

Mr Jerome Albert Sebah

The Dentist Gallery

Inspection Report

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Overall summary

We undertook a follow up focused inspection of The Dentist Gallery on 26 April 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 remote access to a specialist dental adviser.

We undertook a comprehensive inspection of The Dentist Gallery on 16 October 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 regulations 17 – Good governance and 18 – Staffing 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 The Dentist Gallery on our website www.cqc.org.uk.

- 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 16 October 2018.

Background

The Dentist Gallery is in the London Borough of Westminster. The practice provides private general and cosmetic dental treatment to patients of all ages. The practice is situated close to public transport bus and train services.

The dental team includes the principal dentist, three associate dentists, and two trainee dental nurses. The clinical team are supported by a clinic coordinator / receptionist.

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,,

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

The practice is open:

Summary of findings

Mondays, Tuesdays, Thursdays and Fridays between 9am and 7pm.

Wednesdays between 10am and 7pm.

Saturdays between 9am and 2pm.

Sundays for emergency appointments.

Our key findings were:

- The practice infection control procedures had been reviewed and improved so that infection prevention and control audits were carried out in line with current guidance.
- There were arrangements to deal with medical emergencies. The recommended medicines and life-saving equipment were available and staff were trained in basic life support.
- The practice had systems to help them manage risk. Improvements had been made so that risks associated with fire safety and the use of dental sharps were regularly assessed and managed.
- The practice had suitable staff recruitment procedures.
- There were arrangements for monitoring and supporting staff to carry out their roles. Staff had access to appropriate training and there were arrangements in place to appraise staff performance/ and monitoring the quality and safety of the services provided.
- There were arrangements to monitor and improve quality in relation to dental radiography through a system of audits. The practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- The practice had reviewed the systems for assessing risks associated with the premises and equipment. We noted that risk assessments were reviewed and that action plans were in place where these assessments identified areas for improvement.
- Improvements had been made to the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017.
- Improvements had been made to the practice's protocols 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 reviewed its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010..
- Improvements had been made to the arrangements to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

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

Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and risks are identified and mitigated.

Review staff training to ensure that all dental staff who are assisting in conscious sedation have the appropriate training and skills to carry out the role taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

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.

Improvements had been made to the oversight and management systems and the day to day management of the practice.

There were suitable arrangements to deal with medical and other emergencies. The recommended emergency equipment and medicines were available and staff had undertaken training in basic life support.

The practice had made improvements to the systems to effectively assess and mitigate risks in relation to fire safety and infection prevention and control.

The practice had systems to monitor, review and improve the quality of the services provided. There were arrangements to monitor clinical and non-clinical aspects of the service.

No action



Are services well-led?

Our findings

At our previous inspection on 16 October 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 26 April 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 suitable arrangements for enabling the provider to respond to medical emergencies. The recommended emergency medicines and equipment were available for use in the event of a medical emergency, 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. Staff had undertaken training in basic life support.
 - Infection prevention and control audits were carried out every six months in line with 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'.
 - Audits were carried out in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017 to ensure the quality of grading, justification and reporting in relation to dental radiographs. The results of the audits were reviewed and used to make improvements as required.
 - There were arrangements for the on-going assessment and supervision including induction and appraisal for staff. We noted that newly employed staff had undergone a period of induction to assist them to become familiar with the practice policies and procedures. There were arrangements in place to appraise staff performance and to assess training and development needs,
 - There were systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles. We looked at the records for four members of staff. We noted that staff had undertaken training in safeguarding children and vulnerable adults and training in basic life support.
- The practice had also made further improvements:
- The practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. There were arrangements in place to minimise risks associated with the use and disposal of dental sharps.
 - The practice had reviewed the systems for assessing risks associated with the premises and equipment. We noted that risk assessments were reviewed and that action plans were in place where these assessments identified areas for improvement.
 - Improvements had been made to the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017.
 - Improvements had been made to the practice's protocols 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 principal dentist had updated the computerised records system to include specific templates to record details of the assessments carried out and other information in relation to patient's treatments.
 - The practice had reviewed its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010. An access audit had been carried out and thus was kept under review to help the practice meet people's needs.
- 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 26 April 2019.
- There were some areas where improvements were needed:

Are services well-led?

- The practice had a policy in relation to the use, storage and disposal of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations. Improvements were needed so that a risk assessment was undertaken and risks identified and mitigated.
- We saw that only one member of staff had undertaken training taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in

Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. Improvements were needed so that that all dental staff who may assist in conscious sedation have undertaken the appropriate training.

The principal dentist told us that they had not provided conscious sedation to patients since our last inspection in October 2018.