staff, were kept. There was a six month rolling audit programme in place that the practice manager had implemented.

The principal dentist had implemented a system of log books to check that equipment, medicines and cleaning standards were being maintained appropriately. Staff were carrying out weekly/monthly checks and recording when these were complete.

A number of risk assessments had been undertaken and we found that they were being acted on in order to minimise the risks to patient safety. An external contractor had undertaken a Legionella risk assessment in April 2013 in order to identify and further minimise any risks associated with Legionella. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice was carrying out

monthly checks of the hot and cold water temperatures in line with advice they had received about monitoring Legionella risk. A record of the outcomes of these checks was being kept.

The Control of Substances Hazardous to Health (COSHH) file had also been reviewed in October 2015. The staff we spoke with were aware of the contents of the file and referred to a staff meeting where the risks associated with these substances had been discussed.

Monthly meetings were taking place, with various topics being discussed including processes in place for receiving and sharing safety alerts, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Learning and improvement

The principal dentist had organised a staff meeting in December 2015 to discuss clinical and other issues affecting the practice. Issues including checking and monitoring equipment, environmental cleaning rotas, and outcomes of risk assessments related to COSHH products had been discussed.

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 in November 2015.