

Photay And Associates

Photay and Associates - Long Lane

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Photay and Associates - Long Lane. 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 Photay and Associates - Long Lane on

24 April 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 in accordance with the relevant regulations 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 Photay and Associates - Long Lane dental practice on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it well-led?

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 breaches we found at our inspection on 24 April 2018.

Background

Photay and Associates - Long Lane is in Bexleyheath and provides NHS and private treatment to adults and children.

The dental team includes two dentists, a clinical dental technician, a qualified dental nurse, a trainee dental nurse, and a practice manager. The dental nurses also undertake receptionist duties. The practice has a treatment room on the ground floor of the premises.

The practice is owned by a partnership and as a condition of registration must have a person registered with the

Summary of findings

Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice was one of the partners.

The practice is open from 9am to 5pm Monday to Friday.

Our key findings were:

At the previous inspection we found this practice was providing safe care in accordance with the relevant regulations but told them there were things they should do. We found that the provider had taken action to address the issues we said they should look at. We found that:

- Clinical staff had adequate immunity for vaccine for preventable infectious diseases.
- The practice had protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Staff were aware of their responsibilities in relation to the Control of Substances Hazardous to Health (COSHH), the Reporting of Incidents Diseases and Dangerous Occurrences (RIDDOR), safety alerts, safeguarding leads, the mental Capacity Act and consent for under 16s.
- The practice's system for documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring improvements are made as a result.

At the previous inspection we found this practice was providing effective care in accordance with the relevant regulations but told them there were things they should do. We found that the provider had taken action to address the issues we said they should look at. We found that:

- Prescription pads were locked away securely in a locked safe.
- The practice had protocols in place for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- The practice had protocols for referral of patients to ensure all referrals are monitored suitably.
- The practice was generally clean and well maintained but some improvements were required. For example, in regard to the cleaning of walls and skirting in the decontamination room.

At the previous inspection we found this practice was providing responsive care in accordance with the relevant regulations but told them there were things they should do. We found that the provider had taken action to address the issues we said they should look at. We found that:

- Arrangements had been agreed by the practice to ensure the availability of interpreter services for patients who do not speak or understand English as a first language. This would be done by on line interpretation services.
- The practice had adequate staff recruitment procedures.
- The practice had effective leadership and culture of continuous improvement.

There were areas where the provider could make improvements. They should:

- Review the practice's systems in place for environmental cleaning taking into account current national guidelines.
- Review its responsibilities to respond to meet the needs of patients with disability and the requirements of the Equality Act 2010.

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?

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

The provider had made improvements to the management of the service.

The practice had arrangements to ensure the smooth running of the service. These included systems to assess, monitor and discuss the quality and safety of the care and treatment provided.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

**No
action**


Are services well-led?

Our findings

At our previous inspection on 24 April 2018 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 6 December 2018 we found the practice had made the following improvements to comply with the regulation:

The provider had systems in place that operated effectively, In particular:

- A new Legionella risk assessment had been conducted in August 2018.
- A risk assessment for the use of radiographic equipment had been conducted In July 2018.
- A health and safety risk assessment had been undertaken in April 2018 and was scheduled to be reviewed in April 2019.
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- A check of the electrical safety installation had been carried out in December 2018.
- Risks from the lack of suitable recruitment and training processes had been identified and mitigated.
- The oxygen cylinder and hot water system used by the service had been checked to ensure that they were safe to use.

The registered provider had systems in place to assess, monitor and improve the quality and safety of the services being provided.

In particular

- An infection control audit had been conducted in July 2018 and one was scheduled to take place again in January 2019.
- The practice told us they had audited their facilities to ensure they complied with the Equality Act 2010. They were not able to find the audit document on the day of the inspection and told us they would send this after the inspection but it was not received by us.
- The provider told us that domiciliary visits were not carried out by anyone who worked at the practice.

The provider had ensured that persons employed in the provision of a regulated activities had

received support, training, professional development, supervision and appraisal.

In particular:

- Staff had received appraisals undertaken by the provider.

The registered person had established recruitment procedures to ensure that only persons of good character were employed

In particular:

- Recruitment checks such as photographic identification and Disclosure and Barring service checks were in place.