

Verwood Dental Care Limited

# Verwood Dental Care

## Inspection report

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Date of inspection visit: 21 November 2022  
Date of publication: 20/12/2022

### Overall summary

We undertook a follow-up focused inspection of Verwood Dental Centre on 21 November 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 carried out by a Care Quality Commission (CQC) inspector.

At our inspection on 29 April 2022 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 Verwood Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

#### As part of this inspection 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. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

#### 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 29 April 2022.

#### Background

# Summary of findings

Verwood Dental Care is in Verwood and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs.

Car parking is available at the rear of the practice.

The practice has made adjustments to support patients with hearing loss.

The dental team includes one specialist, two dentists, four dental nurses, one dental hygienist, two receptionists and a practice manager. The practice has three treatment rooms.

During the inspection we spoke with the practice manager.

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

## **The practice is open:**

Monday to Friday 8.30am to 5.30pm

# 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

At our previous inspection on 29 April 2022 we judged the provider was not providing well-led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our follow-up inspection on 21 November 2022 we found the practice had made the following improvements to comply with the regulations:

### Infection Control

- Mops and buckets storage followed national guidance.
- Keyboards were washable or covered.
- The staff kitchen area was clear of mould.

### Legionella

- A legionella risk assessment was carried out by someone who was competent to do so.

### Risks to Patients

- Window blind cords were secured appropriately.
- Air-conditioning units were serviced.

### Sharps

- Needlestick injury information was available in the surgeries and decontamination room.
- The sharps bin in the hygienist room was used appropriately.
- Sharps handling protocols followed the practice's policy and risk assessment.

### Fire safety

- Emergency lights were tested.
- Fire alarm call points were not used to test the fire alarm.

### Medical emergencies

- Gloves, razor and scissors were available for the defibrillator (AED).

### COSHH

- Cleaning products in the decontamination room were stored securely.
- COSHH control sheets were available for any COSHH identified products.

### General Data Protection Regulations (GDPR)

- The accident book was GDPR compliant.
- Computers in treatment rooms were locked when not in use.

### Effective staffing

- Staff completed their continuing professional development (CPD) as required for their registration with the General Dental Council.
- Dentists received appraisals.