

Oradent Kent Limited

# Oradent Kent Limited

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Oradent Kent Limited on 31 October 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 led by a CQC inspector who was supported remotely by a specialist dental adviser.

We undertook a comprehensive inspection of Oradent Kent Limited on 09 August 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 safe or well led care and was in breach of regulations 12. Safe care and treatment, 17. Good governance, 18. Staffing, 19. Fit and proper persons employed 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 Oradent Kent Limited on our website [www.cqc.org.uk](http://www.cqc.org.uk).

- Is it safe?
- 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 again after a reasonable interval, focusing on the areas where improvement was required.

### Our findings were:

#### Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach/es we found at our inspection on 31 October 2022.

#### Are services well-led?

# Summary of findings

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/es we found at our inspection on 31 October 2022.

## Background

Oradent Kent Limited is in Ashford 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 areas for blue badge holders, are available near the practice.

The dental team includes 13 dentists, 5 registered dental nurses, 5 trainee dental nurses a practice manager who is supported by an operations manager for the brand and 4 receptionists. The practice has 7 treatment rooms.

During the inspection we spoke with the lead dental nurse, the operations manager for the group and the 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 9am to 5pm for NHS patients
- Monday and Tuesday 8.30am to 9am and 5pm to 6.30pm for private patients
- Wednesday 8.30am to 9pm and 5pm to 5.30pm for private patients
- Thursday 8.30am to 9pm and 5pm to 6pm for private patients
- Friday 8.30am to 9am for private patients.
- Saturday 9am to 1pm for private patients.

## Our key findings were:

- The dental clinic appeared to be visibly clean and maintenance of the premises was in progress.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Improvements had been made to the practice clinical governance programme.
- All staff had completed training specific to their roles and training requirements.

# 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 our previous inspection on 09 August 2022 we judged the practice was not providing safe 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 31 October 2022 we found the practice had made the following improvements to comply with the regulation(s):

- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.
- The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.
- The practice 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
- Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.
- The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.
- The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT).
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.
- Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support.
- The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were in progress.
- The practice had implemented systems for reviewing and investigating when things went wrong.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 31 October 2022.

# Are services well-led?

## Our findings

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

At our previous inspection on 09 August 2022 we judged the practice 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 31 October 2022 we found the practice had made the following improvements to comply with the regulation(s):

- The practice demonstrated an improved culture in relation to people's safety.
- Systems and processes were implemented, and staff worked together in such a way that the inspection did not highlight any issues or omissions.
- The information and evidence presented during the inspection process was clear and well documented.
- Staff were in the process of discussing their training needs during one to one meetings. Appraisals were also being conducted. Documents we viewed showed discussions regarding learning needs, general wellbeing and aims for future professional development.
- The practice had implemented arrangements to ensure staff training was up-to-date and reviewed at the required intervals.
- Staff were aware of their responsibilities for the roles they performed, and systems of accountability had been implemented to support good governance and management.
- The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. A system had been created to ensure these would be reviewed on a regular basis.
- We saw there were clear and effective processes for managing risks, issues and performance.
- Staff acted on appropriate and accurate information.
- The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control at the correct intervals.
- Staff kept records of the results of these audits and the resulting action plans were in progress.

These improvements showed the provider had taken action to comply with the regulations: when we inspected on 31 October 2022.