

Specialist Dental Services Limited

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Inspection Report

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Overall summary

We undertook a follow up focused inspection of Specialist Dental Services Ltd

on 11 November 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 Specialist Dental Services Ltd

10 June 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 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 Specialist Dental Services Ltd on our website 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. We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

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 10 June 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 10 June 2019.

Background

Specialist Dental Services Ltd is in the City of Westminster. The practice provides private treatments to patients of all ages.

Car parking spaces, including some for blue badge holders, are available near the practice.

Summary of findings

The dental team includes 14 dentists, three dental nurses, a dental hygienist, a receptionist and the 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 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 staff member registered with the CQC as the registered manager was the practice manager

During the inspection we spoke with a dentist, a dental nurse, a receptionist 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 improved the practice infection control procedures so that they reflected published guidance.
- The provider had a staff recruitment procedure in place and carried out the necessary pre-employment checks
- The dentists and dental nurses had undertaken appropriate training including safeguarding and infection control.
- There were arrangements to ensure that the premises and equipment were fit for use. Although a gas safety check had still not been undertaken.

The practice had also made the following improvements:

- There was a risk assessment in place for when the hygienist worked without chairside support.
- Staff appraisals had been carried out for the receptionist and nurses.
- The provider had systems in place to record and learn from incidents.
- The provider had spoken to staff and put in place procedures to ensure privacy was maintained in the surgery next to the reception area.

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

- 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 an annual gas safety check.
- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result. In particular ensure staff familiarise themselves with the types of incidents that would constitute a significant event.

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 10 June 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 November 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 were suitably maintained. For example, an electrical installation condition test had

been carried out in July 2019. However, a gas test had not been carried out. The practice manager told us this was being undertaken by the landlord who was responsible for the central heating system (the only gas appliance in the practice was a radiator located in one of the treatment rooms.) Following the inspection, the provider sent us confirmation that the landlord had arranged for the test to be carried out.

- Dental unit waterlines were being checked daily.
- There was a system in place for learning when things went wrong. There was a general understanding of RIDDOR and 'Never Events', although further improvements were required in regard to the types of incidents that should be recorded.
- Since the previous inspection, all the X-ray equipment had been serviced in line with manufacturers' guidelines.

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 10 June 2019 we judged the practice was not providing well led care and was not complying with the relevant regulations.

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

- A disability access audit had been completed in July 2019 and an action plan developed to continually improve access for patients.

- Appropriate systems had been implemented to ensure fit and proper people were employed. The provider followed their recruitment policy and procedure to ensure that the appropriate employment checks, including records of immunisation status, criminal records checks and references were obtained.
- Auditing of the service for continuous improvements in areas such as Infection prevention had been carried out
- There was a system in place to accurately record all training undertaken by staff.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 10 June 2019.