

Dental Design Studio Walthamstow

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Inspection Report

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Overall summary

We undertook a follow up focused inspection of Dental Design Studio Walthamstow on 10 May 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 Dental Design Studio Walthamstow on 22 November 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 safe, effective or well led care and was in breach of regulations 17 – Good governance, 18 - Staffing and 19 - Fit and proper persons employed 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 Dental Design Studio Walthamstow on our website www.cqc.org.uk.

- Is it safe?
- Is it effective
- 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 safe?

We found that 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 22 November 2018.

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 22 November 2018.

Background

Summary of findings

Dental Design Studio Walthamstow is in Walthamstow in the London Borough of Waltham Forest. The practice provides NHS and private general dental treatment to patients of all ages.

The practice is situated close to public transport bus and train services. The dental team includes two partners who own the practice, seven associate dentists, two dental hygienists, one dental nurse and four trainee dental nurses. The clinical team are supported by a practice manager and a receptionist.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Dental Design Studio Walthamstow was the one of the partners.

During the inspection we spoke with the dental partners and one dental nurse.

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

The practice is open:

Mondays to Fridays between 8am and 5pm

Alternate Saturdays between 8.45am and 1pm.

Our key findings were:

- There were systems to ensure that staff had suitable immunity against vaccine preventable infectious diseases. The practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- There were arrangements to monitor and improve quality in relation to dental radiography through a system of audits.

- There were suitable arrangements to deal with medical emergencies. All of the recommended life-saving equipment and medicines were available and staff had undertaken training in basic life support.
- The practice had systems to help them manage risk.
- The practice had suitable staff recruitment procedures which they followed.
- There were processes in place to ensure the on-going supervision and appraisal for staff.
- There were systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles including training in safeguarding children and vulnerable adults and training in infection control.
- There were systems to ensure that dental care products and medicines requiring refrigeration were stored in line with the manufacturer's guidance.
- There were arrangements to minimise risks associated with the use and handling of hazardous substances, taking into account the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- Information in relation to safety including patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and shared to help monitor and improve safety.
- There were systems to ensure that urgent and routine referrals were monitored suitably.
- Improvements had been made to the arrangements to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

The practice had made improvements to the systems and processes to provide safe care and treatment.

Improvements had been made to the procedures followed when recruiting new staff to ensure that all of the essential checks were undertaken.

There were suitable arrangements to ensure that staff had appropriate vaccinations.

Improvements had been made to the systems in place to ensure that appropriate risk assessments were carried out. The risks associated with fire, hazardous substances, dental sharps and Legionella were assessed and there were arrangements in place to minimise these.

Improvements had been made to the procedures followed when recruiting new staff to ensure that all of the essential checks were undertaken.

The practice had suitable arrangements in place to deal with medical emergencies and staff had access to the recommended emergency medicines and equipment.

No action



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 for the day to day management of the practice.

There were arrangements to monitor and improve quality in relation to dental radiography through a system of audits.

There were suitable systems in place to monitor staff training and performance by way of regular appraisal.

Improvements had been made to ensure the smooth running of the service and to the systems to monitor, review and improve the quality of the services provided.

No action



Are services safe?

Our findings

At our previous inspection on 22 November 2018 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notices. At the inspection on 10 May 2019 we found the practice had made the following improvements to comply with the regulations:

The practice arrangements to assess and mitigate risks and ensure the delivery of safe care and treatment had been reviewed and furthered strengthened and we found:

- There were suitable arrangements for ensuring that the practice policies and procedures were adhered to in relation to dealing with medical emergencies. We noted that the recommended emergency equipment and medicines were available and that staff undertook training in basic life support.
- There were suitable arrangements in place to ensure that risks associated with fire, Legionella, COSHH and use of X-ray were carried out.
- Improvements had been made to the arrangements in place for ensuring that all relevant staff had suitable immunity against vaccine preventable infectious diseases. We looked at records for all staff who were working at the practice and all had appropriate immunisation records.
- There were effective arrangements for assessing and mitigating risks associated with the use and disposal of dental sharps.
- Improvements had been made to the processes for ensuring that appropriate checks were carried out

including determining for each person employed their identity, employment history, proof of conduct in previous employment and registration with their appropriate professional body. We looked at the records for 13 members of staff and found that all of the appropriate checks had been carried out.

The provider had also made further improvements:

- The practice had reviewed the procedures the storage of dental care products and medicines requiring refrigeration so that they were stored in line with the manufacturer's guidance and daily fridge temperatures were monitored and recorded.
- There were arrangements to assess and manage the risks when the dental hygienists worked without chairside support.
- There were suitable arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Improvements had been made to the arrangements for ensuring the security of prescription pads in the practice and there were systems in place to track and monitor their use.
- There were suitable protocols for referral of patients and ensuring that urgent and routine referrals were monitored suitably.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 10 May 2019.

Are services well-led?

Our findings

At our previous inspection on 22 November 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 10 May 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:

- Dental radiograph audits were carried out in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017. The findings from these audits were shared with the dental team and used to improve the quality and safety in relation to dental radiography
- There were processes established for the on-going assessment, supervision and appraisal for staff. We looked at the records for 13 members of staff. We noted that there were arrangements to carry out appraisal and that relevant staff had personal development plans in place.
- There were systems in place to ensure that staff undertook periodic training and updates in areas

relevant to their roles including arrangements for ensuring that clinical staff undertook continuing professional development (CPD) as per General Dental Council professional standards. We looked at the records for 13 members of staff and saw that clinical staff were up to date with their CPD training in areas including infection control, complaints handling and dental radiography.

- Other staff had completed training in areas relevant to their roles and duties including training in safeguarding children and adults and basic life support,

The provider had also made further improvements:

- The practice's protocols for the use of closed circuit television cameras (CCTV) had been reviewed taking into account guidelines published by the Information Commissioner's Office (ICO).
- Improvements had been made to the arrangements to respond to the needs of patients with disability and the requirements of the Equality Act 2010. A Disability Access audit had been completed and reasonable adjustments had been made to support patients who required additional support.

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 10 May 2019.