

Connaught House Dental Practice

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Connaught House Dental Practice on 22 June 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 was supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Connaught House Dental Practice on 6 December 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 Connaught 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 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.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 6 December 2022.

Background

Connaught House Dental Practice is in Rayleigh, Essex 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 additional needs.

The dental team includes 3 dentists, 6 dental nurses, including 1 trainee dental nurse, 1 practice manager and 1 cleaner. The practice has 3 treatment rooms.

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

The practice is open:

Monday to Thursday from 9am to 5.30pm.

Friday from 8.30am to 5.30pm.

There were areas where the provider could make improvements. They should:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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 22 June 2023 we found the practice had made the following improvements to comply with the regulations:

- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- Fire safety processes had been introduced to ensure the practice was in line with Fire Safety Legislation. We reviewed records of weekly smoke alarms tests, fire safety drills and training undertaken. The practice had taken action to mitigate the health and safety risks identified in the fire risk assessment of storage in the staff room.
- A five yearly electrical fixed wire test had been undertaken on 28 January 2023. We noted where this identified urgent remedial work the practice had taken immediate action, with other work scheduled to be completed.
- Records were available to confirm the gas boiler and the air conditioning units had been serviced.
- Emergency equipment and medicines were available and checked in accordance with national guidance. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. There was scope for the practice to continue to work towards safer sharps processes.
- Systems for monitoring and improving quality had been reviewed. We noted audit activity such as radiograph audits, disability access and infection prevention and control audits were undertaken. Staff kept records of the results of these audits and the resulting action plans and improvements. Antimicrobial prescribing audits were not carried out to ensure clinicians were prescribing according to national guidelines.
- The practice manager had introduced a system of oversight to ensure staff had received appropriate training, there was scope to ensure all staff had completed the required awareness of autism and learning disabilities training. The practice manager confirmed this was ongoing.
- Staff appraisals had been undertaken, We noted these included discussion of learning needs, general wellbeing and aims for future professional development.

The practice had also made further improvements:

- The practice had put in place actions to implement the recommendations in the practice's Legionella risk assessment, 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.' We noted records of the flushing of infrequently used water outlets and recording of the temperatures of the hot and cold-water checks were now undertaken.
- We noted the practice had completed additional actions discussed at the previous inspection. These included the replacement of worn carpets in the front lobby, decluttering and organisation of the practice office, a review of the portable ramp processes and a reviewed consent policy.