

## Victoria House Dental Partnership

# Victoria House Dental Practice

### Inspection Report

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### Overall summary

We undertook a follow up desk-based inspection of Victoria House Dental Practice on 12 June 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.

We undertook a comprehensive inspection of Victoria House Dental Practice on 8 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 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 Victoria House 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 (requirement notice only). We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

#### **Our findings were:**

#### **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 8 April 2019.

#### **Background**

Victoria House Dental Practice is in Loughborough, a market town in the East Midlands. It provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. The practice does not have its own car park facility. Car parking spaces including those for blue badge holders, are available close to the practice in public car parks and on street.

# Summary of findings

The dental team includes six dentists, five dental nurses, six trainee dental nurses, one decontamination assistant, three dental hygienists, one dental hygiene therapist, six receptionists and two practice managers. The practice has 11 treatment rooms.

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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

At the time of inspection there was no registered manager in post as required as a condition of registration.

A registered manager is legally responsible for the delivery of services for which the practice is registered. The practice manager had submitted an application for the registered manager role.

The practice is open: Monday to Friday from 8.30am to 5.30pm.

## **Our key findings were:**

- The registered provider had improved the quality and safety of the services being provided. This included updates within the treatment rooms and refurbishment in one of the staff areas.
- The practice had reviewed its processes for the recording of patient consent to care and treatment and had plans in place to monitor improvements.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

### **Are services well-led?**

We found that this practice was providing well-led care and was complying with the relevant regulations.

The provider had made improvements to the management of the service. This included updates within two of the treatment rooms. The improvements ensured that national guidance contained in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care, was followed. The provider had also made changes to one of the staff areas; this included a blind at the window, new carpet and re-plastering and painting in the room.

The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No action**



# Are services well-led?

## Our findings

At our previous inspection on 8 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 12 June 2019 we found the practice had made the following improvements to comply with the regulation:

- Action had been taken to ensure that clinical areas were free from damage and abrasion. We were provided with detailed photographic evidence of all improvements made in the clinical areas that we had previously identified as requiring repair or maintenance to be undertaken. Two new dental chairs had been purchased and new flooring had been fitted in both treatment rooms. The improvements ensured that national

guidance contained in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care, was followed.

- In addition, a staff area had been improved by walls and ceilings being re-plastered and painted. A new carpet had been fitted and a blind placed on the window which promoted privacy for staff when this area was used as a changing area. A lock had also been fitted on the door so staff could change in privacy.

The practice had also made further improvements:

- The practice manager had held meetings with clinicians to reinforce the importance of documenting informed consent. The practice had plans to monitor this at their next record keeping audit due in August 2019.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation.