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The Strawberry Hill Dental Clinic

Inspection report

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Overall summary

We undertook a follow up focused inspection of The Strawberry Hill Dental Clinic on 17 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of The Strawberry Hill Dental Clinic on 21 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 The Strawberry Hill Dental Clinic on our website 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?

Summary of findings

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 breach we found at our inspection on 21 October 2022.

Background

The Strawberry Hill Dental Clinic is in the London Borough of Richmond-upon-Thames and provides 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, including dedicated parking for disabled people, 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 dental nurse, 2 receptionists who undertake management duties and 1 additional practice manager. The practice has 1 treatment room.

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

The practice is open:

Monday from 10.15am to 5pm

Tuesday and Thursday from 10.15am to 6pm

Friday from 10am to 2.30pm.

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

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular, implement water temperature monitoring, the removal of "dead-legs" from the water system and carry out regular de-scaling of water outlets.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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

- The risks associated with sharps use had been assessed to reduce the risk of inoculation injuries. The sharps bin was moved closer to the clinician and was replaced at appropriate intervals to prevent over-filling. The practice had considered the use of safer sharps but found that staff were more confident using traditional sharps. This was reflected in a sharps risk assessment.
- The provider had updated the information available to staff about substances hazardous to health. This was in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- Risks in relation to the control and spread of infections had been assessed and mitigated, in accordance with the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices". In particular the wire brush used for removing debris from instruments had been disposed of and local anaesthetic cartridges were stored within their original blister packaging. The ultrasonic bath used by staff for cleaning instruments had appropriate validation checks in line with the manufacturer's guidance.
- We saw that the practice ensured the compressor and autoclave was safe to use in accordance with Pressure Systems Safety Regulations 2000.
- The practice had a new recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We observed that recruitment checks as required in the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3 were carried out and enhanced Disclosure and Barring Service (DBS) checks had been carried out for all staff. The provider had sought and received the relevant background information for the visiting sedationist. However, immunity to Hepatitis B could not be demonstrated for one member of clinical staff so a course of vaccinations was commenced.
- An audit of disability access had been carried out on 10 March 2023, and improvements had been made to audits of radiographs and infection prevention and control to include resulting action plans and opportunities for learning.
- The provider had implemented a referral log which enabled effective monitoring to ensure that patients received treatment in a timely manner. They told us that they found this new system had been invaluable.
- The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems. A risk assessment had not been undertaken in respect of Legionella contamination at the time of inspection and records were not available to demonstrate that water temperature testing was carried out. Following the inspection, a risk assessment was carried out by a specialist and an action plan to address the recommendations was made by the provider. We saw evidence that dental unit water lines were disinfected and managed appropriately.