

Poringland Dental Surgery

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Inspection report

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Overall summary

We undertook a follow up inspection of Poringland Dental Surgery on 18 April 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 provider was now meeting legal requirements.

We had previously undertaken a comprehensive inspection of the practice on 13 July 2022 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 regulations 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 Poringland Dental Surgery on our website www.cqc.org.uk.

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 areas where improvement was required.

As part of this inspection, we asked:

- Is it well-led?

Our findings were:

We found this practice was providing well-led care in accordance with the relevant regulations. The provider had made adequate improvements in relation to the regulatory breach we found at our previous inspection. In general improvements were noted in staff recruitment, medical emergency equipment and infection control.

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

- Take action to ensure that clinicians follow guidelines issued by the FGDP for antimicrobial prescribing in dentistry.

Summary of findings

- Take action to ensure all loose and uncovered items in treatment room drawers are covered to prevent aerosol contamination.

Background

Poringland Dental Practice provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. There are ground floor surgeries and a fully accessible toilet.

Car parking spaces are available on site.

The dental team includes 3 dentists, 3 dental nurses, a receptionist, and a practice manager. The practice has 3 treatment rooms, only 2 of which were in use at the time of our inspection.

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

The practice is open on Mondays to Fridays from 9am to 5.30pm.

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.

During this inspection we found the following improvements had been made to comply with the regulations:

- A lead for infection control in the practice had been appointed and infection control audits were now undertaken every six months as recommended.
- Missing medical emergency equipment had been obtained, and the kit was now in line with the Resuscitation Council guidelines.
- Staff now measured the water quantity when scrubbing dirty instruments to ensure it was diluted correctly and there was a system in place to change rubber gloves and long handled brushes every week.
- The practice had implemented a staff recruitment policy and we noted that suitable references had been obtained for the two most recent members of staff that had been employed.
- A system to monitor patient referrals had been implemented to ensure their timely management.
- Information about how patients could raise their concerns was now more easily available in the waiting area.
- Information about the Mental Capacity Act and Gillick competence guidelines had been shared with the staff team.
- There continued to be a build-up of limescale around taps in two clinical areas. However, the day following our inspection, the practice manager sent us photographs to show that all the taps had been descaled and the nurses' surgery check list had been updated to show that taps must be descaled weekly.
- Some recommendations from the practice's risk assessment had still not been actioned such as the need and to visually inspect portable appliances every 6 months. However, following our inspection, the practice manager sent us a log showing that all portable appliances had been visually checked.
- Not all medicine containers dispensed to patients contained the practice's name and address. However, following our inspection, the practice manager sent us photographs showing that all medicines' boxes had been properly labelled.

However, there were still areas that had not been addressed since our previous inspection.

- There continued to be loose and uncovered items in treatment room drawers, that risked aerosol contamination. The practice manager assured us she would purchase containers for these.
- Antimicrobial audits were undertaken but we noted that clinicians were not prescribing according to current guidance. The audit had failed to identify this.

These improvements must be embedded and sustained in the long term.