

Cornerhouse Dental Practice Ltd

# Cornerhouse Dental Practice – Ashford

## Inspection report

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### Overall summary

We undertook a follow up desk-based inspection of Cornerhouse Dental Practice – Ashford on 20 December 2022. 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 had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Cornerhouse Dental Practice – Ashford on 16 August 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 Cornerhouse Dental Practice – Ashford dental practice on our website [www.cqc.org.uk](http://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?**

We found this practice was providing well-led care in accordance with the relevant regulations.

# Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 16 August 2022.

## Background

Cornerhouse Dental Practice - Ashford is in Ashford in Surrey and provides NHS and private dental care and treatment for adults and children.

There is ramped access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice and the practice is located closed to transport links.

The dental team includes 2 dentists, 2 dental nurses, 1 of whom is a trainee, a dental nurse/practice manager and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8:30am to 5pm.

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

- Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals.

# 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 20 December 2022 we found the practice had made the following improvements to comply with the regulation:

- The medicines and equipment used to treat medical emergencies were available as per relevant national guidance. A system had been introduced to ensure this was monitored regularly.
- Systems had been introduced to ensure all equipment was maintained according to manufacturer's guidelines.
- Clinical waste was stored securely.
- A new risk assessment had been carried out and the risks to staff, associated with all forms of dental sharps, had been considered and mitigated.
- The principal dentist told us there had been no incidents or accidents since the last inspection. We were shown updated policies and protocols to review and investigate them and share any learning.
- Protocols had been introduced to ensure NHS prescription pads were stored and monitored in accordance with guidelines.
- On the day of the inspection we were advised that no recruitment had taken place since our last inspection. A protocol was now in place to ensure important checks were carried out at the point of recruitment. Information missing at the last inspection had been obtained.
- A log had been introduced to monitor staff training. Further improvements could be made to ensure this was up to date, as we noted not all staff had undertaken recent training in areas such as safeguarding. The provider confirmed annual staff appraisals would be carried out.
- Improvements had been made to the level of detail in the patient care records.
- A new radiograph audit was scheduled to be undertaken in January 2023. The provider confirmed they will include outcomes and any relevant actions to drive improvement.

The provider had also made further improvements:

- The practice had improved the protocols for auditing of patient care records to check that necessary information was recorded. Since the last inspection 2 audits had been carried out and a marked improvement in the results had been noted.
- The practice had sought guidance from the manufacturers and updated the routine testing protocols to ensure all recommended tests were carried out on the equipment used for sterilising dental instruments.