Swede Tooth Limited

Belsize Dental Care

Inspection Report

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Overall summary

We undertook a follow up desk-based focused review of Belsize Dental Care on 12 December 2018. This review was carried out to check 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 desk-based review was carried out by a CQC inspector who had access to support by a specialist dental adviser.

We undertook a comprehensive inspection of Belsize Dental Care on 6 November 2018 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 in accordance with the relevant regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our reports of that inspection by selecting the 'all reports' link for Belsize Dental Care on our website www.cqc.org.uk.

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 breaches we found at our inspection on 6 November 2018.

Background

Belsize Dental Care is in the London Borough of Camden. The practice provides private treatment to patients of all ages.

The practice is situated close to public transport bus and train services.

The dental team includes the two principal dentists who own the practice, one associate dentist, two dental hygienists and three dental nurses. The clinical team are supported by a receptionist and a treatment coordinator.

The practice is owned by an organisation 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. At the time of the review the practice did not have a registered manager in post. One of the principal dentists had submitted an application to be the registered manager.

The practice is open:

Mondays, Tuesdays and Fridays from 9am to 7pm.

Wednesdays and Thursdays from 9am to 8pm

Summary of findings

Saturday from 9am to 2pm.

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

We found that this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements to the management of the service.

There was a defined management structure and improvements had been made to the oversight and management systems for the day to day management of the practice.

The practice had improved on its arrangements for monitoring staff training and ensuring that records were available to demonstrate that relevant staff were up to date with their continuing professional development in areas such as dental radiography and safeguarding children and vulnerable adults. There were ongoing arrangements in place to monitor and appraise staff performance.

The practice had improved its systems to effectively assess and mitigate risks where we had identified issues. There were arrangements in place to check that clinical staff had adequate immunity for vaccine preventable infectious diseases. The risks associated with the use of dental sharps were identified and arrangements in place to mitigate these in line with a risk assessment.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

Are services well-led?

Our findings

At our previous inspections on 6 November 2018 we judged it was not providing well led care and told the provider to take action as described in requirement notices. When we carried out the desk-based review on 12 December 2018 we found the practice had made the following improvements to comply with the regulations:

The practice governance systems and processes had been reviewed and strengthened to ensure compliance in accordance with the fundamental standards of care. The principal dentist provided us with documentary evidence to demonstrate that:

- All clinical staff had adequate immunity for vaccine preventable infectious diseases.
- The principal dentist described the systems that had been implemented to monitor and review staff immunisation records, particularly for staff who worked part time at the practice.
- A review of the arrangements for ensuring that the practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 had been undertaken and there was a risk assessment in place and systems for on-going review of this.

The arrangements in place to ensure that persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties had been further strengthened and we were provided with documentary evidence to show that:

- All staff had undertaken training in areas including basic life support, infection control and safeguarding children and adults.
- The dentists had up to date training in dental radiography.
- The systems to monitor staff training were improved and checks were carried out as part of staff reviews and meetings so that the provider had access to relevant training documents for all staff.
- Staff had completed performance appraisals from which learning and development needs had been identified and planned for.

The practice had also made further improvements:

- The arrangements in place for storing dental care products and medicines which require refrigeration had been reviewed. A system for daily fridge temperature monitoring had been established and for monitoring temperature logs to ensure medicines and other products are stored in line with the manufacturer's guidance.
- The practice had reviewed its protocols for medicines management and there were logs maintained to audit stock control and minimise the risk of misuse of medicines.
- The practice had reviewed the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment and rectangular collimators were available and in use.
- The practice had reviewed the protocols for referral of patients maintained a log of all referrals made and staff carried out follow up calls to ensure all referrals are monitored suitably.
- The practice had reviewed the arrangements to ensure all dental care professionals are adequately supported when treating patients in a dental setting considering the guidance issued by the General Dental Council. A risk assessment was in place for when the dental hygienist worked without chairside support and there were arrangements in place to minimise risks.

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 2018.