

Mr David Lipsitz

Bowes Road Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection of this service on 17 March 2016 as part of our regulatory functions where breaches of legal requirements were 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 2 June 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 Barking Dental Practice as part of this review.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bowes Road Dental Practice 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 2 June. 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 provider did not have systems to enable them to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The provider had also not ensured that their audit and governance systems were effective or

Securely maintain such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activities.

We carried out an inspection on 2 June 2016 and noted that action had been taken to ensure that the practice was well-led.

There were now effective systems to enable them to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The provider had also ensured that their audit and governance systems were effective. Records as were necessary to be kept in relation to persons employed in the carrying on of the regulated activities were securely maintained.

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

Bowes Road Dental Practice

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 2 June 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 17 March

2016 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 follow up 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 points described in the 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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff reference.

The practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations.

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. All staff had undertaken safeguarding training 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

A range of emergency medicines and equipment including oxygen and an automated external defibrillator (AED) were available to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF).

The emergency medicines and equipment were stored securely with easy access for staff working in any of the treatment rooms.

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. .

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. We looked at recruitment records of all staff employed and found that this process was now being consistently followed. We saw that checks including, criminal record checks through the Disclosure and Barring Service, detailed job descriptions, which described their roles and responsibilities, proof of ID and employment references had been suitably obtained. (The DBS checks 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).

Infection control

Sharps container bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment rooms were visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice. Cleaning schedules were in place and we saw the logs to confirm they were being completed. There were appropriate colour coded cleaning equipment and it was stored correctly at the time of our inspection.

The protocol for single use items were now being followed.

Radiography (X-rays)

X-ray audits, to assess the quality of the X-ray and to also check that they had been justified and reported on, were being carried out.

Staffing

All clinical staff had current registration with their professional body - the General Dental Council, and were all up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw evidence of

Are services safe?

the range of training and development opportunities available to staff to ensure they remained effective in their roles. The principal dentist monitored the training and development of staff to ensure they had the right opportunities and capacity to attend training.

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.

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. 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.

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with

confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were supported to meet their continuing professional development needs.

The practice had a well-defined management structure which all the staff were aware of and understood. All staff members had been given defined roles and were all involved in areas of clinical governance.

Learning and improvement

Staff meetings occurred monthly with a clear agenda, format and direction.

The practice had processes in place to ensure staff were supported to develop and continuously improve. Appraisals were planned to be carried out yearly for all staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Training such as safeguarding, infection control and life support was arranged centrally for all staff. Other training opportunities were available on-line for staff and this was usually identified through the appraisal process but staff could request if they desired any additional training.