

Mr Sebastian Dominic Wnuk

WN-UK CLINIC

Inspection report

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Overall summary

We undertook a follow up focused inspection of WN-UK Clinic on 19 February 2024. 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.

We had previously undertaken a comprehensive inspection of WN-UK Clinic on 28 November 2023 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 safe and well-led care and was in breach of regulations 12 and 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 WN-UK Clinic 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 safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe 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 28 November 2023.

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 breaches we found at our inspection on 28 November 2023.

Background

WN-UK Clinic is in Northampton and provides private dental care and treatment for adults and children.

The practice is accessed via steps, a portable ramp was available for those who use wheelchairs and those with pushchairs.

Car parking spaces, including dedicated parking for disabled people, were available near the practice.

The dental team includes 2 dentists and 1 trainee dental nurse. The practice has 1 treatment room.

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

The practice is open:

Monday to Friday from 10am to 6pm.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

At the inspection on 19 February 2024, we found the practice had made the following improvements to comply with the regulations:

- The provider had made improvements to the premises. At the previous inspection we found black mould present in 2 rooms, at this inspection this was no longer present. At the previous inspection we found floorboards to be loose and missing posing a safety risk, at this inspection we found new floorboards had been placed.
- We were provided with a 5 yearly electrical installation condition report of the practice which included all levels of the building. We found on this inspection there was no exposed live wires.
- Procedures to reduce the possibility of Legionella or other bacteria developing in water systems had improved. We noted that monthly checks of hot and cold-water temperatures and flushing of dental unit water lines and low use taps were now completed. A legionella risk assessment was completed by an external company in December 2023. The practice had reviewed all recommended actions.
- A health and safety risk assessment was completed by an external company in December 2023. We saw recommended actions had been completed.
- The practice had implemented an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK). A spacer device for the inhaler, dispersible aspirin and self-inflating bags for adult and child were now present.
- Staff had completed hands on basic life support training in January 2024 and could demonstrate how to operate lifesaving equipment.
- The provider had ensured that fire safety processes were effective and in line with Fire Safety Legislation. The practice had an external fire risk assessment completed in December 2023 and recommended actions had been completed. The rear fire exit was accessible.
- The provider had implemented new procedures in relation to receiving and acting upon safety alerts, incidents and accidents. We saw safety alerts, incidents and accidents were recorded.
- Staff were following procedures to ensure the practice was compliant with the Health and Safety (sharp instruments in Healthcare Regulations 2013). A sharps risk assessment was completed in December 2023 and accurately reflected the processes in place.

The practice had also made further improvements:

- The practice had implemented changes to waste handling protocols. We saw waste was segregated and disposed of correctly and included the practice details on clinical waste bins.
- The provider had an effective system to identify and dispose of out-of-date stock.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 19 February 2024.

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 19 February 2024, we found the practice had made the following improvements to comply with the regulations:

- Systems and processes were more established with staff. The practice had invested in a compliance system to improve oversight of governance systems. We saw that quality and assurance and monitoring and mitigating risk was conducted. For example, the practice had completed an infection control audit, radiograph audit, Cone-Beamed Computed Tomography (CBCT) audit and record keeping audit.
- The provider had updated practice policies and procedures in relation to complaints, safeguarding, consent, inoculation injuries and freedom to speak up.
- A timetable for completing required audits and servicing of equipment was in place.
- A disability access audit was completed by an external company in December 2023. Improvements had been implemented such as a portable ramp for access into the building and a hearing loop.
- We saw evidence that the practice was registered with the Health and Safety Executive (HSE) for the use of X-ray equipment.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 19 February 2024.