

Claremont Dental Practice

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Inspection Report

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Overall summary

We carried out a follow-up inspection on 15 December 2016 at Claremont Dental Practice.

We had undertaken an announced comprehensive inspection of this service on 13 October 2015 as part of our regulatory functions where a breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements and we reviewed the practice against one of the five questions we ask about services: is the service well-led?

This was a desktop review and we did not revisit Claremont Dental Practice as part of this review. We checked whether they had followed their action plan and requested documents from the provider to confirm that they now met the legal requirements.

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

However, there were areas where the provider could make improvements and should:

- Review the protocol for completing accurate, complete and detailed records relating to employment of staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. They had also not ensured that their audit, risk assessment and governance systems were effective. They had a series of policies in place but were not adhering to all of them, including the recruitment policy.

At our follow-up review of 15 December 2016 we found that action had been taken to ensure that the practice was well-led because there were now effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The providers had now ensured that their audit, risk assessment and governance systems were effective.

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

No action



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Detailed findings

Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out a review of this service on 15 December 2016 to check that improvements to meet legal

requirements planned by the practice after our comprehensive inspection on 13 October 2015 had been made. We reviewed the practice against one of the five questions we ask about services: is this service well-led?

The review was undertaken by a CQC inspector.

During our inspection we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, and policies.

We also spoke with the manager of the practice on the telephone.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service.

This included having a system for receiving and sharing national safety alerts such as those

from the Medicines and Healthcare products Regulatory Agency (MHRA), a range of policies and procedures in place including recruitment and infection control. Policies had been updated to include information that was not present at the last inspection. For example details of the named leads had been included in an updated complaints policy and the fire policy had been updated to include the designated meeting point.

At the last inspection we found the practice did not have robust governance arrangements to ensure risks associated from recruitment of new staff had been suitably identified. Since the last inspection we saw the practice had drafted a new recruitment process. However, improvements could be made to the process. The process included the requirement to conduct recruitment checks

including obtaining references. The practice had employed one member of staff since the last inspection. They had requested a reference from the staff member's previous employer and had received a response that the reference would be sent in due course. The practice had not followed up to ensure the reference had been received despite several months having passed. When we pointed this out to the provider they told us they would ensure this type of information was obtained and their processes followed more robustly in the future.

The practice now ensured that quality audits were undertaken regularly. Audits undertaken by the practice since the last inspection included infection control, hand hygiene and manual cleaning, and antibiotic usage.

We saw the practice now had monthly team meetings and appraisals had taken place or been scheduled for all staff.

Management lead through learning and improvement

We saw the practice now had a system in place to monitor staff training to ensure essential training was completed each year. Staff had undertaken CPD in recommended topics including infection control and radiation.