

Implant Expert DSO UK Ltd

# Implant Expert Liverpool Street

## Inspection report

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Date of inspection visit: 4 August 2021  
Date of publication: 26/08/2021

### Overall summary

We carried out this announced focused follow up inspection on 4 August 2021 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on concerns we identified during our inspections of the service on 18 March 2021 and 24 May 2021 to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who had remote access to a CQC specialist dental adviser.

We undertook a comprehensive inspection of Implant Expert Liverpool Street on 18 March 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 or well led care and was in breach of regulations 12 – safe care and treatment, 17 – Good governance, 18 – Staffing and 19 Requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the seriousness of the concerns we used our enforcement powers and suspended the providers registration for a period of four months.

We undertook another focused inspection on 24 May 2021. We found that while some improvements had been made the service remained in breach of the above regulations. You can read our report of that inspection by selecting the 'all reports' link for Implant Expert Liverpool Street on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

# Summary of findings

## **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 inspection on 18 March and 24 May 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 18 March and 24 May 2021.

## **Background**

Implant Expert Liverpool Street is in the city of London and provides private dental care and treatment for adults and children.

The dental team includes one dentist, one dental nurse, three receptionists and a practice manager. The practice has four treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Implant Expert Liverpool Street is the practice manager.

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

## **Our key findings were:**

- The provider had infection control procedures to reduce the risk of infections including transmission of the COVID-19 virus.
- The provider had systems to help them manage risks to patients and staff.
- The provider had arrangements to ensure that important checks were carried out when new staff are employed at the practice.
- There were arrangements to ensure that staff undertook recommended training in relation to their roles within the practice.
- The provider had leadership to support a culture of openness and continuous improvement.
- There were governance systems to monitor the day to day running of the practice.

# 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 this practice was providing safe care in accordance with the relevant regulations.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The provider had made improvements to ensure there were effective systems to keep patients and staff safe.

Staff had access to safeguarding policies and procedures with information about identifying, reporting and dealing with suspected abuse. The dentist was the safeguarding lead and staff were aware of the procedures for reporting concerns, suspected or witnessed abuse or neglect of children and vulnerable adults. Staff had undertaken training in safeguarding awareness and there were arrangements to monitor staff training.

Staff had access to infection prevention and control procedures. These were in accordance with the 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 and were reviewed regularly. Staff who we spoke with understood their responsibilities in relation to minimising the spread of infections. The practice was visibly clean and there were procedures to monitor cleaning.

There were clear procedures and guidelines for the cleaning and decontamination of dental instruments. The dental nurse was the infection prevention control lead for the practice, and they were able to demonstrate that they understood this role. They described to us the procedures for cleaning and sterilising dental instruments. These included the use of appropriate personal protective equipment, effective procedures for manually cleaning instruments, checks to ensure that the sterilising equipment was operating effectively, visual checks to ensure that instruments were clean and correct storage of sterilised items.

Improvements had been made to the arrangements for managing COVID-19 risks. There were procedures to protect staff and people who use the service against Coronavirus. An assessment of the dental treatment rooms had been carried out to ensure suitable ventilation. There were arrangements to allow a safe and suitable fallow time (period to allow generated aerosols to settle before cleaning) when treatments involving the use of aerosol generating procedures were carried out. We saw that all clinical staff had been fit tested for filtering facepiece masks (FFP). These masks are designed to protect wearers against inhalation of liquids and aerosols and testing is required to ensure that they work effectively. We were told that one member of staff had failed the fit test and that alternative protective equipment would be provided for this member of staff.

Improvements had been made to ensure that equipment used at the practice to deliver care and treatment was maintained, tested and serviced to ensure its safe and proper working. Records were available to show that the practice had registered the dental X-ray equipment with the Health and Safety Executive and a critical examination and acceptance test had been carried out for the dental X-ray equipment. There were records to show that the required annual electrical and mechanical tests or three yearly radiological tests had been carried out.

We saw that other equipment including the compressor and sterilising equipment was routinely serviced and tested by an appropriately skilled person.

Improvements had been made to the providers' recruitment procedures to help them employ suitable staff. We looked at the recruitment records for all staff working at the practice. We saw that all of the required checks had been carried out for staff, including proof of identity and Disclosure and Barring Service checks. There were records in relation to conduct in previous employment, suitable indemnity insurance and current General Dental Council registration for clinical staff.

### **Risks to patients**

The provider had improvements to ensure effective systems to assess, monitor and manage risks to patient safety.

# Are services safe?

Improvements had been made for dealing with medical emergencies. We saw that all of the recommended emergency medicines and equipment was available in accordance with the Resuscitation Council UK 2021 guidelines. There were arrangements to check these to ensure that they were available for use if required. Staff undertook training in basic life support and had access to information for the correct use of emergency equipment and medicines.

There were arrangements to assess and mitigate the growth of Legionella and other bacteria in the waterlines. Hot water was heated by individual water heaters. These had been tested and checked to ensure that they were operating effectively to deliver hot water at 55 degrees Celsius. We saw records for hot and cold water temperature monitoring and periodic water sampling to detect the presence of bacteria in the water system. There were arrangements to disinfect the dental unit waterlines.

Improvements had been made to the arrangements to mitigate the risk of fire at the practice. A fire safety risk assessment had been carried out in July 2021 and areas where improvements were identified had been addressed. There were arrangements to check and test fire detection and safety systems and equipment including fire alarms and extinguishers. There were procedures for evacuation of the premises and regular fire evacuation drills were carried out.

Staff had undertaken training in fire safety awareness and understood the practice fire safety procedures.

Improvements had been made to the systems in relation to substances hazardous to health in accordance with Control of Substances Hazardous to Health (COSHH) Regulations 2002. Staff had access to information in relation to the handling, storage, and disposal of hazardous materials. There were policies and other information available to staff to help them manage an accidental exposure to hazardous materials used in the practice.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 4 August 2021.

# Are services well-led?

## Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

Improvements had been made to the leadership and management arrangements for the service. The practice is owned by an organisation. The practice owner does not reside in the UK. The practice manager had recently completed a successful application to become the CQC registered manager for the practice. The provider had employed a consultant to assist them in making the required improvements.

The practice manager was responsible for the day-to-day running of the service with support from the management team in Romania. The management of the service was underpinned by practice specific policies and procedures, which were kept under regular review and were accessible to staff.

Staff told us that the management arrangements had been improved. They told us they felt supported by the practice manager.

### **Culture**

Improvements had been made to the culture within the service for improvement. There were arrangements to identify and address risks to staff and people who use the service. These included arrangements to review and act on the findings from audits and risk assessments to promote and improve safety and quality within the service.

Improvements had been made to the systems to monitor staff learning and development needs. There were plans to carry out staff performance appraisals later this year.

### **Governance and management**

Improvements had been made to the processes for managing risks.

Systems for governance had been implemented and there were arrangements to monitor these. Risks in relation to infection control, fire, Legionella and health and safety were assessed and actions taken to mitigate these risks.

There were systems to ensure that equipment, including the compressor and the dental X-ray unit were maintained, tested and serviced in line with the manufacturer's instructions and relevant legislation and guidance.

The provider had systems in place to monitor and follow up on referrals to other dental / health providers where patients required urgent or specialist dental treatments, which the practice did not provide. There were arrangements 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).

There were systems to audit the quality of dental radiographs and the required tests had been carried out for the dental X-ray equipment. There were policies for making and receiving patient referrals. There were arrangements for receiving, reviewing and acting on patient safety information.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 4 August 2021.