

Mrs. Sindhu Amin

The Dental Practice

Inspection report

Central Surgery
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Overall summary

We undertook a follow up focused inspection of The Dental Practice on 16 January 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of The Dental Practice on 29 November 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 and well-led care and was in breach of regulations 12 Safe care and treatment and 17, Good governance 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 The Dental Practice on our website www.cqc.org.uk.

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.

The provider had made improvements in relation to the regulatory breach/es we found at our inspection on 29 November 2022.

Summary of findings

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/es we found at our inspection on 29 November 2022.

Background

The Dental Practice is in Folkestone and provides private dental care and treatment for adults only.

The Dental Practice is situated on the first floor of the building which is not accessible for people who use wheelchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. Patients with mobility disabilities are redirected at the first point of contact to other practices close by that have level access.

The dental team includes a dentist who is supported by her husband who is a general practitioner and practice manager and a trainee dental nurse the practice has one treatment room.

During the inspection we spoke with the dentist, the trainee 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 9am to 1pm

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 Faculty of General Dental Practice.

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 16 January 2023 we found the practice had made the following improvements to comply with the regulations:

- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults. All staff had completed safeguarding training to the correct level.
- The practice had infection control procedures which reflected published guidance. We saw improvements in the recording of operational parameters for the autoclave all testing strips were logged and dated.
- Clean and dirty instruments were transported in clean and dirty secure boxes to and from the decontamination room.
- Reprocessed instruments were stored pouched after processing and dated.
- Long handled brushes were used to manually scrub instruments. The brushes were autoclaved after each use and disposed of at the end of the week. We saw a completed log for the brushes and heavy duty gloves.
- Staff were wearing appropriate clothing that can be washed at high temperatures and the correct personal protective equipment, such as disposable aprons.
- The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. Logs of water testing were seen.
- The practice had a recruitment policy and procedure to help them employ suitable staff, including volunteers. These reflected the relevant legislation.
- The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. This included electrical and gas safety checks.
- A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.
- The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.
- 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.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.
- The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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 16 January 2023 we found the practice had made the following improvements to comply with the regulations:

- The practice provider demonstrated a transparent and open culture in relation to people's safety. All of the issues highlighted at the previous inspection had been addressed.
- Systems and processes had been implemented and improved, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.
- The information and evidence presented during the inspection process was clear and well documented.
- We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. The only member of staff had been inducted, completed training in safeguarding, infection control, medical emergencies and information governance. They told us they were supported to develop the trainee dental nurse role.
- Staff had discussed their training needs during a 1 to 1 meeting and through casual discussions.
- The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. A staff training matrix had been developed.
- The practice had an improved governance system which included policies, protocols and procedures that were accessible to all members of staff and were being reviewed and updated on a regular basis. We saw an improved infection control policy which was in line with HTM 01-05 and reflected the improved infection control processes.
- We saw there were clear and effective processes for managing risks, issues and performance which had been implemented.
- Staff acted on appropriate and accurate information. Audits had been completed for infection prevention and control, radiographic image quality, patient records and disability access.
- Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.
- The practice had systems and processes for learning, quality assurance and continuous improvement which had been recently implemented. These included audits of patient care records, disability access, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans which they were currently working through.