

Arkh-View Surgeries Limited

# Arkh-View Dental Centre West Norwood

## Inspection report

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### Overall summary

We undertook a follow up desk-based inspection of Ark-View Dental Centre West Norwood on 14 January 2022. 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 who had remote access to a specialist dental adviser.

We undertook a comprehensive inspection of Ark-View Dental Centre West Norwood on 21 October 2021 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 Ark-View Dental Centre West Norwood on our website [www.cqc.org.uk](http://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.

### Our findings were:

#### Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

# Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 21 October 2021.

## Background

Arkh-View Dental Centre West Norwood is in West Norwood in the London Borough of Lambeth and provides NHS and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes three dentists, one trainee dental nurse, a receptionist and a practice manager. The practice has two treatment rooms.

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

The practice is open:

Monday to Friday from 9am to 6pm

## Our key findings were:

- A system had been introduced to ensure all recommended medical emergency medicines and equipment were available in the correct format and were within their use-by date.
- Improvements had been made to the systems to help the provider manage risks to patients and staff, for example when staff worked alone, fire safety and Legionella.
- Improvements had been made to the staff recruitment protocols to ensure appropriate recruitment checks had been carried out for temporary staff.
- The provider had introduced a system to ensure NHS prescriptions were stored and monitored in accordance with guidance.
- Improvements had been made to ensure the cleaning equipment was stored appropriately.

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

- Review the practice's policy for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored securely.

# 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 21 October 2021 we judged the practice 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 14 January 2022 we found the practice had made the following improvements to comply with the regulation:

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: when staff worked alone.

Emergency equipment and medicines were available and checked as described in recognised guidance.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

The provider had systems for appropriate and safe handling of medicines.

The provider had also made further improvements:

Antimicrobial prescribing audits had been introduced and were carried out every six months.