

The Centre London Limited

The Centre

Inspection report

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Overall summary

We carried out a responsive inspection at The Centre on 30 April 2015 in response to whistleblowing concerns we received about the cleanliness of the premises and the arrangements for protecting patients against risks of unsafe or inappropriate premises.

During our inspection we spoke with staff, including the registered manager, practice manager and dental nurse.

We reviewed a number of documents including risk assessments and we inspected the premises, including storage areas, the surgical room and the recovery room.

We did not speak with patients during our inspection.

We found that the practice had taken all reasonable steps to deal with the issues and to ensure that the practice was clean and suitable to treat and care for patients safely.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

The Centre

Detailed findings

Background to this inspection

The Centre is located on Hammersmith Grove in London. The practice provides a range of dental treatments and facial cosmetic surgery procedures.

Are services safe?

Our findings

We observed the area of the practice where facial cosmetic surgical procedures were carried out and found the area to be visibly clean and dust free. The surgeon told us that all measures had been taken to ensure patient safety during and following the work carried out at the premises.

The registered manager showed us the store room, which had been affected by dry rot. We saw that this area had been deconstructed and that flooring and plaster to the walls had been removed. The registered manager told us that a contractor had been employed between 13 and 19 April 2015 to remove the dry rot from the area. A copy of the invoice for the work completed was sent to us following our inspection. The registered manager told us that there were arrangements to have a damp proof membrane installed in August 2015, this being the earliest opportunity available due to the booked schedule of patient appointments.

We saw that a the wall separating the surgery had a window, which overlooked the affected storage area. A temporary partition wall had been erected inside the surgery to minimise risks of dust or spores. We saw that while this reduced the space within the surgery that there was still adequate space to allow the surgeon and anaesthetist to carry out procedures.

We spoke with the practice manager and they told us that a risk assessment had not be carried out to identify risks to staff and patients as a result of the dry rot and the work undertaken to remove this from the premises. However the registered manager told us that the room was not in use. Following our inspection an up to date risk assessment was sent to us and confirmed that the room was not in use. They also told us that as dry rot can potentially damage the structure of the environment that the contractors had been asked to carry out a survey as to the safety of the area affected. This was confirmed as structurally safe.

We were provided with invoices from the cleaning company employed by The Centre. This showed that a thorough cleaning of the premises had taken place following completion of the work, and before patients were treated at the practice.

Staff we spoke with during our inspection confirmed that there had been no complaints received by patients about the cleanliness of the practice before, during or after the period in which the work was carried out. One member of staff told us that they had taken time off work due to illness, which they attributed to the dust.

At the time of our inspection the surgeon told us that following their nurse leaving the practice, they were reliant on temporary agency nurses to assist in carrying out surgical procedures while they recruited permanent nursing staff. They told us they utilised high quality and reliable agency nurses to assist in carrying out surgical procedures. We asked for evidence that temporary agency nurses employed were suitably trained and skilled. We were provided with information that showed appropriate checks had been undertaken in respect to their fitness to work including professional registration with the Nursing and Midwifery Council (NMC), security checks through the Disclosure and Barring Service (DBS), medical fitness and employment references. Following our inspection the provider informed us that they have employed a permanent nurse.

The registered manager told us that cleaning and sterilising of surgical instruments was carried out by the dental nurse. We spoke with the dental nurse and they demonstrated that they were following appropriate guidelines. They described the process for cleaning, checking, sterilising and packing re-usable surgical instruments in line with the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):Decontamination in primary care dental practices.

In conclusion we found that the practice was carrying out treatments in a clean environment and following relevant guidelines and regulations.