

Perfect Smile Wokingham Limited

Perfect Smile

Inspection report

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Overall summary

We undertook a follow up focused inspection of Perfect Smile on 16 June 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 carried out by a CQC inspector.

We had previously undertaken an inspection of Perfect Smile on 8 February 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 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 Perfect Smile on our website www.cqc.org.uk.

When 1 or more of the 5 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.

As part of this inspection, we asked:

- Is it well-led?

Our findings were:

Are services well-led?

Summary of findings

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 8 February 2023.

Background

The provider is part of a dental group, with multiple practices. This report is about Perfect Smile Peach Dental Practice.

Perfect Smile Peach Dental Practice is in Wokingham and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. 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 4 dentists, 2 dental nurses, 1 dental hygienist, a practice manager and a receptionist. A student dental nurse started to work at the practice a couple of days before our visit so will not be included in any feedback about staff training.

The practice has 3 treatment rooms.

During the inspection we spoke with the registered manager 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 8:30am – 6.00pm
- Tuesday 8:30am – 5.00pm
- Wednesday 8:30am – 5.00pm
- Thursday 8:30am – 5.00pm
- Friday 8:30am – 3.00pm
- Saturday 8:30am – 1.00pm

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

Implement protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

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 16 June 2023, we found the practice had made the following improvements to comply with the regulations:

- Local anaesthetic ampules were stored in blister packs in treatment room drawers.
- Treatment room 3 and the decontamination room had clinical waste bins which were foot operated.
- Instruments were sprayed or soaked while awaiting decontamination.
- An infection prevention and control audit documented analysis, reflection and learning points which meant any improvements could be evidenced.
- Instruments were pouched appropriately in treatment room 3.
- A clinical waste bin at the rear of the practice was locked.
- Storage arrangements for the cleaning equipment followed national guidance.
- A sharps bin in treatment room 3 had been changed after three months.
- Fire alarm call points were tested in rotation.
- A fire exit to the rear of the practice was no longer compromised with rubbish, chairs and flammable cooking materials from neighbouring businesses who shared the fire escape route.
- An oxygen warning sign was displayed near the location of the oxygen cylinder.
- The x-ray units in treatment room 1 and 2 were fitted with rectangular collimators.
- Reporting of x-ray quality two-point grading of 'acceptable or unacceptable' was being used by all the clinicians' taking radiographs.
- Radiation warning signs were available on treatment room 1, 2 and 3 doors.
- Evidence of 3 yearly quality assurance (physics) tests were available for the X-ray machines.
- Glucagon was stored in a fridge which did not contain staff food.
- Out-of-date glyceryl trinitrate (GTN) spray had been removed from the emergency bag.
- A razor and scissors were available for use with the defibrillator.
- COSHH identified products were stored securely.
- Storage areas were labelled appropriately with COSHH warning signs.
- Cleaning products had safety data sheets available to back up risk assessments.
- Radiography audits were carried out.
- Infection control audits were carried out in full.
- CCTV signage was displayed prominently around the inside of the practice.
- A privacy impact assessment had been carried out.
- Training was monitored to ensure staff kept up to date with their mandatory training and their continuing professional development.

The practice had also made further improvements:

- Patient referrals to other dental or health care professionals were centrally monitored to ensure they were received in a timely manner and not lost.
- The practice took action to ensure hot running water was available in areas where employees were expected to wash their hands taking into account the Workplace (Health, Safety and Welfare) Regulations, 1992.

We noted areas that remained outstanding which included:

- Cleaning standard checks were informal and not recorded.

Are services well-led?

- Audits of prescribing and recording of antibiotic medicines were not carried out.
- The waste paper bin in the wheelchair accessible toilet was foot operated.

The manager assured us they would address these as soon as practicably possible.