

The Welbeck Clinic (Cosmetic) Ltd

The Welbeck Clinic

Inspection Report

20 Welbeck Street

London

W1G 8ED

Tel: 020 74868100

Website: www.thewelbeckclinic.co.uk

Date of inspection visit: 19 February 2019

Date of publication: 20/03/2019

Overall summary

We undertook a follow up focused inspection of The Welbeck Clinic on 19 February 2019. 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 The Welbeck Clinic on 3 October 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 safe or well led care and was in breach of regulation 17 – Good governance 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 Welbeck Clinic on our website www.cqc.org.uk.

• Is it well-led?

When one or more of the five 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 areas where improvement was required.

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 breach we found at our inspection on 3 October 2018.

Background

The Welbeck Clinic is in the London Borough of Westminster. The practice provides private dental treatment to adults.

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

The dental team includes the principal dentist, five associate dentists, one dental hygienist and two dental nurses. The clinical team are supported by a practice manager and one receptionist.

The practice is owned by a company 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. The registered manager at The Welbeck Clinic was the principal dentist.

During the inspection we spoke with the principal dentist, one dental nurse, and the practice manager.

Summary of findings

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday between 9am and 6pm.

Our key findings were:

- Improvements had been made so that infection prevention and control audits were carried out in line with current guidance.
- There were arrangements to monitor and improve quality in relation to dental radiography through a system of audits.
- Improvements had been made to the practice systems so that risks were assessed in relation to the premises and fire. The findings from these assessments were reviewed and acted on to mitigate risks.
- Improvements had been made to the information governance arrangements to ensure that these were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.
- The practice's sharps procedures were in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

- There were suitable systems for the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations and a risk assessment was in place to assess and help mitigate these risks.
- Improvements had been made to the practice protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- The practice had protocols for the use of closed circuit television cameras (CCTV) taking into account guidelines published by the Information Commissioner's Office (ICO).

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

- Review the protocols and procedures to ensure that dental staff who work infrequently at the practice are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

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

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 its systems to effectively assess and mitigate risks where we had identified issues. There were reviews and audits carried out to monitor and review quality and safety within the practice particularly in relation to infection control, premises and fire safety.

Improvements were needed so that dental care records were maintained in line with guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

The practice had made some improvements to its arrangements for monitoring staff training and development needs. Records were available to demonstrate that relevant staff who worked at the practice on a regular basis were up to date with their continuing professional development in areas such as safeguarding adults and children, infection control, basic life support and medical emergencies. There were on-going arrangements in place to monitor and appraise performance for these staff. Improvements were needed to ensure that dental staff who work infrequently at the practice were up to date with their mandatory training and Continuing Professional Development (CPD).

No action



Are services well-led?

Our findings

At our previous inspection on 3 October 2018 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 19 February 2019 we found the practice had made the following improvements to comply with the regulation.

The practice governance systems and processes had been reviewed and strengthened to ensure compliance in accordance with the fundamental standards of care and we found:

- There were arrangements in place to audit the practice infection prevention and control procedures in accordance with current guidelines. We noted that these audits were carried out every six months and the findings of the audits were shared, reviewed and acted on to ensure that risks were identified and mitigated.
- There were arrangements to assess and improve quality in relation to dental radiographs through audits. We noted that dental radiograph audits had been carried out between November and December 2018. The results of these had been analysed and actions taken where needed to make improvements.

The practice had also made further improvements:

- There arrangements for assessing and mitigating the risks associated with the use and disposal of dental sharps had been reviewed. There were procedures and a risk assessment in place and staff followed relevant safety regulation when using needles and other sharp dental items.
- There were procedures in place for the safe use and handling of substances which are hazardous to health. There was a Control of Substances Hazardous to Health (COSHH) risk assessment in place. Safety data sheets were available and staff were aware of their responsibilities.
- Improvements had been made to the practice's procedures for assessing and mitigating environmental risks and risks of fire within the premises. A detailed fire risk assessment was undertaken by an external company on 23 November 2018. We noted that the practice had acted on findings of this risk assessment

and that there was an action plan in place, which was kept under review to help minimise risks. A detailed environmental risk assessment was undertaken by an external company on 8 November 2018. We noted that the practice had acted on findings of this risk assessment and that there was an action plan in place, which was kept under review to help minimise risks.

- Improvements had been made to the practice protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000. Records which we looked at included details justification for taking dental radiograph, the quality grade and the findings.
- 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.
- The practice had suitable protocols for the use of closed circuit television cameras (CCTV) taking into account guidelines published by the Information Commissioner's Office (ICO). There was information available which advised patients the reason for use, how images were to be used, who had access to the data and how long data was kept.
- There were arrangements for the on-going assessment, supervision and appraisal for permanent staff. We saw appraisal records for the dental nurses and the receptionist / practice manager and there were systems to monitor the learning and development needs for these staff.
- There were systems in place to ensure that permanent staff undertook periodic training and updates in areas relevant to their roles and for ensuring that clinical staff undertook continuing professional development as per General Dental Council professional standards. We looked at the training records for the principal dentist, the dental nurses and the receptionist / practice manager and noted that these staff had undertaken training in safeguarding adults and children, infection control, basic life support and medical emergencies.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we inspected on 19 February 2019.

There were areas where further improvements were needed:

- Improvements were needed to ensure that patient's dental care records were completed taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. We looked at dental records for five patients and found that details such as current medicines, alcohol and tobacco consumption, oral cancer risk scores and periodontal status were not completed for all patients.
- The practice team included five associate dentists who occasionally worked at the practice depending on the needs of patients. Improvements were needed to ensure these staff are up to date with their mandatory training and their Continuing Professional Development (CPD). We looked at the files for each of the five associate dentists. There were no CPD training records available for two dentists. The principal dentist told us that they would ensure that these dentists provided evidence in relation to their CPD training.