

Mr. John Wilkinson

Shaw Village Dental Practice

Inspection Report

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Overall summary

We undertook a follow up desk-based inspection of Shaw Village Dental Practice on 27 March 2019. 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 Shaw Village Dental Practice on 11 September 2018 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 Shaw Village Dental Practice 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 areas where improvement was required.

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 breaches we found at our inspection on 11 September 2018.

Background

Shaw Village Dental Practice is in the North West of Swindon and provides private treatment to adults and children.

The practice is situated above a commercial business and is accessed by climbing a flight of stairs. The practice informs all new patients choosing to register that they are not wheelchair accessible; they signpost patients that cannot climb the stairs to a nearby practice. There is a free car park directly outside the practice which has spaces available for blue badge holders.

The dental team includes three dentists, two dental nurses, two dental hygienists, one receptionist and one practice administrator. The practice has three treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist 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 follow-up desk based inspection we spoke with the practice manager. We were sent copies of completed infection prevention control and radiography audit results, servicing certification for fire equipment and the gas boiler, evidence of a legionella risk assessment certification and practice meeting minutes detailing patient safety alert discussions.

The practice is open:

Monday to Thursday from 9am to 5.30pm and Friday from 9am to 2.30pm.

Our key findings were:

- Audit activity had significantly improved. Infection prevention and control audits and radiography audits had been completed within appropriate timeframes in line with published guidance.
- There were improved systems and processes established to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Patient safety alerts were monitored and reviewed, legionella risk assessment actions had been implemented, servicing and maintenance of equipment had been completed.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

We found that this practice was providing well-led care and was complying with the relevant regulations.

The provider had made improvements to the management of the service. This included completing clinical audits in line with published guidelines, establishing a process to review and monitor patient safety alerts, completing actions as detailed in their legionella risk assessment and ensuring all equipment was appropriately maintained. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspection on 11 September 2018 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 27 March 2019 we found the practice had made the following improvements to comply with the regulations:

- Audit activity had significantly improved. Infection prevention and control audits had been completed twice a year on the 13 September 2018 and the 14 March 2019 in line with published guidance. Radiography audits had been completed on the 8 October 2018 and the 22 March 2019. Comprehensive analysis and resulting action plans had been completed and sent to us to view.
- The provider had subscribed to receive patient safety alerts and had created a shortcut to the appropriate website on all computer desktops to ensure all staff had access. We viewed practice meeting minutes from a meeting held in January 2019 which demonstrated that patient safety alerts were a standing agenda item at practice meetings to share learning.

- We were sent a copy of an updated legionella risk assessment certificate which had been completed in August 2018. The provider had addressed the recommendations highlighted in the legionella risk assessment.
- The provider submitted copies of servicing and maintenance documents for the fire alarm, emergency lighting and the gas boiler. Protein residue tests were completed at the practice to ensure that the ultrasonic bath was working correctly. The provider had checked manufacturers guidance and contacted appropriate engineers to confirm that the portable air conditioning units and the velopex machine did not require an annual service. We were sent copies of the email trails in relation to the air conditioning units and velopex machine specialist advice.

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 27 March 2019.