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# The Stafford Dental Practice

## Inspection report

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## Overall summary

We undertook a desk-based review of The Stafford Dental Practice on 26 August 2020. This 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.

We had undertaken a comprehensive inspection 14 August and 4 September 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 well-led care in accordance with the relevant regulations 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 Stafford Dental Practice on our website .

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.

As part of this review we asked:

- Is it well-led

### Background

The Stafford Dental Practice is in Stafford and provides private treatment to adults and children.

There is ramped access to the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including one for those with limited mobility, are available in the car park at the rear of the practice.

The dental team includes two dentists (the practice owners), three dental nurses (including a trainee), one dental hygienist and a receptionist. The practice has two dental treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

### Our findings were:

- We found this practice was providing well-led care in accordance with the relevant regulations.

### Key findings

The provider had made satisfactory improvements in relation to the regulatory breach we found at our previous inspection. These must now be embedded in the practice and sustained in the long-term.

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

# Summary of findings

- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice. We raised this at our previous inspection.

Develop systems to ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Including the training, learning and development needs of individual staff members at appropriate intervals. We raised this at our previous inspection.

# 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 14 August and 4 September 2019, we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this review, we found the provider had made the following improvements to comply with the regulation:

- We viewed minutes of a meeting held on 21 November 2019 which showed that staff had discussed the practice's whistle blowing and fitness to practice policy. It was recorded that staff knew where to report professional concerns.
- The practice's recruitment and selection policy had been reviewed on 20 October 2019. The practice's staff file checklist had been updated on 8 January 2020. We viewed documentation which showed that appropriate pre-employment checks had been obtained for a new member of staff including a DBS check, proof of their identity, their GDC registration and indemnity. The provider was just awaiting their references to come through and assured us he would chase these up.
- We viewed documentation which demonstrated that all staff had read the contents of the practice's radiation protection file to ensure they were up to date with its contents.
- We reviewed dental records of six patients which demonstrated that their radiographs had been reported on.
- We viewed records which evidenced staff had received fire instruction and safety advice. The practice also conducted regular timed fire evacuations.
- We viewed the practice's inoculation injury protocol which had been updated in October 2019, and listed details of relevant agencies to contact following an injury.
- We viewed records which showed that weekly protein residue checks and quarterly foil tests had been completed for the practice's ultrasonic cleaning bath.
- An infection control audit had been completed in October 2019, but not since then. The provider told us that one planned for April 2020 had been rescheduled to September 2020 on account of the practice being closed during the pandemic lock down period.
- A general health and safety risk assessment for the practice had been completed in October 2019.
- We viewed dental record card audits that had been completed for three clinicians on 1 October 2019.
- We viewed a photograph which showed that the practice's external clinical waste bin had been attached to a fixed point for additional security.
- We viewed records which showed that weekly checks of the practice's medical emergency equipment and drugs had taken place.

These developments showed the provider had acted to improve the quality of services for patients and comply with the regulation.