

## Aspire Dental Clinic Ltd

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## Inspection Report

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### Overall summary

We carried out this announced follow-up inspection on 30 January 2019. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

At the previous comprehensive inspection on 8 May 2018 we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with regulation 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 Aspire Dental Clinic Ltd on our website [www.cqc.org.uk](http://www.cqc.org.uk).

A follow up inspection took place on the 15 November 2018. We judged the practice was providing effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing safe or well-led care in accordance with regulation 17 and 19 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 Aspire Dental Clinic Ltd on our website [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this inspection on 30 January 2019 to check if improvements had been made. We reviewed the key questions of safe and well-led.

#### **Our findings were:**

#### **Are services safe?**

- We found that this provider was providing safe care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this provider was not providing well-led care in accordance with the relevant regulations. They demonstrated they had addressed some shortfalls we identified when we previously inspected their practice 8 May 2018; however, some areas still required improvement.

The provider had made the following improvements:

- The provider had ensured equipment for use in medical emergencies was available in sufficient quantities.
- The provider had carried out a risk assessment regarding the use of radiography equipment on the premises.
- A sharps risk assessment had been carried out
- An appropriate infection prevention and control audit had been completed.
- They had addressed a risk identified from their Disability Access Audit.

Our findings at this inspection on 30 January 2019 showed that:

- Improvements were still required to suitably identify and mitigate risks related to recruitment.

We identified regulations the provider was not meeting. They must:

# Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

# 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 in accordance with the relevant regulations.

The provider had made some improvements to their recruitment process.

**No action**



### **Are services well-led?**

We found that this provider was not providing well-led care in accordance with the relevant regulations. They had not made the required improvements to the management of the service. We have told the provider to take action (see full details of this action in the requirement notice section at the end of this report).

**Requirements notice**



# Are services safe?

## Our findings

At the previous inspection on 15 November 2018, we found the practice was not providing safe care.

During this follow-up inspection on 30 January 2019 we found they were providing safe care.

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))**

- They had sought evidence of satisfactory conduct from past employment for most recruited staff.
- They had obtained criminal background checks for most staff

prior to them commencing employment at the practice.

- The provider had taken steps to check that registration with the General Dental Council (GDC) was up to date for the relevant.

However, there was room for improvement. For example, for one member of staff there was no evidence that they had investigated gaps in the staff member's employment history. They had also accepted references that did not have sufficient information to ascertain who they were from. One reference was from an associate dentist who worked at the previous practice the member of staff worked at but the associate sent the reference from another practice they worked at with no explanation as to why the reference had not come directly from the practice the member of staff had previously worked at.

# Are services well-led?

## Our findings

At the previous inspection on 15 November 2018, we found the practice was not providing well-led care. We told them to take action.

During this follow-up inspection on 30 January 2019 we found that the provider had addressed some of the shortfalls including:

- The provider had ensured equipment for use in medical emergencies was available in sufficient quantities.
- The provider had carried out a risk assessment regarding the use of radiography equipment on the premises.
- A sharps risk assessment had been carried out
- An appropriate infection prevention and control audit had been completed.
- They had addressed a risk from their Disability Access Audit.
- The provider had developed guidance on never events for staff
- The provider had checked that staff had achieved suitable levels of immunity to communicable diseases such as Hepatitis B;

There were still improvements required in regards to the recruitment process, particularly in regards to documenting checks that had been undertaken. They had not sought evidence of satisfactory conduct from past employment and an up-to-date criminal background checks of a dental nurse recruited since the last inspection.

The practice recruitment policy, dated November 2018 stated that a minimum of two people should interview people for roles, and stated that it would be the principal dentist and practice manager. We were told only the principal dentist had interviewed this staff member.

We were told that it was a temporary arrangement to cover a nurse who was absent on the day of the inspection. The practice recruitment policy stated that pre-employment checks, as stated in the policy, would apply to the appointment of temporary staff.

The principal dentist stated that they had reviewed these documents but had not taken copies of any of them. They told us they would get copies of the checks from the nurse.

Following the inspection, the provider sent us copies of the employment checks they told us they had seen when they interviewed the staff member, including: a check that they had achieved suitable levels of immunity to communicable diseases such as Hepatitis B, evidence of indemnity insurance, a 2015 DBS check obtained for a previous post, proof of ID and proof of GDC registration.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>Records relating all to people employed did not include all information relating to the requirements under Regulations 4 to 7 and Regulation 19 of this part (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</li></ul> <p>Regulation 17 (1) (2) d</p>