

Dr. Joseph Kavanagh

Merrystead Dental Practice

Inspection report

147 Hampton Lane
Blackfield
Southampton
SO45 1WE
Tel: 02380892610

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Overall summary

We undertook a follow up focused inspection of Merrystead Dental Practice on 23 February 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 led by a CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Merrystead Dental Practice on 8 November 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 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 Merrystead 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?

We found this practice was providing well-led 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 8 November 2022.

Background

Merrystead Dental Practice is in Blackfield, Hampshire 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 at the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes the principal dentist and 2 dental nurses. The practice has 1 treatment room.

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

The practice is open:

Monday, Tuesday & Wednesday 8.45am to 4.30pm

Thursday & Friday 8.45 am to 12.30pm.

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.

At the inspection on 23 February 2023 we found the practice had made the following improvements to comply with the regulation:

- The practice had improved procedures for maintaining records for staff employment. Processes were in place for identity checks, and we saw that satisfactory evidence of conduct in previous employment and evidence of immunity to Hepatitis B for all staff was now routinely collected and stored in staff records.
- A system had been implemented to monitor equipment servicing. The pressure vessel (compressor) was inspected on 29 November 2022. The practice now had a system to alert them when equipment was due for future servicing to avoid missing due dates.
- The provider had made improvements with regards to fire safety. We saw evidence all staff had completed fire safety training, additional emergency lighting had been installed and fire drills had been completed.
- The information relating to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 was managed and organised in accordance with the relevant guidance.
- Staff had the skills, knowledge and experience to carry out their roles. We saw that staff training was up-to-date and undertaken at the required intervals. Appraisals were carried out to identify training requirements and support.
- Patient records were stored securely in lockable filing cabinets.

The practice had also made further improvements:

- The provider took action to ensure audits of radiography and infection prevention and control were undertaken at 6-monthly intervals to improve the quality of the service. We observed that the practice had documented learning points and the resulting improvements could be demonstrated.