

Super White Dental Clinic Ltd

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Inspection report

41 South Lambeth Road
London
SW8 1RH
Tel: 02036457885

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Overall summary

We undertook a follow up focused inspection of Super White Dental Clinic Limited on 9 June 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 supported by a second inspector and a specialist dental adviser.

We undertook a comprehensive inspection of Super White Dental Clinic Limited on 27 May 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a focused inspection to check on improvements made on 17 December 2021. We found the registered provider was not providing safe, effective or well led care and was in breach of regulations 12, 18,19, 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 Super White Dental Clinic on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- 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 inspections on 27 May 2021 and 17 December 2021.

Summary of findings

Are services effective?

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 27 May 2021 and 17 December 2021.

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 27 May 2021 and 17 December 2021.

Background

Super White Dental Clinic Ltd is in the London Borough of Lambeth and provides private dental care and treatment for adults and children.

The dental team includes the principal dentist, one associate dentist, one dental nurse and one trainee dental nurse. The practice has two treatment rooms.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made adjustments to support patients with additional needs. These included step free access to treatment rooms and adapted toilet facilities.

During the inspection we spoke with the principal dentist and the dental nurse. 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 9am to 1pm

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

- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account relevant guidance.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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 effective?	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 9 June 2022 we found the practice had made the following improvements to comply with the regulations:

- Decontamination and storage of dental instruments were in accordance with relevant guidance and staff had undertaken training in infection control.
- The premises were visibly clean and well organised and there were cleaning schedules in place.
- Infection prevention and control procedures were audited every six months to assess and monitor infection prevention and control procedures.
- There were effective arrangements to ensure that equipment was maintained according to manufacturers' instructions.
- Improvements had been made to the arrangements to assess and mitigate risks of fire at the practice in line with a risk assessment. Fire safety equipment was regularly serviced and tested. Staff had undertaken training in fire safety procedures.
- Improvements had been made to the systems and procedures to monitor and manage risks to patient safety. The practice risk assessments were reviewed and updated regularly. There were systems to assess and mitigate risks associated with the use and disposal of dental sharps.
- The practice now had a radiation protection adviser (RPA) to advise on complying with the Ionising Radiations Regulations 2017 (IRR17).
- X-ray equipment was now tested, serviced and maintained in accordance with current regulations. Records showed that clinical staff completed continuing professional development in respect of dental radiography.
- Clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.
- There were sepsis related procedures to ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.
- All of the recommended emergency medicines and equipment were available and these were checked regularly. Staff undertook training in basic life support annually.
- Improvements had been made to the systems for have systems for referring patients with suspected oral cancer under the national two-week wait arrangements. There were arrangements for making and monitoring referrals made.

Are services effective?

(for example, treatment is effective)

Our findings

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

At the inspection on 9 June 2022 we found the practice had made the following improvements to comply with the regulations:

- Some improvements had been made to the record keeping processes to help ensure that detailed information was recorded in respect of patient assessment and treatments. Information in relation to treatments offered and consent were detailed.
- Discussions with the principal dentist demonstrated they had a good awareness of periodontal disease, caries and cancer risks. Improvements were needed to ensure that information in relation to assessment of patients was recorded consistently.
- Improvements had been made to recording the reason for taking X-rays and the quality of dental radiographs. Further improvements were needed so that the findings from X-rays taken were recorded consistently.
- Improvements were needed so that antimicrobial prescribing audits were carried out to monitor prescribing in accordance with relevant guidelines.
- Improvements had been made to the systems for monitoring staff training and development needs. We saw that clinical staff completed training to meet the continuing professional development required for their registration with the General Dental Council.
- All staff undertook periodic refresher training in areas including safeguarding, infection control, basic life support and radiography and fire safety.

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 9 June 2022 we found the practice had made the following improvements to comply with the regulations:

Improvements had been made to the leadership, management and governance arrangements at the practice:

- There were audits of dental radiographs to assess the quality of dental radiograph images taking into account the Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- There were quality assurance processes, including audits of dental care records to encourage learning and continuous improvement.
- Improvements had been made to the practice recruitment procedures so that all of the required checks were carried out when employing new staff.
- The provider had improved the systems to monitor or follow up on referrals to other dental /- and health care providers where patients required urgent or specialist dental treatments, which the practice did not provide, to ensure that patients would receive this treatment in a timely manner.
- The provider had systems in place for receiving, managing and sharing safety alerts such as those 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).