

Mr Amit Patel

# Luton Dental Practice

## Inspection Report

12 A King Street  
Luton  
Bedfordshire  
LU1 2DP  
Tel: 01582 726 853  
Website:

Date of inspection visit: 12 February 2019  
Date of publication: 05/03/2019

### Overall summary

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.

Previously, we had undertaken a comprehensive inspection on 18 April 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 report of that inspection by selecting the 'all reports' link for Luton Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

#### Background

Luton Dental Practice provides NHS and private treatment to patients of all ages. The practice is situated

on the first floor of a commercial building and is not accessible for people who use wheelchairs and has limited accessibility for people with pushchairs. Car parking spaces are available near the practice in the town centre car parks.

The dental team includes one dentist, one dental nurse and a practice manager who works at the practice on an ad hoc basis. The practice has one treatment room.

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.

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

#### Our findings were:

The provider had made adequate improvements in relation to the regulatory breach we found at our previous inspection and was now providing well-led care in accordance with the relevant regulations.

There were areas where the provider could make improvements and should:

- Embed newly implemented improvements into the practice and ensure they are sustained in the long-term.

# 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 in accordance with the relevant regulations.

We noted some improvements had been implemented since our previous inspection. For example, rubber dams were now used to protect patients' airways, fire checks had been implemented, taps had been descaled and missing medical emergency equipment had been purchased. The provider had failed to address other areas we had highlighted since our last inspection such as monitoring water temperatures, obtaining DBS checks before an employee started work and undertaking six monthly infection control audits. However, immediately following this inspection the provider sent us adequate information to demonstrate that these issues were being addressed.

The provider must ensure that these improvements are sustained in the long-term.

**No action**





## Are services well-led?

### Our findings

At our previous inspection on 18 April 2018, we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection, we found provider had taken adequate action to address the identified shortfalls. For example:

- Rubber dam kits were available on the premises and dental care records we checked for one recent patient who had received root canal treatment showed that a rubber dam had been used to protect their airways.
- Records we viewed showed the provider had been conducting regular smoke and fire alarm tests. However, staff did not routinely practice evacuating the building.
- Missing medical emergency equipment had been purchased including a spacer device, paediatric pads for the AED and a pocket mask. A record of the weekly checks of the medicines and equipment had been implemented.
- An induction process was now in place for newly employed staff to the practice.
- A new member of staff had just been employed at the time of our inspection, but the provider had failed to obtain a recent disclosure and barring service (DBS) check for them. The day after our inspection the provider sent us evidence that a DBS check had been applied for.
- Taps had been descaled but the provider had not followed guidance in the practice's legionella assessment dated June 2017 to monitor the water temperatures in two outlets, despite us raising this at our previous inspection. Following our inspection, the provider sent us confirmation that he was now monitoring the temperatures to reduce the risk of legionella bacteria developing.
- A radiography audit had been completed
- Several cleaning materials we found did not have appropriate COSHH records in place. The day after our inspection, the provider sent us all missing safety data sheets.
- The provider had not undertaken regular infection control audits as frequently as recommended in national guidance. Following our inspection, he sent us a completed audit.