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Watling Street Dental Care

Inspection report

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Overall summary

Summary We undertook a follow up desk-based review of Watling Street Dental Care on 29 June 2020. This review was carried out to check 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 review was led by a CQC inspector, who had remote access to a specialist dental advisor.

We undertook a comprehensive inspection of Watling Street Dental Care on 18 December 2019 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 Watling Street Dental Care on our website .

As part of this review we asked:

- Is it well-led?

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 or review again after a reasonable interval, focusing on the area where improvement was required.

This desk-based review was undertaken during the Covid 19 pandemic. Due to the demands and constraints in

place because of Covid 19 we reviewed the action plan and asked the provider to confirm compliance after a reasonable interval, focusing on the area where improvement was required.

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 in relation to the regulatory breach we found at our inspection on 18 December 2019.

Background

Watling Street Dental Care is in Gillingham and provides NHS and private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes two dentists, five dental nurses, a dental hygienist, a receptionist and a business manager. The practice has three treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We looked at practice policies and procedures and other records about how the service is managed which were sent to us.

The practice is open:

Monday 8.30am to 4.30pm

Tuesday, Wednesday, Thursday 8.30am to 5.30pm

Friday 9am to 4.30pm

Saturday by appointment only

Sunday closed

The practice is closed each weekday for lunch.

Our key findings were :

Systems and processes were put in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

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

Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 18 December 2019 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 desk based follow up review on 29 June 2020 we found the practice had made the following improvements to comply with the regulation:

- The registered person had systems or processes in place that were operating effectively as to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.
- A fire risk assessment conducted in November 2018 had identified fire hazards due to the collection of a large number of documents, files and boxes stored in the basement and an office to the rear of one of the treatment rooms. This had not been cleared on the day of our inspection. We were sent photographs showing the basement and office were free of the files and boxes previously stored there. The provider declared to us that the files had either been archived or destroyed.
- A radiological risk assessment had not been conducted. There was a high risk of penetration of the X-ray beam into the office at the rear of one of the treatment rooms and this had not been checked. We were sent a completed radiological risk assessment that showed there was no penetration of the X-ray beam into the office.
- There was no sharps risk assessment conducted. We were sent a copy of the completed sharps risk assessment.
- Policies were out of date mostly dated 2018 and did not contain sufficient or current information for staff to refer to. We were sent updated copies of all of the expired policies. Staff we spoke with following the inspection told us that they had discussed the new policies at a team meeting and had copies to refer to.
- There were no policies available for; complaints, significant events, adult safeguarding or health and safety. We received completed policies for; complaints, significant events and health and safety. We received an updated safeguarding policy that contained information regarding both children and vulnerable adults.
- Audits did not identify gaps in the infection control process, such as correct storage of instruments and the poor condition of the dental chair in treatment room 2 which could facilitate effective cleaning and decontamination. We were sent a completed audit that had addressed the gaps identified in the previous audit.

The practice had also made further improvements:

- The practice had implemented audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- The practice had taken steps with regard to infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance' In particular: consistency of the storage of instruments.
- The provider had reviewed the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we conducted a follow up desk based review on 29 June 2020.

Are services well-led?