

Dr. Howard Stean

Howard Stean - Mortlake Road Kew

Inspection report

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Date of inspection visit: 18/11/2022
Date of publication: 04/01/2023

Overall summary

We undertook a follow up focused inspection of Howard Stean-Mortlake Road Kew on 18 November 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 comprehensive inspection of Howard Stean - Mortlake Road Kew on 1 July 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 or well led care and was in breach of regulations 12, 17 and 18 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 Howard Stean -Mortlake Road Kew 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. 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?

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 1 July 2022

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 1 July 2022.

Background

Howard Stean -Mortlake Road Kew is in the London Borough of Richmond-upon-Thames and provides private dental care for a small selection of long-standing adult patients.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Dedicated car parking spaces, including some for disabled people, are available in the neighbouring retail park near the practice.

The dental team is comprised of the principal dentist and a dental nurse. The practice has 1 treatment room.

During the inspection we spoke with both members of staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am to 1pm

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

Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

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 18 November 2022 we found the practice had made the following improvements to comply with the regulations:

- Emergency equipment and medicines were available and checked in accordance with national guidance. In particular Oromucosal Midazolam to treat prolonged epileptic seizures and dispersible Aspirin to treat heart attacks had been put in place. A spacer device to assist the delivery of medication to treat asthma and a portable oxygen cylinder was available.
- The management of fire safety was effective. We noted improvements had been implemented. In particular, a fire alarm system had been installed following an assessment, fire evacuation instructions were displayed and there was evidence of fire safety equipment checks in a log book. Fire extinguishers had been replaced with new ones, and exits were signposted. A gas safety check had been carried out and certification was available.
- The provider told us that dental care and treatment using inhalational sedation would no longer be offered.
- We saw evidence that the flammable oxygen cylinders had been removed from the premises safely, reducing fire risks.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The three-yearly performance tests had been carried out and we saw evidence that a Radiation Protection Advisor had been consulted about the results. The performance test had identified some remedial works were required, in particular, the fitting of a rectangular collimator and extra X-ray filtration. We saw evidence that these recommendations had been completed by a qualified engineer.
- A legionella risk assessment had been undertaken by a competent person prior to our inspection on 1 July 2022. We saw evidence that the recommendations to monitor water temperatures and to follow a recognised protocol to disinfect the dental unit water lines had now been put in place. The routines were embedded effectively.
- At our inspection of July 2022 we did not see evidence of arrangements for the safe disposal of chemicals used to develop radiographs. At the follow up inspection the provider assured us that arrangements had now been made with the local authority, and the relevant forms were readily available for when the need arises for the disposal of these chemicals.

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 18 November 2022 we found the practice had made the following improvements to comply with the regulations:

- Staff had the skills, knowledge and experience to carry out their roles. We saw that staff training was up-to-date and undertaken at the required intervals. Staff discussed their training needs and the provider gave support financially to enable their requirements.
- The registered person ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the dental nurse was available and retained securely .
- The quality of the radiography audits had improved. Improvements could be made to ensure action plans were clearly documented.
- Improvements had been made to the information relating to the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Some individual product risk assessments were available and well organised. Improvements were required to ensure information regarding each hazardous substance in use within the practice was managed and organised in accordance with the relevant guidance.