

Blanche Smile Studio Limited

Blanche Smile Studio

Inspection Report

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Overall summary

We undertook a follow up focused inspection of Blanche Smile Studio on 6 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 accompanied by a specialist dental adviser.

We undertook a comprehensive inspection of Blanche Smile Studio on 1 July 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 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 Blanche Smile Studio 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.

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 1 July 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 1 July 2019.

Background

Blanche Smile Studio is in the City of Westminster in London and provides private treatment to adults and children.

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

The dental team includes a dentist and a dental nurse. The practice has one treatment room that incorporates a decontamination area.

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

Summary of findings

requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Blanche Smile Studio is the principal dentist.

Our key findings were:

- Work outlined in the legionella risk assessment had been carried out.
- The practice had a system in place to receive safety alerts.
- There were appropriate medication and equipment to manage medical emergencies.
- The Control of Substances Hazardous to Health (COSHH) file had been reviewed and updated
- The practice had a health and safety risk assessment
- Disability access audit had been undertaken.

- Infection control audits were undertaken at six monthly intervals
- Radiographic audits had been undertaken
- A recruitment process was in place; however improvements were still required.

The practice had also made the following improvements:

- Improvements had been made in regard to recording information related to patient assessments, use of rubber dam and preventative advice given.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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 

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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 1 July 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 6 November 2019 we found the practice had made the following improvements to comply with the regulation:

- Work had been undertaken to address issues that had been identified as part of the Legionella risk assessment carried out in 2011. For example, works had been undertaken to piping work within the building.
- The practice had a system in place to receive safety alerts. The dentist had signed up to the Medicines and Healthcare products Regulatory Agency (MHRA) alert system.
- There were appropriate medicines and equipment to manage medical emergencies. The dentist had replaced the out of date equipment and medicines that were found during the previous inspection. For example, the Automated External Defibrillator (AED) pads were all within their expiry date.
- The COSHH file had been reviewed and updated
- The practice had a health and safety risk assessment

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 1 July 2019 we judged the practice was not providing well led 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 6 November 2019. We found the practice had made the following improvements to comply with the regulations:

- A Disability access audit had been undertaken.
- An Infection control audit had been undertaken in October 2019 and the provider told us these would now be undertaken at six monthly intervals

- Radiographic audits had been undertaken in line with current guidance.
- The dentist told us that the nurse who was working with them at the previous inspection and left and they had been using agency nurses since this time. We asked to see details of the checks the agency had confirmed they carried out on the current nurse being used but the dentist was unable to provide this information. Following the inspection they sent us details of criminal record checks and evidence of Hepatitis B vaccinations. However, there were no details of satisfactory conduct in previous employment taken for the nurse. The provider gave us assurances that all the necessary checks would be undertaken for the permanent recruitment.

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 6 November 2019.