

Mr. Stephen Young

# Village Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Village Dental Practice on 10 November 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 carried out by a Care Quality Commission, (CQC) inspector.

At our inspection on 11 March 2022 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 Village Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- 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 area where improvement was required.

### 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 11 March 2022.

### Background

Village Dental Practice is in Reading and provides NHS and private dental care and treatment for adults and children.

# Summary of findings

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including parking for disabled people, are available near the practice. The practice has made adjustments to support patients with additional access requirements.

The dental team includes three dentists, two dental nurses, one trainee dental nurse, a receptionist and a practice manager.

The practice has two treatment rooms.

During the inspection we spoke with two dentists, two dental nurses 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 9.00am to 5.00pm
- Tuesday 9.00am to 5.00pm
- Wednesday 9.00am to 5.00pm
- Thursday 9.00am to 5.00pm
- Friday 9.00am to 5.00pm

The practice is closed for lunch between 1.00pm and 2.00pm daily.

## **Our key findings were:**

- The provider had quality assurance processes to encourage learning and continuous improvement.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a follow-up focused inspection on 11 March 2022.

## **There were areas where the provider could make improvements.**

- Implement protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

# 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

At our previous inspection on 11 March 2022 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 our follow-up inspection on 10 November 2022 we found the practice had made the following improvements to comply with the regulations:

### Infection Control

- Staff clinical uniforms were stored away from outdoor clothing.
- The ultrasonic bath solution change frequency followed follow national standards.
- There were protocols in place for the regular changing of scrubbing brushes and gloves used by staff for cleaning instruments prior to being sterilised.
- Evidence was available to confirm recommendations made in the Legionella risk assessment had been actioned.

### Radiography

- Evidence was available to confirm the X-ray equipment had received a three yearly equipment assessment by a suitable professional
- The practice carried out radiography audits six-monthly following current guidance and legislation for all the dentists.

### Fire Safety

- The fire risk assessment was carried out by someone who was competent in fire safety management.
- The frequency of testing of smoke detection equipment was appropriate.
- Emergency lighting was tested.
- Emergency lighting annual discharge and service was carried out at appropriate intervals.

### Risks to Patients

- Emergency equipment and medicines were available and checking frequency followed national guidance
- The practice had implemented systems for reviewing and investigating when things went wrong.
- Evidence to confirm the implant drill had been serviced was available.

### COSHH

- Cleaning products in the kitchen were stored securely.

### The practice had also made further improvements:

- Patient referrals to other dental or health care professionals were centrally monitored to ensure they are received in a timely manner and not lost.
- Dentists were aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Protocols and procedures were in place to ensure staff were up to date with their mandatory training and their continuing professional development.

### We noted shortfalls that remained outstanding which included:

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