

Mr Ashit Patel

Perivale Dental Practice

Inspection Report

1 Teignmouth Gardens
Perivale
Greenford
London
UB6 8BX
Tel: 020 8997 2737
Website: www.perivalepractice.com

Date of inspection visit: 18 March 2019
Date of publication: 14/05/2019

Overall summary

We undertook a follow up focused inspection of Perivale Dental Practice on 18 March 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 had access to remote support of a specialist dental adviser.

We undertook a comprehensive inspection of The Perivale Dental Practice on 13 August 2018 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 was in breach of regulation 17 – Good governance 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 Perivale Dental Practice on our website www.cqc.org.uk.

Following our inspection on 13 August 2018 the dental provider sent us a plan of actions detailing how they would make the required improvements.

- 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 areas 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 13 August 2018.

Background

Perivale Dental Practice is in Perivale in the London Borough of Hillingdon. The practice provides NHS and private treatment to patients of all ages.

The practice has two treatment rooms, both located on the ground floor; one was in use at the time of our inspection. The practice is situated close to public transport bus and train services.

The dental team includes the principal dentist and one associate dentist. One trainee dental nurse and dental hygienist also work at the practice. The clinical team are supported by a receptionist.

Summary of findings

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 and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Fridays between 9am and 5.30pm.

Saturdays between 9am and 5.30pm for dental hygiene appointments only.

Our key findings were:

- The practice infection control procedures had been reviewed and improved so that infection prevention and control audits were carried out taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. The findings of these audits were used to monitor and make improvements to the practice procedures where this was indicated.
- There were effective arrangements ensuring that equipment used to sterilise dental instruments was serviced and maintained in line with the manufacturer's instructions and taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- There were effective arrangements for assessing and mitigating risks associated with fire and ensuring that fire safety equipment was regularly checked, tested and maintained in line with the manufacturer's instructions.
- Dental radiograph audits were carried in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 and relevant national guidance to ensure the quality of grading, justification and reporting in relation to dental radiographs.
- There were suitable systems in place to deal with medical emergencies. The recommended life-saving equipment and medicines were available and staff had completed training in medical emergencies.
- Information in relation to safety including patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and shared to help monitor and improve safety.
- The practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The practice had reviewed its protocols for assessing and mitigating risks where clinical staff such as the dental hygienist work without chairside support.
- There were arrangements in place to monitor the security of prescription pads in to track and monitor their use.
- There were arrangements in place to monitor routine and urgent referrals.
- The practice considered the needs of patients who may need additional support and had made reasonable adjustments

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

There was a defined management structure and improvements had been made to the oversight and management systems for the day to day management of the practice.

The practice had improved its systems to effectively assess and mitigate risks where we had identified issues. There were reviews and audits carried out to monitor and review quality and safety within the practice particularly in relation to infection control, premises and fire safety.

No action



Are services well-led?

Our findings

At our previous inspection on 13 August 2018 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 18 March 2019 we found the practice had made the following improvements to comply with the regulation.

The practice governance systems and processes had been reviewed and strengthened to ensure compliance in accordance with the fundamental standards of care and we found:

- There were arrangements in place to audit the practice infection prevention and control procedures in accordance with current guidelines. We noted that these audits were carried out every six months and the findings of the audits were shared, reviewed and acted on to ensure that risks were identified and mitigated. There were arrangements to ensure that the equipment used by staff for sterilising equipment was serviced and maintained in line with the manufacturer's instructions and we saw certificates to confirm that these checks were carried out.
- There were arrangements to assess and improve quality in relation to dental radiographs through audits. The practice had a programme of regular audits. We noted that dental radiograph audits had been carried out between November and December 2018. The results of these had been analysed and actions taken where needed to make improvements.
- Improvements had been made to the practice's procedures for assessing and mitigating environmental risks and risks of fire within the premises. There were arrangements in place to check fire safety equipment and this equipment was serviced annually. There were fire safety procedures in place including regular fire evacuation drills and staff had undertaken training in fire safety awareness.

The practice had also made further improvements:

- The practice had reviewed and improved the arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory

Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). There were systems in place so that the principal dentist received and assessed and shared relevant alerts and safety information with the practice team. Relevant information was stored and accessible to all staff.

- Improvements had been made to the practice arrangements for assessing and mitigating the risks associated with the use and disposal of dental sharps. There were procedures and a risk assessment in place and staff followed relevant safety regulation when using needles and other sharp dental items in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The practice had improved its arrangements to ensure the availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. All of the recommended emergency medicines and equipment were available and there were systems to ensure that these were regularly checked. Staff had undertaken training in basic life support procedures.
- The practice had reviewed the arrangements to ensure all dental care professionals are adequately supported when treating patients in a dental setting considering the guidance issued by the General Dental Council. A risk assessment was in place for when the dental hygienist worked without chairside support and there were arrangements in place to minimise risks.
- There were arrangements in place in relation to the security of prescription pads in the practice. These were stored securely, accessible only to relevant staff and there were systems in place to track and monitor their use.
- The practice had reviewed and improved their protocols for monitoring urgent and routine referral of patients and there were systems to follow up on these to ensure that patients were seen promptly.

The practice had reviewed its responsibilities to respond to the needs of patients with disability and the

Are services well-led?

requirements of the Equality Act 2010. The practice considered the needs of patients who may need additional support and had made reasonable adjustments such as the provision of a portable ramp.

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 18 March 2019.