

Dr. Robert Bate

# Old Square Dental Surgery

## Inspection report

2 Old Square  
Warwick  
Warwickshire  
CV34 4RA

Tel: 01926491960  
No website at present

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### Overall summary

We undertook a follow up desk-based review of Old Square Dental Surgery on 27 November 2020. This review was carried out to examine 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 review was led by a CQC inspector.

We undertook a comprehensive inspection of Old Square Dental Surgery on 19 November 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 Old Square Dental Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this review 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 review again after a reasonable interval, focusing on the areas 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 19 November 2019.

#### **Background**

Old Square Dental Surgery is in Warwick and provides NHS and private dental care and treatment for adults and children. There are two services provided by four different providers at this location. This report only relates to the provision of general dental care services provided by Dr. Robert Bate. A separate report is available in respect of the orthodontic service which is registered under the provider Old Square Orthodontics Ltd.

There is a low-level step access to the practice with a gradient that is unsuitable for a portable ramp to be used. Patients who use wheelchairs and those with pushchairs are supported by those accompanying them or staff to access the premises. Car parking spaces, including dedicated parking for people with disabilities, are available in pay and display car parks near to the practice.

The dental team includes four dentists, one orthodontist, six dental nurses, two dental hygienists, three receptionists and the practice manager. The practice has five treatment rooms.

# Summary of findings

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.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4.30pm.

## **Our key findings were:**

The provider had made improvements to the management of the service. These included

- Completion of an infection prevention and control audit every six months.

- Completion of appraisals for staff members.
- The implementation of regular staff meetings.
- The fixed electrical wiring had been replaced and an electrical installation certificate had been issued.
- Infection prevention and control processes had been updated and staff were trained in the changes.
- An electronic software package had been installed to enhance record keeping.
- Monitoring and tracking systems for prescriptions had been implemented.

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

# 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 our previous inspection on 19 November 2019 we judged the provider was not providing well-led care and was not complying with the relevant regulation. We told the provider to take action as described in our requirement notice. At the review on 27 November 2020 we found the practice had made the following improvements to comply with the regulation:

- At the time of our first inspection on 19 November 2019 we found that audit had been completed for infection prevention and control every year. National guidance states that these audits should be completed every six months. We discussed this with the practice manager at the time of our initial inspection and were advised that they would complete the Infection Prevention Society audit tool every six months moving forward and ensure action plans were completed. Infection prevention and control audits were completed in May and November 2020 which demonstrated that the practice was meeting the required standards. Action plans and learning outcomes to drive improvement were evident for these audits. An environmental cleanliness audit had been completed in November 2020 which identified significant areas of recent improvement to infection prevention and control processes. For example, treatment room three had undergone a full refurbishment replacing cracked flooring and cabinetry and an additional treatment room had been renovated. The decontamination room had been redesigned to include additional storage, coloured "dirty" instrument transfer boxes with lockable lids and clear "clean boxes" were now in use, a bagging area had been identified, the water distiller unit had been located in the decontamination room and the illuminated magnifying light had been wall mounted. Staff had all been trained in the new infection prevention and control processes.
- Formal appraisals had been scheduled and completed in July 2020 for staff within the practice. A comprehensive programme of staff meetings had been implemented to share information and drive improvement. In addition to this, various social media chat groups had been introduced to support enhanced communication within the practice.
- At the time of our inspection on 19 November 2019 we found that facilities were not all maintained in accordance with IET wiring regulations. For example, five yearly electrical fixed wire testing had not been completed and an electrical socket in surgery three was damaged. The electrical socket was repaired within 48 hours of our inspection. Prior to our review on 27 November 2020 the provider sent evidence of an electrical installation certificate dated 13 November 2020 which detailed that premises had undergone full electrical rewiring throughout.
- At the time of our inspection on 19 November 2019 we found there was scope to improve the standard and level of detail in relation to record keeping. We looked at a sample of patients' dental care records. We found that information was not always noted in sufficient detail regarding radiograph justification and grading; risk assessment for oral cancer, caries and tooth wear; basic periodontal examination and patient consent. Following the inspection, the provider had purchased and was in the process of having an electronic dental practice management software system installed throughout the practice. This would enable more detailed record keeping as the practice were previously using paper-based records which limited the detail necessary within clinical care records. Prior to our review on 27 November 2020 the provider sent evidence of record keeping templates that they were having uploaded onto the software for all clinicians to use. The provider informed us that they planned to complete a record keeping audit once the system had been in use for a full month.
- At the time of our initial inspection on 19 November 2019 the practice held NHS prescriptions; we found improvement was required to ensure that they could be tracked and monitored. Prior to our review on 27 November 2020 the provider sent evidence of a completed prescription log that had been implemented to track and monitor prescriptions.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation when we reviewed on 27 November 2020.