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# University Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of University Dental Practice on 14 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of University Dental Practice on 24 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 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 university dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 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 24 July 2023.

## Background

University Dental Practice is in Cranfield and provides NHS and private dental care and treatment for adults and children.

There is a step to access to the practice with a narrow entrance door meaning the service is not easily accessible for people with restricted mobility, those who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 dentist and 1 dental nurse. The practice has 1 treatment room.

During the inspection we spoke with the dentist and the dental nurse. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 4pm.

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

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensure temperatures are reaching above 50 degrees to reduce the possibility of Legionella or other bacteria developing in the water system.

# 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 14 November 2023, we found the practice had made the following improvements to comply with the regulation:

- The provider had updated practice policies and procedures in relation to complaints, safeguarding, consent, inoculation injuries and freedom to speak up.
- We saw evidence that the practice was registered with the Health and Safety Executive (HSE) for the use of X-ray equipment.
- The practice now had an Automated External Defibrillator (AED) on site and buccal midazolam was present. We saw the medical emergency equipment was checked at recommended intervals.
- Systems to monitor fire risk were in place including maintenance of fire detection and firefighting equipment. The emergency lighting was serviced on 4 August 2023. Staff had received training in relation to fire safety.
- Procedures to reduce the possibility of Legionella or other bacteria developing in water systems had improved. We noted that monthly checks of hot and cold-water temperatures were now completed accurately. However, they were not reaching recommended temperatures to fully reduce the possibility of legionella or other bacteria developing in water systems. We were told by the provider this was due to a recommendation to turn down the boiler due to scalding temperatures from hand wash taps. The provider told us they would raise the temperature to ensure taps achieved adequate temperatures. A legionella risk assessment was completed by an external company on 2 September 2019. The practice had reviewed recommended actions.
- Staff were following procedures to ensure the practice was compliant with the Health and Safety (sharp instruments in Healthcare Regulations 2013). We found sharps bins were stored correctly and the inoculation injury policy was updated to include occupational health details.
- The provider had ensured that the systems in place to track and monitor NHS prescriptions were adhered to. We saw all prescriptions were recorded and accounted for and were not pre stamped.
- The provider had implemented new procedures in relation to receiving and acting upon safety alerts, incidents and accidents. We saw safety alerts, incidents and accidents were recorded. The practice had recorded 2 significant events within the past 3 months. We saw actions had been taken which included contacting external suppliers and fixing a window.

The practice had also made further improvements:

- The practice had implemented changes to waste handling protocols. We saw waste was segregated and disposed of correctly and included the practice details on clinical waste bins.
- The provider had an effective system to identify and dispose of out-of-date stock.
- The practice had made some improvements to ensure the clinicians were taking into account the guidance provided by the College of General Dentistry when completing dental care records. However, we found scope for improvement in relation to ensuring notes were legible and followed guidance provided by the College of General Dentistry.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 14 November 2023.