

Mr. Paul Banner

Dental Care Centre

Inspection report

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Overall summary

We undertook a remote focused follow up inspection of Dental Care Centre on 7 January 2022. 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 carried out by a CQC inspector who had remote access to a specialist dental advisor.

We undertook a focused inspection of Dental Care Centre on 14 September 2021 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 Dental Care Centre 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. 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:

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements to put right the shortfalls and had responded to the regulatory breach we found at our inspection on 14 September 2021.

Background

Summary of findings

Dental Care Centre is in Teddington, in the London Borough of Richmond-upon-Thames and provides NHS treatment to children and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes five dentists, one hygienist, two dental nurses, one dental nurse/practice manager, one dental nurse/receptionist and one receptionist. The practice has four treatment rooms.

During the inspection we spoke with the principal dentist and the dental nurse/practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5.30pm.

Our key findings were:

- An Information Governance Policy taking into account the General Data Protection Regulation (GDPR) requirements was in place and staff had undertaken data security training.
- Staff knew how to deal with medical emergencies and appropriate life-saving equipment was available according to the national guidelines. An updated monitoring system had also been implemented to ensure all medicines were available.
- Dental equipment was serviced and maintained according to the manufacturer's guidance and recommendations and a monitoring system had been introduced to ensure this was maintained.
- Systems were in place to help the provider manage risks to patients and staff including when staff worked alone.
- The provider had staff recruitment procedures which reflected current legislation.
- A monitoring system was in place to enable the provider to assure themselves that training was up-to-date and undertaken at the required intervals.
- Improvements had been made to the system for the Control of Substances Hazardous to Health (COSHH) to ensure all important information was available and organised.

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 this practice was providing well-led care in accordance with the relevant Regulations.

At our previous inspection on 14 September 2021 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 the inspection on 7 January 2022 we found the practice had made the following improvements to comply with the regulation:

The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety, use of latex, fire safety and sepsis awareness.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

Emergency medical equipment and medicines were available and checked as described in recognised guidance.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

The provider had systems for appropriate and safe handling of medicines.

The provider had a system for receiving and acting on safety alerts.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Staff discussed their training needs at an appraisal. They also discussed learning needs, general wellbeing and aims for future professional development.