

Dental Pods (Hygiene Services) Ltd

Unit 1 & 2 St Peters Arcade

Inspection Report

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Overall summary

We undertook a focused inspection of Dental Pods (Hygiene Services) Ltd on 12 August 2019. This 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 now met legal requirements.

We had undertaken a comprehensive inspection 17 December 2018 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 in accordance with the relevant regulations 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 Newnham Dental Practice on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it well-led

Our findings were:

We found this practice was providing well-led care in accordance with the relevant regulations.

Background

Dental Pods (Hygiene Services) Ltd is based at Unit 1 & 2 St Peters Arcade in Peterborough city centre and provides private dental treatment to about 1300 patients. The dental team includes three part-time dentists, a practice manager, two dental nurses and a receptionist. There are two treatment rooms.

The practice opens on Mondays, Tuesdays, Fridays and Saturdays from 9 am to 5 pm; and on Wednesdays and Thursdays from 9.30 am to 5.30 pm. Car parking spaces, including some for blue badge holders, are available in public car parks near to the practice.

The practice is owned by a company 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. One of the directors, who is also the practice manager, is the registered manager for the service.

On the day of inspection, we spoke with the practice manager and one of the directors of the company.

Our key findings were:

The provider had made sufficient improvements in relation to the regulatory breach we found at our previous inspection on 17 December 2018. These included the management of complaints, the appraisal of staff, fire and legionella safety, and the use of dental dams.

Summary of findings

These must now be embedded and sustained in the long-term.

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 this practice was providing well-led care in accordance with the relevant regulations.

No action



Are services well-led?

Our findings

At our previous inspection on 17 December 2018, we judged the practice was not providing well-led care in accordance with the relevant regulations. We told the provider to take action as described in our requirement notice. During this inspection we found the following improvements to comply with the regulation:

- Dental dams were now used by all dentists during root canal treatments.
- A formal protocol to prevent wrong site surgery had been introduced and we noted it had been discussed with staff at their meeting in January 2019. A copy of it was on the treatment room wall to remind staff of the protocol.
- Untoward incidents were now recorded, and we viewed a detailed incident form that had been completed in relation to a recent theft in the practice.
- A comprehensive fire risk assessment had been completed in January 2019. Its recommendations to remove tape covering smoke alarms and record fire checks had been implemented. Other recommendations could not be implemented yet, as the building where the practice was sited, was undergoing a full refurbishment. The practice manager told us they were liaising closely with the City Council who owned the building in relation to this.
- Missing emergency equipment had been purchased and we viewed Midazolam and clear face masks in the practice's emergency medical kit. Staff had undertaken medical emergency simulations to keep their skills up to date.
- The antique wooden cabinet had been removed from the treatment room.
- The recommendation from the practice's legionella risk assessment to remove three dead legs in the pipework had been undertaken.
- External clinical waste bins had been secured safely.
- A portable induction hearing loop had been obtained to assist patients who wore hearing aids.
- The practice had received one complaint since our previous visit. We noted relevant paperwork had been kept tracking its management.
- All staff had received an appraisal of their performance, evidence of which we viewed,

These improvements demonstrated the provider had taken satisfactory action to comply with regulation.