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Dental Studio 22

Inspection report

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Overall summary

We undertook a follow up focused inspection of Dental Studio 22 on 22 February 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 Dental Studio 22 on 30 November 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 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 Dental Studio 22 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 area(s) 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 30 November 2021.

Summary of findings

Background

Dental Studio 22 is in the London Borough of Westminster and provides private dental care and treatment for adults and children.

Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes a principal dentist, an associate dentist and two dental nurses. 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 Dental Studio 22 is the principal dentist.

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

The practice is open:

Monday to Friday from 9am to 7pm.

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 the inspection on 22 February we found the practice had made the following improvements to comply with the regulation:

Leadership capacity and capability

At the last inspection, the practice did not demonstrate that there were effective systems for leadership and management including oversight, assessment and mitigation of risks and implementation of systems to monitor and improve the service. For example, they did not have management oversight of a number of staff who worked at the practice. The practice had also not undertaken electrical premises and portable equipment checks.

During this inspection we found that the practice had oversight of all staff, including training relevant to their individual roles.

The practice had a satisfactory five-year fixed electrical systems test that had been carried out in February 2022 and they had also undertaken portable appliance testing for electrical items within the practice.

Governance and management

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We saw there were clear and effective processes for managing risks, issues and performance. This include risks related to legionella. A legionella risk assessment had been undertaken in January 2022 and the practice was implementing the actions identified in the assessment. For example, staff had undertaken legionella awareness training.

The provider had also made further improvements:

Improvements were made to the recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.

Improvements were made to the practice's infection control procedures and protocols including removing wire brushes and clutter from the treatment rooms.

Improvements were made to checks of medical emergency equipment and medicines.

The provider had developed a system to ensure that all staff had completed training relevant to their roles and had introduced an induction process for staff new to the practice.