

Aspire Dental Clinic Ltd

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Inspection Report

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Overall summary

We undertook a follow up focused inspection of Aspire Dental Clinic Limited on 10 October 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 was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Aspire Dental Clinic Limited on 30 January 2019 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 Aspire Dental Clinic Limited on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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 requirement notice only. 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 breaches we found at our inspection on 30 January 2019.

Background

Aspire Dental Clinic Ltd is in Tufnell Park in the London Borough of Camden. The practice provides NHS and private treatment to patients of all ages. There is no level access for people who use wheelchairs and those with pushchairs. There is restricted parking available near the practice. The practice is located close to public transport bus and train routes.

The dental team includes the principal dentist who owns the dental practice, two associate dentists and three qualified dental nurses (one of whom also undertakes receptionist duties). The clinical team are supported by a practice manager.

The practice has two treatment rooms.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the

Summary of findings

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 the principal dentist.

During the inspection we spoke with the principal dentist, the practice manager and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open between:

9am and 5pm on Mondays to Thursdays

9am and 3pm on Fridays

8.30am to 5pm on Saturdays for dental hygiene treatments, and 2pm to 5pm for private dental treatments only.

Our key findings were:

- There were suitable arrangements for carrying out the required checks when recruiting staff.
- Effective systems and processes had been established to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

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

At our previous inspection on 30 January 2019 we judged the practice was not providing well led care and was not complying with the relevant regulations. At the inspection on 10 October 2019 we found the practice had made the following improvements to comply with the regulations:

- There were suitable systems in place to carry out the required checks were when people were employed to work at the practice. We looked at the employment records for each of the seven members of staff working at the practice. Records included proof of identity and evidence of satisfactory conduct from past employment for relevant staff. There were arrangements to explore gaps in employment. Disclosure and Barring Service (DBS) checks were undertaken for all staff. Records showed that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems to monitor this.

The provider had also maintained improvements made following the inspections we carried out on 9 May 2018 and 15 November 2018:

- There were suitable arrangements to deal with medical emergencies, Staff had undertaken training in basic life support. The recommended emergency medicines and equipment were available and there were arrangements to check that these were available, in date and ready for use.
- There were systems to check medicines and dental materials and to dispose of out-of-date stock.
- The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

- There were effective processes for receiving, sharing and acting on safety alerts.
- There were suitable processes for monitoring and mitigating risks to patients and staff.
- There were records to evidence adequate immunity for vaccine preventable infectious diseases for all clinical staff.
- There were suitable procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A risk assessment was carried out on 10 July 2017 and no recommendations were required.
- There were arrangements for safe and secure storage and disposal of clinical waste.
- Clinical staff were up to date with their continuing professional development training and records were available for all clinical staff to show they had completed and updated recommended training.
- The protocols for completion of dental care records were improved and took into consideration guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. We looked at a sample of patient dental care records. These were complete and reflected patient dental assessments, details of proposed treatment, risks, benefits and patient consent to the treatment provided.
- The practice had protocols to ensure all referrals were monitored suitably.
- The practice had reviewed their policies and written procedures to ensure they were bespoke to the practice and up to date.
- Interpretation services were accessible for patients who did not speak or understand English.

These improvements showed the provider had taken action to improve and maintain the quality of services for patients and comply with the regulations when we inspected on 10 October 2019.