

Mr Lakshmi Gopinath Thota

# Coven Dental Surgery - Codsall

## Inspection report

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Codsall  
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No website at present.

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## Overall summary

We undertook a follow up desk-based review of Coven Dental Surgery - Codsall on 26 August 2020. This review was carried out to examine 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 review was led by a CQC inspector.

We undertook a comprehensive inspection of Coven Dental Surgery - Codsall on 4 February 2020 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 Coven Dental Surgery - Codsall on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this review we asked:

- 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 (requirement notice only). We then review 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 4 February 2020.

#### Background

Coven Dental Surgery – Codsall is in Codsall, Wolverhampton and provides NHS and 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 people with disabilities, are available in the practice car park.

# Summary of findings

The dental team includes four dentists, two dental nurses, two trainee dental nurses, one receptionist and a practice manager. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They 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 practice is open:

Monday to Friday from 9am to 5pm.

## **Our key findings were:**

The provider had made improvements to the management of the service. These included completing an infection prevention and control audit every six months; updating and regularly reviewing thorough risk assessments of legionella and fire; updating and reviewing radiation protection processes and information; updating and reinforcing infection prevention and control processes; reviewing and updating sharps management; and implementing monitoring and tracking systems for prescriptions. These improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

# 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 our previous inspection on 4 February 2020 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 review on 26 August 2020 we found the practice had made the following improvements to comply with the regulation:

- At the time of our initial inspection on 4 February 2020 we found that audit had been completed for infection prevention and control every year. Recognised guidance states that these audits should be completed every six months. We discussed this with the practice manager at the time of our initial inspection and was advised that they would complete the Infection Prevention Society audit tool every six months moving forward and ensure action plans were completed. An infection prevention and control audit was completed in August 2020 which demonstrated that the practice was meeting the required standards. Analysis detailing action plans and learning outcomes to drive improvement was completed for this audit.
- At the time of our initial inspection on 4 February 2020 we found that the fire risk assessment had been completed but required further detail as it did not take into account routine monitoring, staff fire training or the requirement to complete electrical fixed wire testing. The legionella risk assessment had been completed ten years ago but no review had been recorded. The provider sourced an external company to implement in depth fire and legionella risk assessments which were completed in February 2020. The risk assessments sent to us showed that the provider had recorded completion of most of the actions identified. The electrical fixed wire testing had been scheduled for completion in September 2020. Processes had been updated to ensure that all risk assessments were reviewed every year.
- At the time of our inspection on 4 February 2020 the required radiation protection information was not all available. Following the inspection, we were given

evidence to show that the radiation file had been completed online. Local rules had been reviewed and updated and a rectangular collimator had been purchased and fitted to the X-ray machine.

- At the time of our initial inspection on 4 February 2020 we found that staff were not following their policy and were pouching instruments in the treatment room rather than the decontamination room which could pose an aerosol contamination risk. We discussed this with staff who assured us that they would revert to completing this task in the decontamination room. Within 48 hours of our inspection signage was placed in the decontamination room to ensure staff followed the correct procedure. A photograph of the new signage displayed in the decontamination room was sent to us. Protein residue tests were not completed on instruments placed in the ultrasonic bath at the time of our inspection on 4 February 2020. Not all systems require protein testing, however the practice did not have the manufacturer's instructions or assurance that they did not need to be completed. Test kits were ordered following our initial inspection and protein residue testing on instruments had commenced. A completed log that was being used to document these tests was sent to us.
- At the time of our initial inspection on 4 February 2020 We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles to administer local anaesthetic rather than a safer sharps system. The practice sharps policy and risk assessment identified that the dentists would dismantle all syringes, we found that this was not being followed and the dental nurses were completing this task. A sharps risk assessment had been undertaken however, this focussed on needles and did not include all sharps in the practice such as matrix bands, endodontic files, instruments and scaler tips. We found two sharps bins in the practice that had been in use for over three months. These shortfalls were discussed with the practice manager who completed an in-depth sharps risk assessment that was shared with all staff members to ensure compliance. A discussion was held with all staff to ensure that the sharps policy and risk assessments would be followed and only the dentists would dismantle the needles. The out of date sharps bins were removed and disposed of on the day of our inspection.

## Are services well-led?

- At the time of our initial inspection on 4 February 2020 the practice held NHS prescriptions; we found improvement was required in ensuring that they could be tracked and monitored. Prior to our review on 26 August 2020 the provider sent evidence of a completed prescription log that had been implemented to track and monitor prescriptions.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we reviewed on 26 August 2020.