

Dumbledore Dental Care Limited

# Sheerness Dental Clinic

## Inspection report

19 Broadway  
Sheerness  
ME12 1AB  
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### Overall summary

We undertook a follow up focused inspection of Sheerness Dental Clinic on 10 May 2022. 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 who was supported by a specialist dental adviser.

We undertook a focused inspection of Sheerness Dental Clinic on 19 January 2022 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, effective and well led care and was in breach of regulations 12, Safe care and treatment, 17, Good governance 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 Sheerness Dental Clinic on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

### Our findings were:

#### Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 19 January 2022.

# Summary of findings

## **Are services effective?**

We found this practice was providing effective care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach/es we found at our inspection on 19 January 2022.

## **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/es we found at our inspection on 19 January 2022.

## **Background**

The provider has 27 practices and this report is about Sheerness Dental Clinic

Sheerness Dental Clinic is in Sheerness and provides NHS and private dental care and treatment for adults and children.

Access to the practice is via a small flight of stairs which does not allow level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two locum dentists, two registered dental nurses, one trainee dental nurse, two receptionists and a practice manager. The practice has four treatment rooms.

During the inspection we spoke with two dental nurses, two receptionists, the area compliance manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 9am to 5pm

# 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 effective?	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 10 May 2022 we found the practice had made the following improvements to comply with the regulations:

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance

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

### **Information to deliver safe care and treatment**

Dental care records we saw were improved, legible, were kept securely and complied with General Data Protection Regulation requirements.

### **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. An antimicrobial prescribing audit had been completed since our previous inspection.

### **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating when things went wrong. The practice had a system for receiving and acting on safety alerts, which had been improved.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

At the inspection on 10 May 2022 we found the practice had made the following improvements to comply with the regulations:

### **Consent to care and treatment**

Since the previous inspection the practice had obtained records to demonstrate that staff had completed training in the Mental Capacity Act 2005 (MCA).

### **Monitoring care and treatment**

The practice kept improved dental care records. Further work was ongoing to ensure that dental care records were in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice had carried out a radiography audit following the previous inspection and assured us that these would be completed six-monthly following current guidance and legislation.

### **Effective staffing**

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

# 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 10 May 2022 we found the practice had made the following improvements to comply with the regulations:

### **Leadership capacity and capability**

The practice demonstrated a transparent and open culture in relation to people's safety.

There was improved leadership and there was evidence that staff were striving to improve.

Systems and processes were implemented, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had improved processes to support and develop staff with additional roles and responsibilities.

### **Culture**

The practice could show how they were working towards providing high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Arrangements were in progress for staff to discuss their training needs during annual appraisal and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. We saw completed documents to support this.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support improvements with good governance and management.

The practice had an improved system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and improved processes for managing risks, issues and performance.

### **Engagement with patients, the public, staff and external partners**

Staff were in the process of gathering feedback from patients, the public and external partners.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were now being listened to and acted on.

### **Continuous improvement and innovation**

The practice had implemented systems and processes for learning, continuous improvement and innovation.

The practice had implemented quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.