Dr Meenal Verma and Mr Andy Verma

Peachcroft Dental

Inspection report

Suite 4 Peachcroft Shopping Centre
Peachcroft Road
Abingdon
OX14 2QA
Tel: 07306160977

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Overall summary

We undertook a follow up focused inspection of Peachcroft Dental on 16 August 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 focused follow up inspection of Peachcroft Dental on 3 March 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 Peachcroft Dental on our website 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. The provider had made improvements in relation to the regulatory breach we found at our inspection on 3 March 2023

Background

Summary of findings

Peachcroft Dental is in Abingdon and provides NHS and private treatment to adults and children.

Car parking spaces, including spaces for disabled people, are available, in a public car park, at the front of the practice.

The practice is based on the first floor above a retail business. New patients are advised of the stairs when they make contact with the practice.

The dental team includes 3 dentists, one hygienist, one hygiene therapist, six dental nurses, two student nurses and a receptionist.

The practice has five treatment rooms of which four are in use.

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

The practice is open:

- Monday to Friday 9.00am to 1.00pm and 2.00pm to 5.00pm.

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

- Implement an effective recruitment procedure to ensure that enhanced Disclosure and barring service (DBS) checks are carried out for clinical staff.
- 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 ensure that, where appropriate, audits of the prescribing of antibiotic medicines and patient dental care records 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 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 16 August 2023, we found the practice had made the following improvements to comply with the regulation:

Infection Control

- The covering to the dentist stool in treatment room 5 was complete
- The drawer coverings in treatment rooms 2 and 5 were complete.
- Electrical wire protective covering on the patient treatment chair in treatment rooms 3 and 5 was complete.
- Pouched processed instruments were stored appropriately in treatment room 3 drawers.
- Local anaesthetic was stored appropriately in treatment room 4.

Clinical Waste

- Clinical waste bins in treatment rooms were of an appropriate size for clinical treatment rooms.

Fire Safety

- Fire alarm and emergency light test logs indicated they included tests of the dental practice's equipment.
- Emergency lights annual discharge and servicing records were available.
- A fire risk assessment action plan was completed in full.

Radiography

- All clinician's radiograph grading followed current 'acceptable or unacceptable' requirements.

Control of Substances Hazardous to Health (COSHH)

- COSHH identified products were stored securely in the decontamination room.
- COSHH warning signage was used appropriately in the decontamination room.

Continuous Improvement

- Radiography audits were carried out correctly which meant the dentists could demonstrate they were following current guidelines.

We noted areas that remained outstanding which included:

- Cleaning equipment was not stored appropriately in the cleaning cupboard. We were told that mops and buckets would be moved to a more suitable location as soon as practicably possible.
- Audits for prescribing of antibiotic medicines and patient dental care records did not fully document analysis, reflection and learning points which meant any improvements could not be evidenced.
- The dentist did not fully understand current periodontal grading classifications. They assured us they would address this as soon as practicably possible.
- Recruitment checks required improvement. We reviewed three staff recruitment folders and found 2 clinical staff had evidence of basic Disclosure and Barring (DBS) checks.