

Dumbledore Dental Care Limited

South Cliff Dental Group – Margate

Inspection report

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Overall summary

We undertook a follow up focused inspection of South Cliff Dental Group – Margate on 25 November 2021. 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 telephone support by a specialist dental adviser.

We undertook a comprehensive inspection of South Cliff Dental Group - Margate on 20 October 2021 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 and 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 South Cliff Dental Group – Margate on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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 areas where improvement was required.

Our findings were:

Are services safe?

Summary of findings

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 20 October 2021.

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 breaches we found at our inspection on 20 October 2021.

Background

South Cliff Dental Group - Margate provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes three dentists, three dental nurses, three trainee dental nurses, a dental hygienist, the area manager, the practice manager and two receptionists. The practice has seven treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at South Cliff Dental Group – Margate is a member of the head office team.

During the inspection we spoke with a dental nurse, the area manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday and Tuesday 10am to 7pm
- Wednesday, Thursday and Friday 8am to 5pm

Our key findings were:

- The practice appeared to be visibly clean. Repairs to decontamination room one had been completed
- The provider had infection control procedures which reflected published guidance. In relation to the storage of instruments.
- The provider had systems to help them manage risk to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation.
- The appointment system had been improved.
- The provider had effective leadership and a culture of continuous improvement

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

Summary of findings

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. Maintaining the safety of the gas appliances by an approved engineer.
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 our previous inspection on 20 October 2021 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 25 November 2021 we found the practice had made the following improvements to comply with the regulation(s):

- The safeguarding referrals which had been made to the local authority. Were notified to the Care Quality Commission as required by the practice registration with us.
- Instruments were re-processed in line with HTM 01-05. We saw that all instruments were stored wrapped and dated.
- A new infection control and prevention audit had been conducted that addressed all the issues identified at our inspection on 20 October 2021.
- All recruitment documents were available as per requirements.
- All indemnity information was available for clinical staff
- The radiography quality assurance audit was in progress
- A sharps risk assessment was in place and covered all the possible injuries staff could receive from sharps, what to do and how the risks from sharps have been minimised.
- We saw that all materials and cleaning products used by the practice had a risk assessment to support the safety data sheets in their Control of Substances Hazardous to Health folder (COSHH)
- We saw a completed antimicrobial prescribing audit that covered current guidance and had learning outcomes and an action plan.
- We saw that the practice received safety alerts and had shared the information for the most recent alerts relevant to dentistry.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 25 November 2021

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 20 October 2021 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 the inspection on 25 November 2021 we found the practice had made the following improvements to comply with the regulations:

- Staff appraisals had been completed for four members of staff and further appraisals were booked
- We saw that escalation organisation contact details had been added to the Whistleblowing policy
- We saw a duty of candour policy for staff to refer to
- We saw improvements with risk assessments for sharps
- We saw improvements in the appointment system. Staff informed us that more staff had been employed and this had improved the availability of appointments for patients
- We saw that quality assurance systems had been improved. Audits had identified gaps and learning had taken place. New systems for the storage of reprocessed instruments had been implemented in line with HTM 01-05.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations: when we inspected on 25 November 2021.