

City St Clements Limited

St Clements City Dental Care

Inspection report

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Overall summary

We undertook a follow up focused inspection of St Clements City Dental Care on 29 October 2020. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care following our comprehensive inspection on 11 March 2019 and to confirm that the practice was now meeting legal requirements.

Prior to our site visit we asked the provider to send us evidence of the improvements they had implemented. This allowed us to carry out a shorter site visit when we confirmed the required improvements to the service had been made.

The inspection was led by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of St Clements City Dental Care on 11 March 2019 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 or well led care and was in breach of Regulation 12: Safe care and treatment, Regulation 16: Receiving and acting on complaints, Regulation 17: Good governance and Regulation 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 St Clements City Dental Care on our website www.cqc.org.uk.

As part of this inspection we asked:

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

When one or more of the five questions are not met we require the service to make improvements. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

Our findings were:

Are services safe?

Summary of findings

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 11 March 2019.

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 11 March 2019.

Background

St Clements City Dental Care is located in Farringdon, in the London Borough of Islington. The practice provides private treatment to adults and children. There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes three dentists, three trainee dental nurses, and a practice manager. The trainee dental nurses and manager undertake receptionist duties. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 St Clements City Dental Care is the principal dentist.

The practice normal opening hours are between

9am and 8pm on Mondays to Thursdays and

9am to 5pm on Fridays.

Due to COVID-19 pandemic and in line with current guidelines only pre-booked appointments are available and there may be some alterations to opening times. To help keep people safe additional measures are in place when attending the practice.

Our key findings were:

- The provider had improved the governance systems to help them manage risks to patients and staff in relation to staff recruitment and training procedures, carrying out clinical audits, and managing complaints.
- The provider had suitable arrangements to manage and deal with medical and other emergencies.
- The provider had established a suitable protocol for monitoring outgoing referrals.
- The provider had arrangements for patients with enhanced needs, such as wheelchair users, in line with a Disability Access audit.
- The provider had infection control procedures which reflected published guidance.
- The provider had improved the systems for the maintenance and upkeep of equipment and the premises.
- There were suitable arrangements to assess and mitigate fire risks in line with a risk assessment.
- There were suitable systems to assess mitigate the risks in relation to Legionella.
- There were suitable systems for the Control of Substances Hazardous to Health (COSHH).

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 our previous inspection on 11 March 2019 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 warning notice. At the inspection on 29 October 2020 we found the practice had made the following improvements to comply with the regulations:

Improvements had been made to the arrangements to mitigate risks to the health and safety of service users receiving care and treatment.

- The provider had reviewed and strengthened the 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). A policy in relation to receiving, reviewing and acting (as necessary) on safety alerts and information had been introduced. Relevant alerts were kept in a folder, accessible to staff and available for future reference. We saw safety records, which had been reviewed and signed by staff to demonstrate that the alerts had been read and noted.
- Improvements had been made to the arrangements for ensuring that dental and other materials were stored appropriately, checked and replaced to ensure that all materials in use were within the manufacturers' expiry dates. We saw records of checks that staff carried out to safely monitor materials in the practice.
- The arrangements for checking, periodic testing and repair of equipment had been reviewed and improved. We saw that shortly following our inspection visit in March 2019 maintenance checks and tests had been carried out on the dental implant motor, air conditioning unit and the fire alarm system. Repairs had been carried out to ensure that the emergency lighting system was working effectively and the existing fire extinguishers were replaced.
- There were arrangements to ensure that clinical staff had suitable immunity against Hepatitis B. There were systems to ensure that staff, as required, received vaccines, booster vaccines and blood tests to determine their immunity.
- The provider had reviewed and acted on the recommendations made by their Radiation Protection Adviser (RPA). All dental X-ray units had been fitted with rectangular collimators.
- Improvements had been made to the arrangements for assessing and mitigating fire and Legionella risks within the practice.

A fire safety risk assessment was carried out at the practice on 15 April 2019. A number of areas for improvement were identified – carrying out fixed wiring installation testing, Portable Appliance Testing (PAT), replacing batteries in the emergency lighting system, replacing fire extinguishers and completing fire safety monitoring checks and evacuation drills. We were provided with evidence to demonstrate that all of the required improvements had been completed. A fixed wiring inspection was carried out on 3 August 2019 and PAT check was carried out on 15 April 2020. We saw that regular checks were carried out to ensure that fire alarms and emergency lighting were working properly and that fire extinguishers were tested annually. Regular fire evacuation drills were carried out. A review of the fire safety risk assessment was carried out on 26 June 2020 and this showed that the fire safety arrangements were robust and effective.

The practice Legionella risk assessment had been reviewed and actions taken to address areas where improvements were needed to effectively mitigate risks. The electric water heaters were tested and serviced on 2 March 2020 and there were arrangements to ensure that these were tested annually. We saw that hot and cold water temperatures were monitored to minimise bacterial growth in the water systems. A contractor had been employed to assess and improve the pipework within the practice.

The provider had also made further improvements:

Are services safe?

- The arrangements for monitoring referrals had been improved. A computerised tracking system was used to monitor and follow up on urgent and routine referrals to ensure that patients received treatment in a timely manner.
- Improvements had been made to the practice infection prevention and control procedures. There were arrangements to ensure that dental instruments were properly rinsed taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- The practice procedures in relation to the storage and handling of hazardous material had been updated in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Staff had access to safety information in relation to hazardous substances used at the practice.

These improvements showed the provider had taken action to improve safety and to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we inspected on 29 October 2020.

Are services well-led?

Our findings

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

At our previous inspection on 11 March 2019 we judged the practice was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 29 October 2019 we found the practice had made the following improvements to comply with the regulations:

Improvements had been made to the systems and processes to identifying, receiving, recording, handling and responding to complaints by service users and other persons.

- Improvements had been made to the arrangements recording complaints. We saw that a detailed log of all complaints received was maintained. This included a system to monitor complaint investigations and responses to complainants. There were arrangements to discuss complaints with relevant staff as part of learning, monitoring and improving the quality of services provided. We saw that reviews of complaints had been carried out in 2019 and 2020. This showed that the practice complaints procedure had been followed to ensure that complaints were investigated, responded to and used to learn and improve.

Improvements had been made to the management and governance systems at the practice.

- The practice recruitment procedures had been reviewed and strengthened. There were systems to ensure that all of the important checks were carried out when staff were employed to work at the practice.
- Improvements had been made to arrangements to manage and deal with medical emergencies. All of the recommended emergency equipment was available including an automated external defibrillator (AED) and portable suction equipment. We saw records of checks carried out to ensure that emergency equipment and medicines were available.
- Improvements had been made so as to ensure that staff had access to appropriate and up to date information in relation to safeguarding children and vulnerable adults from the risk of abuse, harm or neglect. The practice policies had been updated to include details of the reporting systems and the local safeguarding teams.
- The arrangements to review, monitor and improve quality and safety had been reviewed. A system of audits and reviews was in place. These included audits of dental radiographs.
- We looked at two audits of dental radiographs which were carried out in 2019 and 2020. These demonstrated that there was a quality assurance and monitoring process and learning and actions from the audit results were shared with dentists to encourage improvement. The results of the audit showed that dental radiographs were graded and the quality of radiographs were in line with guidelines.

Improvements had been made to the systems to ensure that staff received suitable training and support.

- A system to monitor staff learning and development needs and progress had been introduced. There were systems to carry out staff appraisal of performance and to monitor and support staff for their learning and development needs.
- There were systems to ensure that staff undertook important training in areas such as basic life support, dental radiography and infection control.

The provider had also made further improvements:

- The practice had reviewed its responsibilities to meet the requirements of the Equality Act 2010. A Disability Access audit had been completed and was kept under regular review to ensure that reasonable adjustments were made to support people with disabilities.

Are services well-led?

These improvements showed the provider had taken action to improve safety and to comply with Regulations 16, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 when we inspected on 29 October 2020.