

The Cottage Dental & Implant Clinic Limited

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Inspection report

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Overall summary

We undertook a follow up focused inspection of The Cottage Dental & Implant Clinic Limited on Tuesday 20 April 2021. 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. We also reviewed regulations 19 fit and proper persons employed and 18 staffing.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of The Cottage Dental & Implant Clinic Limited on 26 November 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 safe or 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 Cottage Dental & Implant Clinic Limited on our website www.cqc.org.uk.

As part of this inspection we asked:

- 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:

Summary of findings

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 we found at our inspection on 26 November 2019.

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 26 November 2019.

Background

The Cottage Dental & Implant Clinic Limited is in Wootton Bassett, near Swindon and provides mainly private treatment for adults and children with a small NHS contract.

A temporary ramp can be used for patients requiring assistance into the practice as there is not level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for patients with disabilities, are available near the practice.

The dental team includes one dentist, one trainee dental nurse, a consultant manager (for governance implementation only) and two receptionists. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at The Cottage Dental & Implant Clinic Limited is the principal dentist.

During the inspection we spoke with the dentist, the trainee dental nurse, the consultant manager and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday to Thursday 8:30am-5:30pm
- Friday 8:30am-1:30pm

Our key findings were:

- The systems in place to manage medical emergencies had improved. Monitoring of the equipment was carried out at appropriate intervals. All equipment and medicines were held at the practice in accordance with guidelines.
- Medicines were monitored to ensure they were safe to use and within their use by date.
- Infection control equipment was now maintained at appropriate intervals, in accordance with guidelines and manufacturers instructions.

Summary of findings

- Actions had been addressed following a legionella risk assessment and regular monitoring was in place to reduce the risks associated with legionella.
- There was a process in place to monitor and report on incidents.
- The provider informed us conscious sedation had not been carried out since our last inspection and would be started again when there was sufficiently trained staff.
- Infection control audits had not been completed on a six monthly basis but there was a plan in place to ensure this was consistently completed in the future.
- A safer sharps risk assessment had been completed in accordance with what procedures were in place at the practice.
- The provider had ensured portable appliance testing and an electrical installation safety check had been carried out.
- Patient feedback was sourced and analysed to ensure the provider could constantly improve its service.
- There was an induction process in place and this was followed when staff were recruited.
- There was a system in place to ensure staff were recruited safely. The provider needed to ensure if there was missing information when staff were recruited then a risk assessment was carried out.
- There was a system in place to ensure staff were suitably trained and supported to carry out their role effectively.

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Take action to ensure that all clinical staff have a risk assessment in place until there is evidence of adequate immunity for vaccine preventable infectious diseases.
- Implement an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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 26 November 2019 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 20 April 2021 we found the practice had made the following improvements to comply with the regulation 12 safe care and treatment:

- The systems in place to manage medical emergencies had improved since the last inspection. Monitoring of the equipment and medicines were carried out at appropriate intervals. The system for monitoring medical emergency equipment needed improvement to ensure it was effective and followed current guidelines. We found during the inspection some medical emergency equipment items were not available in accordance with the Resuscitation Council UK guidelines. This included a child oxygen face mask with reservoir and tubing and a size 4 mask for the self-inflating bag. The provider sent us evidence following the inspection that these had been ordered.
- There was an effective system in place to ensure medicines were monitored to ensure they were safe to use and within their use by date. We noted medicines were stored safely.
- Infection control equipment was now maintained at appropriate intervals, in accordance with guidelines and manufacturers instructions. There were effective infection control procedures in place in accordance with guidelines that were followed by staff.
- There was a process in place to monitor and report on incidents including sharing learning from incidents with staff. The provider and staff confirmed no incidents had occurred since the last inspection.
- There were systems in place to ensure prescriptions were tracked and monitored for their use. The provider assured us they had reviewed relevant guidelines to ensure any risks had been mitigated when monitoring the prescriptions.
- The provider informed us conscious sedation had not been carried out since our last inspection and would be started again when there was sufficiently trained staff.

These improvements showed the provider had taken action to comply with the regulation 12 safe care and treatment, when we inspected on 20 April 2021.

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 26 November 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 inspection on 20 April 2021 we found the practice had made the following improvements to comply with the regulation 17 good governance:

- Actions had been addressed following a legionella risk assessment and regular monitoring was in place to reduce the risks associated with legionella. This included checks for monitoring water temperatures and dental unit water lines.
- Infection control audits had not been completed on a six monthly basis in the last 18 months. This had been recognised by the provider and there was a plan in place to ensure audits were carried out every six months in the future.
- A safer sharps risk assessment had been completed in accordance with what procedures were currently in place at the practice and staff confirmed this.
- We saw evidence that portable appliance testing and an electrical installation safety check had been carried. At the time of the inspection the electrical installation safety check had not been carried out. The provider had organised for this check to take place within 72 hours of the inspection. The provider told us identified actions would be addressed.
- The provider had carried out audits for the following; antibiotic prescribing, patient record keeping, safe use of X-rays and radiography. Audits showed analysis of results and any learning required.
- Patient feedback was sourced and analysed to ensure the provider could continually improve its service. We saw evidence of analysis following a patient feedback survey and an implant satisfaction survey conducted in 2020. These showed the provider had established areas in which actions could be implemented to improve the service.
- There was a system in place to ensure staff were recruited safely. We reviewed two recruitment files and found Disclosure and Barring Service (DBS) checks were received three months after the person was recruited. We noted that one member of staff did not have a risk assessment to mitigate any risks prior to the person starting employment. This included lack of evidence of conduct in employment and disclosure and barring service checks. A risk assessment had been completed for one member of staff for the lack of DBS check. We noted a member of staff who was not yet at the stage of having their hepatitis B immunity confirmed as effective, did not have a written risk assessment in place to mitigate any risks.
- There was an induction process in place for new staff starting in the practice. We saw examples of completed induction checklists when staff had been recruited.
- Agency nursing staff had not been used since the last inspection. There was an induction procedure in place for agency staff should it be required.
- There was a system in place to ensure staff were suitably trained and supported to carry out their role effectively. We saw evidence of staff training and a system in place to ensure it was monitored. We noted the provider had enrolled on a course in June 2021 to ensure they had completed appropriate level Cone Beam Computed Tomography training in accordance with guidelines. Staff had received a recent appraisal and told us they felt well supported in an open and honest environment. They told us the provider listened to their views and implemented changes where there was need.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation 17 good governance, when we inspected on 20 April 2021.