Mr. Bharat Velji Taank

Campbell House Dental Practice

Inspection report

330 Long Lane
Hillingdon
Uxbridge
UB10 9PF
Tel: 01895234540

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Overall summary

We undertook a follow up focused inspection of Campbell House Dental Practice on 16 February 2024. 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Campbell House Dental Practice on 10 March 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 Campbell House Dental Practice 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 area 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 10 March 2023.

Background

Campbell House Dental Practice is in Uxbridge in the London Borough of Hillingdon and provides NHS and 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. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 4 dentists, 2 dental nurses, 2 trainee dental nurses, 1 dental hygienist and 2 receptionists. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist, 1 dental nurse and a compliance consultant. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday 9am to 6pm

Saturday 9am to 1pm

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 February 2024 we found the practice had made the following improvements to comply with the regulation:

- The principal dentist showed commitment to delivering safe, sustainable and high-quality care. Our discussions with the principal dentist demonstrated that they had sufficient oversight of the day-to-day activities of the practice. They had also engaged a compliance consultant to support their efforts in becoming compliant with the legal requirements. There were sufficient deputising arrangements in place and the dental team worked together to implement improvements.
- A fire risk assessment was carried out on 10 May 2023 by a person who was competent to do so and all recommendations had been implemented. Portable Appliance Testing was carried out in October 2023 and emergency lighting and wired smoke detectors had been installed. The cluttered storage cupboard had been tidied to reduce ignition risks. In addition, all staff received fire safety training from an external company, including fire extinguisher handling. Further improvements could be made to ensure the emergency lighting and smoke alarms were tested at the recommended intervals.
- The provider had implemented effective systems to check the emergency medicines and equipment. All recommended items were available. In addition, the Glucagon, a medicine to treat low blood sugar, was no longer stored in the food refrigerator.. Glucagon can be stored outside the refrigerator at a temperature not exceeding 25 degrees Celsius for 18 months, provided the expiry date is not exceeded. The provider had adjusted the expiry date accordingly. An eye wash kit was available.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- The provider had assessed the risks associated with lone working and confirmed that no staff were left alone on-site.
- Systems were in place to ensure NHS prescriptions were monitored and tracked to prevent fraudulent misuse in line with guidance produced by NHS Counter Fraud Authority.
- The provider had implemented an effective system to record incidents and significant events.
- Audits of disability access, radiographs and infection prevention and control were now being carried out at regular intervals in accordance with current guidance and legislation. The disability access audit had identified some shortfalls. As a result, an induction hearing loop and easy reading spectacles were obtained for patients who had additional requirements.
- The practice policies and procedures were reviewed and monitored effectively to ensure that they reflected current guidance and legislation. In particular, the safeguarding policies for vulnerable adults and children were improved and information about current procedures and guidance about raising concerns about abuse were accessible to staff. Details of local occupational health services were displayed to ensure staff were able to access timely assistance in the event of a sharps injury. Information about sepsis was displayed throughout the practice. Referrals to other services were logged and tracked by the principal dentist on a regular basis.
- The practice had implemented an effective system to ensure staff training was up-to-date and reviewed at regular intervals. There were processes in place to undertake annual appraisals to identify individual development needs. Following our previous inspection, face to face training in fire safety and Legionella awareness was provided for all staff

by specialists. The compliance consultant also provided in-house and online training in infection prevention and control, clinical audits, prescription handling and general governance. Staff meetings had been re-implemented and took place on a regular basis. The lead dental nurse kept detailed minutes of these meetings in order to monitor tasks and make improvements.

The practice had also made further improvements:

- The practice's infection control procedures and protocols had been improved. In particular, heavy-duty gloves were changed weekly and X-ray holders were packaged before being stored in the treatment rooms. The instrument storage arrangements had been adjusted to reduce the overall quantity of packaging to reduce waste and improve sustainability.
- The practice's systems for environmental cleaning taking into account current national specifications for cleanliness in the NHS had been improved. In particular, cleaning equipment was stored appropriately.
- Audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry had been carried out. As a result, the principal dentist completed antibiotic guardianship training and had significantly reduced the number of prescriptions issued. Audits for patient dental care records to check that necessary information is recorded were carried out. Staff kept records of the results of these audits and the resulting action plans and improvements.