

Dr Amit Rai

# Feelgood Dental

## Inspection report

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### Overall summary

We undertook a desk based review of Feelgood Dental on 5 October 2022. This review 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 review was undertaken by a CQC inspector who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Feelgood Dental on 3 February 2022 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 Feelgood Dental on our website [www.cqc.org.uk](http://www.cqc.org.uk).

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.

As part of this review we asked:

- Is it well-led

#### **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 3 February 2022.

#### **Background**

# Summary of findings

The provider has six practices and this report is about Feelgood Dental Practice.

This practice is in the London Borough of Hillingdon and provides NHS and private dental care and treatment for adults and children. There is level access to the practice for people who use wheelchairs and those with pushchairs. Metered car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 7 dentists, 5 dental nurses, 1 trainee dental nurse and 1 dental hygienist. The clinical team are supported by 3 receptionists and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with the principal dentist, the practice manager and the compliance manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.30am to 5.30pm on Mondays, Wednesdays and Fridays

8.30am to 8pm on Tuesdays and Thursdays

8.30am to 1pm on Saturdays

8.30am to 4pm on Sundays.

# 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 5 October 2022 we found the practice had made the following improvements to comply with the regulation:

- Following our inspection, the provider implemented a cloud based management system to help improve the management of the service and access to information for all staff.
- There were arrangements to ensure procedures in relation to the transportation and cleaning of dental instruments were monitored to ensure they were in accordance with relevant guidance. Daily checks for sterilising equipment were now carried out and monitored so that they were in accordance with relevant guidance.
- All staff had undertaken refresher training in infection prevention and control procedures and had access to the practice policies and procedures.
- There were systems to ensure that emergency equipment was checked to ensure good working condition and ease of access in the event of a medical emergency. Oxygen tubing, oxygen masks and airways were labelled and stored so they could be accessed quickly if needed. Medicines to treat medical emergencies were stored in accordance with the manufacturer's instructions, checked weekly and replaced as required to ensure all medicines were in date.
- Infection prevention and control audits were carried out every 6 months in accordance with relevant guidelines and legislation. Audits were monitored to ensure that they were completed accurately and areas for improvements identified and acted on. We saw a number of improvements had been implemented following the most recent audit. These included replacing the sink backsplash and overflows to minimise risks of contamination.
- There were arrangements to assess and minimise the risk of legionella or other bacterial growth in the water systems. An annual legionella risk assessment was carried out and areas where improvements were required were acted on appropriately. We saw that a number of improvements had been implemented which included safety testing for the gas boiler, regular water sampling and analysis and monitoring hot and cold water temperatures in accordance with relevant guidelines and legislation.