

Dr. Ian Greenwood

Salisbury House Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Salisbury House Dental Practice on 26 August 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 inspection of Salisbury House Dental Practice on 9 December 2021 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 Regulation 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 Salisbury House 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 breaches we found at our inspection on 9 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 9 December 2021.

Background

Salisbury House Dental Practice is in the London Borough of Hammersmith and Fulham and provides private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes one dentist, one specialist periodontist, one dental nurse, one hygienist and a receptionist/practice manager. The practice has two treatment rooms.

During the inspection we spoke with the dentist, the dental nurse, and the receptionist/practice manager. The practice was closed to patients on the day of our visit. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Wednesday from 9am to 6pm

Thursday from 9am to 7.30pm

Occasional Fridays from 9am to 1pm

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Implement practice protocols and procedures to ensure staff are up to date with their mandatory training and their continuing professional development.

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 26 August 2022 we found the practice had made the following improvements to comply with the regulations:

- Equipment had been serviced and maintained according to manufacturer's guidelines.
- The fixed wire electrical installation testing had been carried out and demonstrated a satisfactory rating.
- The cleaning equipment was stored appropriately away from the treatment areas. The layout of the building and lack of storage space prevented best-practice protocols.
- Instruments were transported securely between the treatment rooms and the decontamination facility.
- Medicines and equipment used in the treatment of medical emergencies was available, following relevant guidance.
- Clinical staff told us they had completed continuing professional development in respect of dental radiography. However, we did not see evidence of this for all clinical staff in relation to Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R).

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 26 August 2022 we found the practice had made the following improvements to comply with the regulation:

- A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The practice was based on the first floor of a three-storey building. We were told the landlord of the building was responsible for the emergency lighting and fire detection throughout the building. The practice however, had not assured themselves that the testing and servicing of fire alarm and emergency lighting was carried out by the landlord.
- The provider had considered and mitigated the risks when staff worked alone.
- The sharps risk assessment was comprehensive and reflected practice protocols.
- The management of Dental Unit Waterlines (DUWLs) was recorded appropriately.
- The information relating to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 was managed and organised in accordance with the relevant guidance.
- The practice had implemented a system to monitor patient referrals to ensure patients were seen in a timely manner.
- Recruitment checks had been carried out and records were available for all members of staff following relevant legislation. Improvements were required to ensure that the dental nurse has adequate immunity to hepatitis B.
- The provider had undertaken a radiography audit following the latest guidance.
- A disability access audit had been carried out identifying areas for improvement.

The provider had also made further improvements:

- The practice had implemented an audit of patient dental care records to check that necessary information is recorded.