

Smileabout Limited

College Street Dental Centre

Inspection Report

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Date of inspection visit: 14 November 2017
Date of publication: 30/11/2017

Overall summary

We carried out a focused inspection of College Street Dental Centre on 14 November 2017.

The inspection was led by a CQC inspector who had access to telephone support from a dental clinical adviser.

We carried out this inspection focusing only on the safe key question to check on information we had received relating to this aspect of care at this practice.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 2 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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.

At the previous comprehensive inspection we found the registered provider was providing effective, caring, responsive and well led care in accordance with relevant regulations. We judged the practice was not providing safe care in accordance with regulation 12 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 Castle Street Dental Centre on our website www.cqc.org.uk.

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 to put right the shortfalls and deal with the regulatory breach we found at our inspection on 2 September 2015.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

No action



Are services safe?

Our findings

At our previous inspection on 2 September 2015 we judged the practice was not providing safe care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 14 November 2017 we noted the practice had made the following improvements to meet the requirement notice:

- We saw that the procedures for the decontamination of equipment met the essential requirements of HTM 01-05. We also were advised of plans that the surgery will take to deliver a remodelled decontamination room by June 2018 which will move towards best practice. The floors in the decontamination room were sealed and bins used for the disposals of hazardous waste had lids that could be closed and operated in a way that did not compromise infection control. A schedule of cleaning and daily cleaning records were maintained. Policies and procedures reflected the name of the current decontamination lead.
- We saw that since the inspection on 2 September 2015 storage of patient records was rearranged and were no longer stored in the decontamination area. All cupboards in the decontamination areas closed correctly.

- We saw that electrical safety in the decontamination room was satisfactory. We saw that damaged electrical sockets had been replaced. The practice told us that the decontamination room would be rewired during renovations by June 2018.
- We saw that the practice had implemented a new regime, in July 2017, of equipment and materials checking to ensure that expiry dates were not missed.

The practice had also made further improvements:

- The policy for safeguarding vulnerable adults and children was reviewed March 2017 in line recommendations.
- The practice collated NICE guidance for staff and had a system to record any action taken as a result of guidance received.
- We saw that the practice had adopted a single system for the management of referrals which all staff were aware of. There were procedures in place to process mail when a clinician was absent.
- We saw that all audit results were shared with management and staff.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 2 September 2015.