

Dr. Darshan Patel

Invisibrace

Inspection report

8 Central Parade
St Marks Hill
Surbiton
KT6 4PJ
Tel: 02083996333
www.invisibrace.co.uk

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Overall summary

We undertook a focused follow up inspection of Invisibrace on 20 January 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 Invisibrace on 6 September 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 safe or well led care and was in breach of regulations 12 and 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 Invisibrace 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 areas where improvement was required.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 6 September 2021.

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 6 September 2021.

Background

Invisibrace is in Surbiton in the London Borough of Kingston-upon-Thames and provides private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes a principal orthodontist, one dentist, two dental nurses, one hygienist, one orthodontic therapist, a business manager, a marketing coordinator, a receptionist and a practice manager. The practice has two treatment rooms.

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

The practice is open:

Monday – Saturday: 9:15pm - 5:30pm

(Open 2 Saturdays per month)

Our key findings were:

- Staff knew how to deal with emergencies. Improvements had been made to ensure appropriate life-saving equipment and medicines were available as recommended. A monitoring system had been introduced to ensure emergency medicines were within the use-by date.
- Improvements had been made to ensure risks to staff and patients from undertaking of the regulated activities had been identified and mitigated. For example, in relation to the handling of dental sharps, the storage and handling of substances hazardous to health, fire safety and the management of Legionella.
- The provider had staff recruitment procedures. Improvements had been made to ensure that checks were carried out consistently for all staff at the time of recruitment and records were available.
- Systems were in place to ensure facilities were safe and equipment was serviced and maintained according to manufacturers' guidance.
- Arrangements were in place to monitor staff training and development needs and to ensure 'highly recommended' training was carried out.

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

Summary of findings

- Review stocks of medicines and equipment and the practice's system for identifying, disposing and replenishing of out-of-date stock. The practice had implemented a system however further monitoring was needed to ensure this was fully effective.

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 6 September 2021 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 20 January 2022 we found the practice had made the following improvements to comply with the regulation:

Emergency equipment and medicines were available and checked as described in recognised guidance.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with legal requirements and the management of fire safety was effective.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a 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 6 September 2021 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 enforcement action.

At the inspection on 20 January 2022 we found the practice had made the following improvements to comply with the regulations:

The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: general health and safety, sharps safety and the use of latex.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT) and handheld X-ray equipment.

The provider had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. This included training specific to the use of the CBCT.

The practice had introduced a system to review stocks of medicines and equipment to identify, dispose and replenish of out-of-date stock; However, further monitoring was needed to ensure this was fully effective as on the day of the inspection, some materials, beyond their use-by date, were found in both surgeries.

We saw they had implemented clear and effective processes for managing risks, issues and performance.

The practice had also made further improvements:

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.