

Dentalcare Limited

Dentalcare Langley 2

Inspection report

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Overall summary

We undertook a follow-up focused inspection of Dentalcare Langley 2 on 23 January 2023.

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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

At our inspection on 9 November 2022 we found the registered provider was not providing well-led care and was in breach of Regulation 12, 17 and 19 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 Dentalcare Langley 2 on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- 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.

Are services safe?

We found this practice was providing safe 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 9 November 2022.

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 9 November 2022.

Background

Dentalcare Langley 2 is in Slough and provides NHS and private orthodontics 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 are available at the rear of the practice.

The dental team includes 1 dentist, 3 dental nurses, 1 dental hygienist, 1 orthodontist, 3 orthodontic therapists and 2 receptionists.

The practice has 5 treatment room of which 4 are in use.

The 5th room is used as a staff and storage room.

During the inspection we spoke with the receptionist and the temporary manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8.00am to 5.00pm
- Tuesday 8.00am to 7.00pm
- Wednesday 8.00am to 5.30pm
- Thursday 8.00am to 7.00pm
- Friday 8.00am to 5.00pm
- Saturday 9.00am to 2.00pm (once a month)

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

At our previous inspection on 9 November 2022 we judged the provider was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice.

At our follow-up inspection on 23 January 2023 we found the practice had made the following improvements to comply with the regulations:

Infection Control

- Cleaning protocols were in place for fabric covered patient waiting area chairs.
- Visors were used by staff performing decontamination duties.
- Local anaesthetic ampules were stored in blister packs in treatment room drawers.
- Treatment room 1 had a clinical waste bin which was foot operated.
- Out of date dental materials were removed from the practice appropriately.
- The radiator in the wheelchair accessible toilet was new.
- An infection prevention and control audit, presented to us, documented analysis, reflection and learning points which meant any improvements could be evidenced.
- Hand hygiene audits were available.
- The storage arrangements for the cleaning equipment did followed national guidance.

Control of Substances Hazardous to Health (COSHH)

- COSHH identified products were stored securely in the spare treatment room.
- Storage areas were labelled appropriately with COSHH warning signs.

Health and Safety

- Sharps injury information included occupational health department contact details.

Sharps bins were changed at appropriate intervals of 3 months.

Are services well-led?

Our findings

At our previous inspection on 9 November 2022 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 our follow-up inspection on 23 January 2023 we found the practice had made the following improvements to comply with the regulations:

Fire Safety

- The fire alarm was tested appropriately.
- Emergency lights were tested appropriately.
- The fire alarm was serviced.
- Emergency lighting was present on the stairwell between the ground and first floor.
- Emergency lighting was serviced.
- Fire drills were carried out.
- Fire escape direction signage was sufficient around the practice building.
- Fire extinguishers were serviced.
- A five yearly electrical installation test certificate was available.
- A carbon monoxide detector was available.
- An oxygen warning sign was displayed near the location of the oxygen cylinder.
- The practice management demonstrated competence in fire safety management.

Radiography

- The practice had a radiation protection supervisor.
- Local rules were specific to the practice.
- X-ray machines in every treatment room were fitted with a rectangular collimator.
- Reporting of x-ray quality two-point grading of 'acceptable or unacceptable' was being used.

Emergency Medicines and Equipment

- Emergency medicines and equipment kit was sited appropriately behind reception.

Audits

- Radiography audits were carried out.
- Infection control audits were carried out.

Closed Circuit Television (CCTV)

- CCTV signage was present outside the building and prominently around the inside of the building.
- A privacy impact assessment had been carried out.
- CCTV cameras were removed from treatment rooms.

Training

- Training was monitored to ensure staff kept up to date with their mandatory training and their continuing professional development.

General Data Protection Regulations (GDPR)

Are services well-led?

- Computers in treatment rooms automatically locked when left unattended.

Equality Act 2010

- A hearing loop was available.
- The mirror in the wheelchair accessible toilet was within reach to a wheelchair user.
- The waste paper bin in the wheelchair accessible toilet was no longer foot operated.

Recruitment

- The practice ensured that recruitment procedures were operated effectively to ensure only fit and proper persons are employed and specified information is available regarding each person employed.

We noted shortfalls that remained outstanding which included:

- Records of cleaning standards audits were not available
- The accident book did not comply with General Data Protection Regulations.

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