

Execudent Limited

Conduit Dental Centre

Inspection report

41 Lambs Conduit Street
Holborn
London
WC1N 3NG
Tel: 02074054030
www.execudent.co.uk

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Overall summary

We undertook a follow up focused inspection of Conduit Dental Centre on 17 July 2023. This inspection was carried out to review 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 advisor. We had previously undertaken a comprehensive inspection of Conduit Dental Centre on 28 April 2023 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 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 Conduit Dental Centre dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 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 breach we found at our inspection on 28 April 2023.

Summary of findings

Background

Conduit Dental Centre is part of Execudent Limited, a group dental provider.

The practice is in the London Borough of Camden and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 2 dental nurses, and 1 trainee dental nurse. The clinical team are supported by the practice manager who covers reception duties. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, and the practice manager. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open between 9am and 6pm on Mondays to Thursdays, and between 9am and 1.30pm on Fridays.

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 the inspection on 17 July 2023, we found the practice had made the following improvements to comply with the regulation:

- The practice had systems for dealing with medical emergencies and ensuring the availability of emergency medicines and equipment was in accordance with national guidance. All items of equipment including portable suction, oxygen masks and needles were available. The medicine used to treat hypoglycaemia (low blood sugar levels) was stored in accordance with the manufacturer's instructions.
- The practice had systems to reduce the risk of Legionella or other bacteria developing in the water, in line with a risk assessment. All areas for improvement had been addressed. Hot and cold water temperatures were monitored and maintained at 55 Degrees Celsius. Practice staff undertook training in Legionella awareness.
- The practice had systems to minimise the risk that could be caused from substances that are hazardous to health. Staff had access to the practice policy for handling, storage and disposal of hazardous substances. Risk assessments and product safety information were accessible, reviewed, and updated as required.
- The practice had systems to ensure the practice equipment and facilities were safe to use, maintained and serviced according to manufacturers' instructions. A new gas boiler was installed in May 2023 and there were arrangements for annual safety checks and testing. Staff completed the required tests for the ultrasonic bath. All actions from the fire safety risk assessment had been completed.
- The practice had systems to ensure that dentists obtained patients' consent to care and treatment in line with legislation and guidance. The practice consent procedures had been reviewed and updated. Patients completed consent records and patient records included evidence that the intended benefits, potential risks, and consent to treatment had been discussed.

The practice had also made further improvements:

- The practice had sharps procedures to ensure compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff had access to policies and procedures in relation to the handling, cleaning and disposal of dental sharps and a sharps safety risk assessment had been completed. Staff undertook training in sharps safety and there were arrangements to ensure that clinical staff had effective immunity against the Hepatitis B virus.
- The practice had amended its recruitment procedure to ensure that appropriate checks are completed prior to locum and agency staff commencing work at the practice. Information including evidence of identity, Disclosure and Barring Service (DBS) checks, and registration with the General Dental Council (GDC) were obtained for both locum and agency staff.
- The practice had improved the systems to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. Dental care records, which we viewed included a full periodontal assessment. There were arrangements to audit dental care records for completeness in accordance with current guidance.
- The practice had systems for appropriate and safe handling of medicines so that medicines were checked, disposed of when they passed their expiry dates, and that patient information labels on dispensed medicines included practice information.