

### Mr. Allan Milton

# Queenborough Dental Clinic

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#### **Overall summary**

We undertook a follow up focused inspection of Queenborough Dental Clinic on 25 May 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.

We undertook a comprehensive inspection of Queenborough Dental Clinic on 12 February 2020 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 Queenborough Dental Clinic on our website 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 25 May 2021

#### Background

Queenborough Dental Clinic is in Queenborough and provides private treatment for adults and children.

1 Queenborough Dental Clinic Inspection report 05/07/2021

## Summary of findings

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 a dentist, a dental nurse, a dental hygienist, a clinical dental technician and a receptionist. The practice has one treatment room.

The practice is owned by an individual who is the clinical dental technician there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

- Monday 8.45am to 12.45pm
- Tuesday Closed
- Wednesday 8.45an to 8pm
- Thursday 8.45am to 12.45pm
- Friday 1.30pm to 5.30pm

#### Our key findings were:

- The provider had staff recruitment procedures which reflected current legislation.
- The provider had information governance arrangements.

# 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.

- Dental care records reflected the Faculty of General Dental Practice (FGDP) guidance on keeping records. The patient records we viewed contained all the relevant information. We saw updated medical histories, medicines that had been prescribed and basic periodontal scores had been recorded.
- Radiographs had been justified, graded and the outcome recorded.
- Policies had been reviewed and updated to ensure they contained the most up to date information for staff to refer to.
- Audits had been conducted for dental records, infection control and the quality of radiographs taken. Resulting actions from the audits had been concluded.
- Recruitment procedures had been updated. Staff records were complete with all the relevant documentation required by legislation. Such as Disclosure and Barring checks and immunisation status for Hepatitis B for clinical staff.
- Staff had received an appraisal.
- Consent processes and policies had been updated and staff had completed training for the Mental Capacity Act.
- A risk assessment was in place for when the hygienist worked without a nurse.
- A sharps risk assessment had been completed.

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