

Dr Rashmi Kunwardia

# Northwood Hills Dental Clinic

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Northwood Hills Dental Clinic on 22 March 2023. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of Northwood Hills Dental Clinic on 26 October 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 Northwood Hills Dental Clinic dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 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 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.

# Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 26 October 2022.

## **Background**

Northwood Hills Dental Clinic is in Hillingdon and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes the principal dentist, 1 associate dentist, 3 visiting dentists, 2 qualified dental nurses, 1 trainee dental nurse and 1 dental hygienist. The practice has 2 treatment rooms and a separate decontamination room.

During the inspection we spoke with the principal dentist and 1 qualified dental nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday 9am to 5.30pm.

Friday 8am to 2pm.

Saturdays by appointment only.

# 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 March 2023 we found the practice had made the following improvements to comply with the regulations:

- The principal dentist and staff showed a commitment to delivering safe and high-quality care. Our discussions with the principal dentist revealed that they had sufficient oversight of the day-to-day activities of the practice.
- The information presented during the inspection was well documented and easily accessible.
- Improvements had been made to ensure that the infection control processes were in accordance with the Department of Health publication 'Health and Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). The practice had updated their infection control guidance for staff. We observed that dental instruments were now packaged after sterilisation in line with the relevant guidance and there were systems in place that sterilised instruments were not used beyond their expiry date. We were assured that staff were aware of the updated practice protocol and new processes were embedded effectively.
- The practice ensured that all recommendations made in the Legionella risk assessment had been acted upon. These included regular reviews of the risk assessment, descaling of the outlets and logging every three months and removing water pipe dead legs in the staff room. The practice also carried out monthly temperature checks of the hot and cold-water outlets and maintained a record of these checks.
- Reports of the 3-yearly calibration and dosage reports of the intraoral X-Ray units were available for review. The provider ensured that recommendations made in the report were acted upon and they shared the findings with their appointed Radiation Protection Advisor and Medical Physics Expert.
- We saw evidence that risk assessments for all hazardous materials used in the practice had been undertaken, and staff had access to the relevant safety data sheets.
- The practice had made improvements to ensure that they maintained and updated information required in respect of persons employed for the purposes of regulated activities. These included proof of identity with photographs, enhanced Disclosure and Barring Service (DBS) checks where required, evidence of conduct in previous employment, details of qualification, employment history, indemnity details and vaccination and immunisation record.
- There were effective systems in place to monitor staff training, and annual appraisals were undertaken to identify individual development needs.

The practice had also made further improvements:

- Clinicians took into account the guidance provided by the College of General Dentistry when completing dental care records. We looked at 4 dental care records and noted that these now included risk assessments for oral cancer, caries, tooth wear and periodontal disease, recall intervals according to risk, details of verbal consent gained and reference to the National Institute for Health and Care Excellence (NICE) guidelines.