

Dental Centre 100

Dental Centre

Inspection report

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Overall summary

We undertook a focused follow up inspection of Dental Centre on 8 November 2021. 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 advisor.

We undertook a comprehensive inspection of Dental Centre on 9 December 2020 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 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a subsequent follow up inspection on 7 July 2021 and found a number of improvements had been made, however the provider was not providing well led care and was found to still be in breach of regulation 17.

You can read our report of that inspection by selecting the 'all reports' link for Dental Centre 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. 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 well-led?

Our findings were:

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 7 July 2021. However, further improvements were still required to ensure these changes were sustained.

Background

Dental Centre is located in the London Borough of Hammersmith & Fulham and provides NHS and private dental care and treatment for adults and children.

Car parking spaces are available in surrounding roads and the practice is located close to public transport links. The practice has one treatment room located on the first floor.

The dental team includes two dentists, one dental nurse and a practice manager.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with one dentist, dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am - 5pm

Our key findings were:

- Improvements had been made to the servicing of the equipment.
- Risk assessments in relation to Health and Safety and lone working had been undertaken.
- The decontamination of used dental instruments was carried out in accordance with current guidelines.
- A Disability Access audit had been carried out.
- There were ineffective systems for risk management and monitoring at the practice. In particular relating to fire safety, the control of hazardous substances and waste management.

We identified regulations the provider was not complying with. They must:

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

Full details of the regulation the provider was not meeting are at the end of this report.

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

- Review the practice's Legionella risk assessment and implement any recommended actions, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensure the water temperature monitoring protocols are implemented for all water outlets.

Summary of findings

- Review the practice's policy 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.
- Review the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Requirements notice



Are services well-led?

Our findings

We found that this practice was not providing well led care.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

At our previous inspection on 9 December 2020 we judged the provider 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 warning notice.

At the follow up inspection on 7 July 2021 we found the practice had made improvements to comply with the regulations; however, further improvements to the managerial oversight at the practice were needed.

We carried out a further follow up inspection on 8 November 2021 and found that some improvements had been made, however there were areas where additional improvement was still required.

We found all equipment was serviced according to the manufacturer's guidelines and the system implemented was effective.

The provider had taken steps to ensure they followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care when decontaminating used dental instruments.

Improvements had been made to monitoring protocols in areas such as disability access and risk management. Disability access and lone working risk assessments had been carried out. Since our last inspection the provider had decommissioned the use of Closed-Circuit Television (CCTV) in the practice.

The practice did not have effective governance systems for governance in relation to the management of risks.

The provider did not have robust systems in place for recognising, assessing and mitigating risks in areas such as medicines management or waste management. For example, the system implemented to monitor the medical emergency medicines failed to ensure the medicine used to treat angina was disposed of once a replacement had been purchased and was still available for use beyond its use-by date.

On the day of the inspection, we noted there were ineffective systems for the disposal of amalgam waste; in particular there was no amalgam separator on the suction motor as required. The provider contacted an engineer on the day of the inspection and arranged for this to be remedied immediately. The protocols in place for the dental nurse to clean and dispose of any amalgam from within in the filters on the dental chairs must be improved to ensure it complies with the regulations.

Where risks had been highlighted and recommendations made in risk assessments, there was no evidence action had been taken and these risks had been mitigated, in particular relating to the fire safety. For example work to encase the underneath of the stairway on lower ground floor, the replacement of internal doors, other than reception, with solid doors with self-closing mechanisms and the installation of a hard-wired interlinked detection system were still outstanding.

Where monitoring protocols had been implemented, there was a lack of oversight to ensure these were being carried out in accordance with the recommendations for example in relation to legionella. For example, the water monitoring protocols implemented were not carried out at every water outlet.

Are services well-led?

There were limited improvements to the information available in relation to the storage and management of hazardous substances in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Some improvements had been made, however, on the day of the inspection, the information was not available for all substances and was not organised so as to be easily accessible to staff in the event of an emergency.

Improvements were still needed to the systems to ensure NHS prescriptions were stored as described in current guidance. For example, prescription pads were not stored securely, and we were not assured the monitoring protocol would be effective at ensuring all prescriptions could be accounted for.

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>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.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk</p> <ul style="list-style-type: none">• The risks relating to fire safety had not been properly mitigated.• The system for monitoring the medical emergency medicines failed to ensure medicines were disposed of once their use-by date had passed.• The risks related to waste management had not been suitably identified and mitigated.• The systems implemented to securely store and manage prescriptions were not effective. <p>Regulation 17 (1)</p>