

Diamond Dental Limited

# Diamond Dental of Harley Street

## Inspection Report

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Date of inspection visit: 11 September 2019  
Date of publication: 21/10/2019

### Overall summary

We undertook a follow up focused inspection of Diamond Dental of Harley Street

on 11 September 2019. 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 Diamond Dental of Harley Street on 7 May 2019 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 and 18 staffing and 19 fit and proper person employed of the Health and Social Care Act 2008, Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Diamond Dental of Harley 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?

When one or more of the five questions are not met we require the service to make improvements.

#### **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 7 May 2019.

##### **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 7 May 2019.

#### **Background**

**Diamond Dental of Harley Street** is in the London Borough of Westminster the practice provides private treatments to patients of all ages.

# Summary of findings

The dental team includes the dentist who owns the practice and a dental nurse.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Diamond Dental of Harley Street is the principal dentist.

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

## **Our key findings were:**

- The provider had improved the practice infection control procedures so that they generally reflected published guidance. However, some further improvements were required.
- The provider had a staff recruitment procedure in place.
- The provider had suitable safeguarding processes and the principal dentist had received safeguarding training and knew their responsibilities for safeguarding vulnerable adults and children.
- The dentist and dental nurse had undertaken appropriate training including safeguarding and infection control.

- There were arrangements to ensure that the premises and equipment were fit for use. Although the five year electrical test had still not been undertaken.
- The provider had systems in place to audit their clinical processes.

The practice had also made the following improvements :

- The practice had protocols to ensure that patient referrals were monitored suitably.
- The provider had complaint handling procedures and had establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users. This included a complaints procedure.

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

- improve the practice's infection control procedures and protocols 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' .
- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular to carry out a five year electrical test at the service.

# 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 our previous inspection on 7 May 2019 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 11 September 2019 we found the practice had made the following improvements to comply with the regulation:

- The registered person had ensured that the premises and all equipment was suitably maintained. For example, Portable Appliance Testing (PAT) had been carried out in September 2019. A fire risk assessment had been carried out in August 2019. However, improvements were still required. The practice had still

not carried out a five year electrical installation check. We spoke with the provider about this and following the inspection they emailed us to confirm that the test had been booked.

- A legionella risk assessment had been carried out in May 2019.
- There was a systems in place to learning when things went wrong. There was a general understanding of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and 'Never Events'.
- There had been some improvements to the infection control and legionella testing procedures. The dentist had undertaken training on the infection control cycle in September 2019. However, some improvements were still required. For example, the practice had still not carried out protein residue tests for there ultrasonic. We spoke with the provider about this and following the inspection they sent us evidence that this test had been carried out.



## Are services well-led?

### Our findings

We found that this practice was providing well led care and was complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our previous inspection on 7 May 2019 we judged the practice was not providing well led care and was not complying with the relevant regulations.

At the inspection on 11 September 2019. We found the practice had made the following improvements to comply with the regulations:

- The practice had made improvements to the governance arrangements so that there was a system for assessing and mitigating risks through a range of internal and external risk assessments including legionella, health and safety and fire.

- There were appropriate systems in place to ensure fit and proper people were employed. This included a recruitment process and the appropriate employment checks, including criminal records checks.
- There were risk assessments in relation to infection control, Legionella, health and safety and there were arrangements to act on these to monitor and improve safety within the service.
- The practice policies and procedures had been reviewed and amended so that they were bespoke to the service and reflected current relevant legislation and guidance. There were arrangements to ensure that policies and procedures were kept under review. This included complaints, recruitment and safeguarding policies.

These improvements showed the provider had taken action to improve the quality of services for patients and complied with the regulations when we inspected on 11 September 2019.