

Provident Practices Ltd

Preston House Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Preston House Dental Practice on 21 November 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 Preston House Dental Practice on 11 July 2023 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 and well-led care and was in breach of regulations 12 Safe care and treatment and 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 Preston House Dental Practice dental practice on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 11 July 2023.

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/es we found at our inspection on 11 July 2023.

Background

Preston House Dental Practice is in Sandwich, Kent and provides private dental care and treatment for adults and children.

There are steps leading into the practice, people who use wheelchairs and those with pushchairs would have difficulty entering the building. 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 where practicable.

The dental team includes 2 dentists, a qualified dental nurse, a trainee dental nurse, a dental hygienist, a practice manager and 2 receptionists. The practice has 3 treatment rooms. One of the treatment rooms is not currently in use.

During the inspection we spoke with a dentist, the trainee dental nurse, 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 to Thursday 8.30am to 4.30pm
- The practice is closed for lunch between 12.30pm and 1.30pm

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 21 November 2023 we found the practice had made the following improvements to comply with the regulation:

- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had completed up to date training. The policies for safeguarding both adults and children, and whistleblowing had been updated and contained all of the required information.
- The practice had infection control procedures which reflected published guidance.
- The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.
- The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.
- We saw up to date indemnity for the clinical staff
- We saw the compressor had been serviced
- A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.
- There was no fixed electrical wiring certification. The practice was awaiting some remedial work to be completed before the certificate can be issued. This work was booked for December 2023.
- The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. Including cone beam tomography (CBCT).
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.
- Emergency equipment and medicines were available and checked in accordance with national guidance.
- Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- We saw the required information was documented on medicines dispensed by the practice.
- The practice had systems to review and investigate incidents and accidents

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 11 July 2023 we found the practice had made the following improvements to comply with the regulation:

- Processes to support and develop staff had been implemented
- We saw improved arrangements to ensure staff were up to date with training and when training required updating.
- Training had been completed by all staff such as; safeguarding adults and children, medical emergencies and basic life support, the mental capacity act, sepsis, learning disabilities and autism, fire safety and fire marshal, legionella, data protection and infection control.
- The practice had a governance system which included policies, protocols and procedures, which were up to date and were accessible to all members of staff.
- The practice had systems and processes for learning, quality assurance, continuous improvement and If applicable; innovation. These included audits of patient care records, disability access, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements, which they were currently working through.