

V2Ray Ltd

# Pomeroy & Rust Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Pomeroy & Rust Dental Practice on 15 January 2024.

This inspection 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.

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

We had previously undertaken a comprehensive inspection of Pomeroy & Rust Dental Practice on 3 August 2023 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 Pomeroy & Rust Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

1 or more of the 5 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(s) where improvement was required.

#### **As part of this inspection, we asked:**

- Is it well-led?

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

# Summary of findings

## 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 3 August 2023.

## Background

Pomeroy and Rust is in Bicester and provides private dental care and treatment for adults and children.

The practice is based on the first floor which is a barrier to wheelchair users and people with limited mobility. Patients are advised of this when they contact the practice.

The dental team includes 2 dentists, 2 dental nurses, 1 dental hygienist and a head receptionist who supports the provider with administration duties.

The practice has 4 treatment rooms of which 3 are in use.

During the inspection we spoke with the head receptionist.

We looked at practice policies, procedures and other records to assess how the service is managed.

## The practice is open:

- 9.00am to 5.30pm Monday to Thursday
- 9.00am to 7.00pm Friday
- 9.00am to 3.00pm Saturday

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

- Take action to implement outstanding recommendations in the practice's fire safety risk assessment to ensure ongoing fire safety management is effective.

# 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

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

At the inspection on 15 January 2024, we found the practice had made the following improvements to comply with the regulations:

### **Staff Recruitment**

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

### **Control of Substances Hazardous to Health (COSHH)**

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

### **Fire Safety**

A fire safety risk assessment was carried out in line with the legal requirements. The practice was in the process of completing the resulting action plan and had a number of points still to complete.

### **Staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Clinical staff completed continuing professional development required for their registration with the General Dental Council.