

Rhonaesk Limited

Chelsea Dental Clinic

Inspection report

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Overall summary

We undertook a follow up focused inspection of Chelsea Dental Clinic on 5 July 2022. 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 focused unannounced inspection of Chelsea Dental Clinic on 6 May 2022 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 safe and well led care and was in breach of regulations 12 and 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 Chelsea Dental Clinic 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 6 May 2022.

Summary of findings

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 6 May 2022.

Background

Chelsea Dental Clinic is in Fulham, in the London Borough of Kensington and Chelsea, and provides private dental care and treatment for adults and children.

Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs, including the provision of a portable ramp.

The dental team includes a principal dentist, five associate dentists, three qualified dental nurses, a trainee dental nurse, a compliance head nurse, one dental hygienist, three dental therapists, one receptionist, one head receptionist who also acts as treatment coordinator and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with the principal dentist, the compliance head nurse, and the practice manager. The specialist advisor had a telephone conversation with the visiting consultant anaesthetist who provides sedation services at the practice. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 6pm.

Saturdays and Sundays by appointment only.

There were areas where the provider could make improvements:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Take action to ensure that all team members involved in conscious sedation update their knowledge and skills in Immediate Life Support (ILS) and paediatric life support (if applicable) at least annually.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

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

At the inspection on 5 July 2022 we found the practice had made the following improvements to comply with the regulations:

- Risk assessments, including a Legionella risk assessment, fire safety risk assessment, general health and safety risk assessment, and a disability access risk assessment had been carried out on 19 May 2022 and a sharps risk assessment had also been completed. The risk assessments had been carried out by a person with the qualifications, skills, competence and experience to do so and included detailed action plans tailored to the practice.
- The practice Infection Prevention and Control Policy reflected published guidance and included a detailed manual cleaning procedure staff could follow to ensure the risks arising from infections were sufficiently prevented and controlled. The process for decontaminating used dental instruments that we observed was in line with the requirements of the Health and Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care.
- The practice implemented procedures to reduce the risk of Legionella and other bacteria developing in water systems in line with their risk assessment. This included regular flushing of the Dental Unit Water Lines (DUWLs) and periodic temperature checks of the cold-water supplies and hot water circulating systems.
- Improvements had been made to ensure that clinical waste awaiting collection was stored appropriately.
- The practice had implemented an effective system to store and monitor recruitment documentation. We saw evidence that recruitment documentation, including Disclosure and Barring Service (DBS) checks, evidence of employment history and details of qualification were available for all members of staff.
- Improvements had been made to ensure the safety of the premises. An electrical installation condition check had been carried out on 2 June 2022 and the electrical installations at the practice were deemed satisfactory. Safety inspection and reporting of gas safety had been carried out on 9 June 2022 in line with the relevant regulation.
- Improvements had been made to mitigate fire risks at the practice in line with a risk assessment. Fire safety equipment had been serviced and maintained and a fire drill had been carried out. Staff had undertaken training in fire safety procedures.
- Improvements had been made to ensure the safety of the X-Ray equipment. The required radiation protection information was available, and records were provided to demonstrate that the X-Ray equipment was tested, serviced and maintained in accordance with current regulations and the manufacturers' guidance.
- Improvements had been made to ensure the safe use of dental laser equipment. A Laser Protection Advisor (LPA) and a Laser Protection Supervisor (LPS) had been appointed in line with the relevant guidance. A risk assessment in relation to the use of dental laser had been undertaken. However, improvements were needed to ensure that laser hazard warning safety signs were displayed in the treatment rooms where dental laser equipment was used. The provider told us that they will display the required warning signs in line with the recommendations of their laser protection risk assessment.
- Improvements had been made to the systems and procedures to monitor and manage risks to patient safety. Risk assessments for all substances hazardous to health used in the practice had been carried out. The information was well organised and available for staff to ensure they knew what to do in case of an incident. We found that the room used to store hazardous cleaning materials was lockable, and cleaning equipment, including buckets and mops, were stored appropriately.

Are services safe?

- There were effective systems and processes in place to ensure adequate stock control of medicines held on site. However, improvements could be made to ensure that audits for prescribing of antibiotic medicines were carried out, taking into account the guidance provided by the College of General Dentistry (CGDent).

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 7 July 2022 we found the practice had made the following improvements to comply with the regulations:

- We found that information about systems and processes were now communicated effectively across the organisation. Records presented during the inspection was well documented and easily accessible to staff. There were clear roles and systems for accountability and the management team showed commitment to support the practice in delivering safe and high-quality care. Discussion with the practice manager and registered manager revealed that there was sufficient oversight of the undertaking of the regulated activities.
- The practice had implemented an effective system to store and monitor staff training records. Training certificates, including safeguarding, basic life support, infection control and where appropriate, radiography training records were available for all members of staff. However, improvements were needed to ensure Immediate Life Support (ILS) training and paediatric life support (if applicable) was undertaken annually for those staff undertaking conscious sedation. The provider told us that members of staff whose ILS training had expired will be signed up for refreshing training.
- The practice had adapted an effective governance system for the management of service users who receive treatment under conscious sedation. We looked at dental care records of two service users who had received dental treatment involving conscious sedation on 30 June 2022. Details of pre-clinical assessment, written consent, peri-operative monitoring and post-operative care instructions were uploaded as attached documents to the service users' dental care records. However, improvements were needed to ensure that clinical notes related to treatment under conscious sedation made clear reference to the process and the drugs used. The registered manager told us that she will have discussion with all clinicians who carry out treatment under conscious sedation to ensure that the procedure is clearly reflected in their dental care records.
- An infection prevention control audit had been carried out in line with the relevant guidance.