

## Paget Dental Practice

# Paget Dental Practice

## Inspection Report

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Date of inspection visit: 9 December 2019  
Date of publication: 12/02/2020

### Overall summary

We undertook a focused inspection of Paget Dental Practice on 9 December 2019. 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 by a specialist dental adviser.

We undertook a comprehensive inspection of Paget Dental Practice on 30 April 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 and well led care and was in breach of regulations 12 and 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 Paget Dental Practice on our website [www.cqc.org.uk](http://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:

#### Are services safe?

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

The provider had made sufficient improvements to put right the shortfalls.

#### Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

The provider had made insufficient improvements to put right the shortfalls and had not responded to the regulatory breaches we found at our inspection on 30 April 2019.

#### Background

Paget Dental Practice is in Wallington in the London Borough of Sutton 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 are available at the front of the practice for blue badge holders. Parking is also available near the practice.

The practice is owned by a partnership 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Paget Dental Practice is one of the principal dentists.

During the inspection we spoke with the registered manager and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.00am – 5.00pm Monday to Fridays.

9.00am – 1.00pm Saturdays

They operate extended opening until 6.30pm on Thursdays.

## Our key findings were:

- The practice had improved with regards to protocols and procedures for promoting the maintenance of good oral health.
- The practice had improved with regards to completion of dental care records

- The practice had improved with regards to ensuring persons employed in the service were recruited in line with the regulations and appropriate records maintained of the recruitment checks
- The practice still needed to review their protocols and staff awareness of their responsibilities in relation to the duty of candour to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered person continued to have systems and processes in place that operated ineffectively in that they failed to ensure compliance with the requirements of the fundamental standards as set out in the Health and social care Act 2008 (Regulated Activities) Regulations 2014.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Full details of the regulations the provider was not meeting are at the end of this report.**

# 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?**

Enforcement 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 30 April 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 9 December 2019 we found the practice had made the following improvements to comply with the regulation(s):

- We saw evidence that a sharps risk assessment had been completed.

- We saw evidence that staff recruitment procedures had been improved. Documentation relating to recruitment was in staff records.
- We saw evidence that relevant staff had completed immediate life support (ILS) training
- On the day of the inspection the provider was still unable to confirm arrangements for safety including whether a fire risk assessment had been completed or if fire checks were being undertaken. A week after the inspection, the provider sent documentation confirming that fire checks had been undertaken on the 5 August 2019. They also resent the fire risk assessment carried out by the previous provider in January 2010.

These improvements showed the provider had taken action to comply with the regulation when we inspected on 9 December 2019.



# Are services well-led?

## Our findings

We found that this practice was not providing well led care and was not complying with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions section at the end of this report).

At our previous inspection on 30 April 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 9 December 2019 we found the practice still needed to make improvements to comply with the regulation:

- Systems and processes were not in place to enable the registered person to assess, monitor and improve the quality of the service. When requested staff were unable to provide evidence of audits completed since the previous inspection in April 2019.
- The provider did not have appropriate governance arrangements in place for the effective running of the service in the absence of your practice manager. Documents such as the fire risk assessments, fire safety checks, electrical test and a disability access audit could not be accessed on the day of the inspection.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014</b></p> <p><b>Good Governance</b></p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The practice did not have appropriate governance arrangements in place for the effective running of your service in the absence of your practice manager. Appropriate arrangements were not made for cover, including monitoring of their emails whilst on annual leave.</li><li>• Documents which should be accessible such as risk assessments, fire safety checks, electrical checks and the disability access audit could not be located or accessed on the day of the inspection and you were unable to supply them until your practice manager returned to work.</li></ul> <p>Regulation 17 (1)</p>