Mrs. Donna George

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Inspection report

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Date of inspection visit: 10 June 2020
Date of publication: 17/06/2020

Overall summary

We undertook a follow up desk-based inspection of Mrs. Donna George on 10 June 2020. 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 Mrs. Donna George on 10 March 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 Mrs. Donna George 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 (requirement notice only). 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 breach we found at our inspection on 10 March 2020.

Background

Mrs. Donna George, also known as Parkview Hygienist Clinic, is in Brownsover, Rugby and provides private dental hygiene treatments for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes one dental nurse, one dental hygienist and one receptionist. The practice has one treatment room.

The practice is owned by an individual who is the dental hygienist 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.

The practice is open:

Monday from 9am to 1pm.

Tuesday from 9am to 6pm.

Summary of findings

Wednesday closed.

Thursday from 2pm to 6pm.

Friday from 9am to 4pm.

Saturday from 9am to 2pm.

Our key findings were:

The provider had made improvements to the management of the service. These included completing an infection prevention and control audit, completing a record keeping audit, undertaking staff appraisal and the implementation of control of substances hazardous to health (COSHH) risk assessments. These improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

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 our previous inspection on 10 March 2020 we judged the provider was not providing well led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the inspection on 10 June 2020 we found the practice had made the following improvements to comply with the regulation:

- A formal appraisal had been scheduled and completed for staff within the practice. This highlighted areas where further development had been requested and was being facilitated by the provider.
- At the time of our initial inspection on 10 March 2020 we found that audits had not been completed for infection prevention and control, and record keeping. These audits were completed to monitor and improve quality within the practice and sent to us following the inspection. Assurance was given by the provider that these audits would be completed at appropriate timeframes stipulated by relevant guidance.
- At the time of our inspection on 10 March 2020 We found that the following equipment was missing: portable suction, oropharyngeal airways sizes zero to four, self-inflating bag and reservoir for children and adults, clear face masks for the self-inflating bags size zero to four, oxygen face mask with reservoir and tubing for children and a spacer device. We found one medicine had been stored outside of refrigeration. However, its shelf life had not been adjusted to accommodate this. All items were ordered during the inspection on the 10 March 2020 and placed in the equipment kit within 48 hours of the inspection. The shelf life of the medicine stored outside of refrigeration was amended during the inspection.
- During our inspection on the 10 March 2020 safety data sheets were in place for all relevant substances however individual risk assessments had not been completed. A control of substances hazardous to health (COSHH) index sheet had been complied and completed risk assessments were sent to us.

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 10 June 2020.