

SC Dental Studio Ltd

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## Inspection report

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Date of inspection visit: 12 October 2023  
Date of publication: 31/10/2023

### Overall summary

We undertook a follow up focused inspection of SC Dental Studio Ltd on 12 October 2023. 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 supported remotely by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of SC Dental Studio Ltd on 9 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 safe and 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 Market House Dental Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 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 areas where improvement were required.

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

- Is it Safe?
- Is it well-led?

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

#### **Are services safe?**

# Summary of findings

We found this practice was providing safe care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breach we found at our inspection on 9 August 2023.

## **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 9 August 2023.

## **Background**

SC Dental Studio Ltd Slough and provides NHS and private dental care and treatment for adults and children.

There is step free access via a portable ramp, to the practice for people who use wheelchairs and those with pushchairs.

Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 2 foundation dentists, 1 visiting anaesthetist,

7 dental nurses, of which 1 is also the practice manager and 1 is a receptionist, 1 dental hygiene therapist, and 1 receptionist. The practice has 5 treatment rooms.

During the inspection we spoke with provider and the practice manager.

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

## **The practice is open:**

- 9am to 6pm Monday to Friday

# 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?**

**No action**



# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 12 October 2023, we found the practice had made the following improvements to comply with the regulations:

### Infection Control

- Paper towels were stored appropriately in the decontamination room.
- Protocols for the regular changing of scrubbing brushes and gloves used by staff for cleaning instruments prior to being sterilised were available.
- Treatment room floors and skirtings were complete,
- Painted surfaces on window sills had been repaired.
- Woodwork (skirtings and window frames) paintwork appeared clean.
- Drawer handles in the sedation room were clean
- Cleaning schedules for weekly and monthly cleaning were available.
- Cleaning equipment storage followed national infection control standards.
- A material covering to the sedation treatment recovery room door glass panel and a privacy screen in the sedation room had been replaced with a film covering.

### Equipment

- The practice manager's office contained 1 fridge which was operated appropriately.

### Fire Safety

- Fire drills were carried out.
- The automatic fire alarm was inspected at recommended intervals of 6 monthly.
- Fire exits and fire escape routes were signed appropriately.
- A fire risk assessment was carried out by someone who could demonstrate fire safety management competence..

### Radiography

- The practice had 5 x-ray machines. Every machine was fitted with a rectangular collimator. A rectangular collimator reduces the amount of radiation a patient is exposed to during dental intraoral x-ray procedures by reducing scatter radiation.
- Radiography audits were fully completed and included detailed analysis, outcomes and action plans where appropriate.

### Sharps

- Staff manually scrubbed instruments. This procedure was included in the sharps risk assessment.
- Sharps injury action posters included contact details for accident and emergency and occupational health services.

### Medical emergencies

- Glucagon was available and stored appropriately.
- Evidence was available to confirm Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) had been booked to take place on 18 October 2023.

# Are services safe?

## Health and Safety

- Window blind adjustment looped cords were tethered to window frames in the waiting area.

# 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 12 October 2023, we found the practice had made the following improvements to comply with the regulations:

### **Infection Control**

- Infection prevention and control audits were fully completed. The audit did not include a detailed analysis, outcomes and action plan. The manager assured us they would review the audit as soon as practicably possible to make sure this oversight did not occur again.

### **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)**

- Risk assessments were available for all the COSHH identified products used in the practice.
- Two yellow clinical waste bins at the rear of the practice were tethered to a fixed point to prevent being removed from the building car park.

### **Medicines**

- Prescription pad stock controls were in place.

### **General Data protection Requirements (GDPR)**

- A General Data Protection Regulation (GDPR) accident book was in use.
- Completed accident records were removed and stored securely.

### **Staffing**

- 5 hours of Ionising Radiation (Medical Exposure) Regulation (IR(ME)R) training was available for every clinician that took X-rays..

### **Privacy and Dignity**

- The practice had installed closed-circuit television to improve security for patients and staff. Relevant protocols were in place.
- Glass partitioning on treatment room doors was fitted with a privacy covering to protect patients' privacy and dignity.

### **Equality Act 2010**

- The wheelchair accessible toilet had a sensor operated sanitary bin.
- The front door threshold ramp was available.
- The mirror in the wheelchair accessible toilet was accessible to a wheelchair user.
- Disability access audits were carried out appropriately.

### **The practice had also made further improvements:**

# Are services well-led?

- The practice Implemented 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.
- The practice ensured that all clinical staff had adequate immunity for vaccine preventable infectious diseases.
- Patient referrals to other dental or health care professionals were centrally monitored to ensure they were received in a timely manner and not lost.
- The practice ensured that staff had awareness of the requirements of the Mental Capacity Act 2005 and were aware of their responsibilities under the Act as it relates to their role.