

Tarring Dental Limited

The Tarring Dental Centre

Inspection report

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Overall summary

We undertook a follow up focused inspection of The Tarring Dental Centre on 7 December 2023. This inspection was carried out to review 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of The Tarring Dental Centre on 14 September 2023 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 safe or well-led care and was in breach of regulations 12 safe care and treatment, 13 safeguarding service users from abuse and improper treatment, 17 good governance, 18 staffing and 19 fit and proper persons employed 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 The Tarring Dental Centre on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach/es we found at our inspection on 14 September 2023.

Summary of findings

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/es we found at our inspection on 14 September 2023.

Background

The Tarring Dental Centre is in Tarring and provides NHS and private dental care and treatment for adults and children.

The practice does not offer step free access to the practice for people who use wheelchairs and those with pushchairs. Patients are asked at the first point of contact if they have any accessibility requirements. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 1 dental nurse who is also the practice manager, 1 qualified dental nurse, 1 trainee dental nurse, 2 dental hygienists and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday 8.30am to 5pm

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 7 December 2023 we found the practice had made the following improvements to comply with the regulations:

- Staff had completed safeguarding training to the level appropriate for their role and demonstrated a suitable level of awareness of safeguarding vulnerable adults and children.
- Documentation to support staff in dealing with safeguarding, in the form of a policy had been updated with contact details of the local safeguarding authority.
- Improvements were seen in the infection control procedures which reflected published guidance issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practice. Further improvements were underway to ensure that instruments were kept moist prior to decontamination.
- The practice had implemented check lists to assist staff with carrying out tasks. Staff told us that these were useful and helped to ensure consistency of procedures.
- Following the inspection, the practice carried out remedial actions in relation to the Legionella risk assessment carried out March 2022. All ongoing daily, weekly and monthly tests were completed in a consistent manner.
- The practice implemented a recruitment policy and had improved their procedures to help employ suitable staff, including locum staff. We saw that recruitment checks were carried out consistently. The practice had an effective system to monitor the recruitment of staff and further improvements were underway to ensure that staff awareness of Hepatitis B immunisation status was up to date.
- The practice ensured that all equipment was safe to use, maintained and serviced according to manufacturer's instructions. We saw servicing records for the air-conditioning units, compressor and equipment used to decontaminate dental instruments. The practice also implemented an annual planner to ensure servicing of equipment on an ongoing basis.
- We saw that the management of fire safety was effective. Fire detection systems were tested weekly and fire extinguishers serviced annually. The practice had a fire evacuation plan to assist staff; and fire drills were carried out at appropriate intervals.
- We saw that improvements had been made in relation to the safety of the X-ray equipment. All necessary radiation protection information was available and the practice had a Radiation Protection Advisor. Actions required from servicing of the units had been completed. Improvements were required to the radiography audits to ensure that a sufficient number of radiographs were analysed and learning points were documented.
- The sharps risk assessment had been updated and included reference to all sharps and contact details for staff should they sustain a needlestick injury.
- All medical emergency equipment and drugs had been reviewed and were checked in accordance with national guidance from the Resuscitation Council UK. We saw that whilst the Basic Life Support training for some staff had lapsed beyond a year, this was scheduled to take place in January 2024.
- The practice had appropriate systems for the safe handling of medicines and staff were aware of how to dispose of out-of-date drugs.
- The practice had implemented an effective system to review and investigate incidents and accidents. The practice had a low threshold for considering a learning opportunity when something went wrong, and staff were in receipt of all necessary patient safety alerts.
- Following the inspection in September 2022 the practice had made the decision to stop offering Conscious Sedation to patients. Staff told us that in future if they wished to resume this service, they would ensure the provision of conscious sedation was in line with national guidance.

Are services safe?

- We saw that significant improvements had been made to the systems for monitoring and tracking staff training and Continuing Professional Development (CPD). Staff new since the previous inspection had received a thorough induction upon commencing their role and most staff had completed their CPD training necessary for their ongoing registration with the General Dental Council. We were told that staff who had yet to complete all necessary training would complete this at the earliest opportunity.

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 7 December we found the practice had made the following improvements to comply with the regulations:

- There had been significant improvements to the oversight and leadership at the practice. A new practice manager had been employed who had been given the time to ensure that ongoing compliance at the practice was sustained.
- Staff spoke positively about changes at the practice and felt more confident in being able to fulfil their roles and responsibilities.
- Governance and management systems had been reviewed in full. Practice policies and procedures had been updated and staff were required to sign documents following their review to ensure their awareness. Systems for monitoring and tracking staff recruitment, training, complaints and the identification of risk had been implemented and were working effectively. Staff had been given appropriate time within their roles to ensure these were embedded over time.
- Information governance arrangements were effective and the practice was registered with the Information Commissioner's Office.
- The practice implemented a system for obtaining and reviewing patient feedback. They demonstrated a commitment to reviewing all feedback for the purposes of learning and improving.
- We saw there were improvements to ensure communication within the practice was effective. Staff had started to have regular staff meetings and necessary information was shared appropriately. The practice had also displayed a notice board for staff to ensure key information was shared in a timely manner.
- Improvements had been made to the systems for quality assurance and continuous improvement. Infection prevention and control audits were completed as were audits of patient care records. These had detailed analyses and action points and dates for re-audit. Further improvements were underway to ensure that radiography audits were completed in line with national guidance and contained documented learning points.
- Improvements had been made to the systems for reviewing complaints. The practice kept a log of all complaints which were effectively tracked with documentation of outcomes. Complaints information was visible for patients.

The practice had also made further improvements:

- An antimicrobial prescribing audit had been completed. Further improvements were underway to ensure that all staff followed national guidance on the prescribing of antibiotics and that audits had documented learning points.