

Rosslyn Hill Dental Clinic

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Rosslyn Hill Dental Clinic on 29 July 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 Rosslyn Hill Dental Clinic on 18 January 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 well led care and was in breach of 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 Rosslyn Hill Dental Clinic 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 well-led?

Our findings were:

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 breach we found at our inspection on 18 January 2022.

Summary of findings

Background

This report is about Rosslyn Hill Dental Clinic.

Rosslyn Hill Dental Practice is in Hampstead which comes under the local authority of Camden and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes three dentists, three dental nurses, two dental hygienists and one receptionist/administrator. The practice has five treatment rooms.

During the inspection we spoke with the principal dentist and the visiting compliance personnel. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 9:30am to 4:30pm except for Friday when they close at 1:30pm. During out of hours or when the practice is closed, patients could contact the emergency mobile number for care and treatment.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At our previous inspection on 18 January 2022 we judged the practice was not providing well led care and was not complying with the relevant regulations. The inspection findings on the day pointed towards inefficient leadership and a lack of oversight within the practice in relation to risk management. Furthermore, systems and processes were not effectively implemented; nor, did they consistently support good governance. We told the provider to take action as described in our requirement notice.

When we undertook the follow up inspection on 29 July 2022, the following improvements to the service were demonstrable:

The provider had taken adequate action to effectively manage and minimise risks associated with the fixed electrical wiring and gas safety.

An effective system was now in place to ensure emergency lifesaving equipment remained in date and good working order.

Recruitment checks had been carried out for the visiting clinician, in accordance with relevant legislation. At the inspection of 18 January 2022, we were not able to confirm all clinical staff had professional indemnity; this was resolved at the follow up inspection.

The provider had implemented systems in place for receiving, managing and cascading 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 UK Health Security Agency (UKSA).

At the previous inspection, the provider did not have fail-safe systems in place to check whether referred patients completed their appointments, with follow ups and appropriate outcomes recorded. This had been addressed and the systems and processes we observed at the inspection of 29 July 2022 kept patients safe.

We found improvements had been made to quality assurance processes which now encouraged shared learning and continuous improvement. For example, radiographs and disability access audits were completed in accordance with current guidance and legislation.

The provider had also made further improvements:

They had implemented audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

Practice protocols were now in place regarding auditing patient dental care records to check that necessary information was recorded.

The provider took action to ensure dentists were aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

Risk assessments were now available for lone working and the use of latex.

The provider had satisfactorily acted on the recommendations from the most recent X-ray critical examination.

These improvements demonstrated that the provider had taken action to improve the quality of services for patients and was now compliant with the regulations.