

Rose Garden Dental Practice

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Inspection report

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Overall summary

We undertook a follow up focused inspection of Rose Garden Dental Practice on 27 February 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 supported by a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Rose Garden Dental Practice on 11 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 or well-led care and was in breach of regulations 12, 17 and 19 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 Rose Garden Dental Practice on our website 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 was required.

As part of this inspection, we asked:

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

Our findings were:

Are services safe?

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

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 11 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 breaches we found at our inspection on 11 August 2023.

Background

Rose Garden Dental Practice is in Kingsbury, in the London Borough of Brent and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 principal dentists, 3 associate dentists, 1 qualified dental nurse, 2 trainee dental nurses, 1 dental hygienist, 1 dental therapist, 1 receptionist, and 1 practice manager, who is also a qualified dental nurse. The practice has 3 treatment rooms.

During the inspection we spoke with the qualified dental nurse, who is also the infection protection and control (IPC) lead, the receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday 9am to 7pm.

Fridays from 9am to 3pm.

Saturdays from 9am to 1pm.

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 27 February 2024, we found the practice had made the following improvements to comply with the regulations:

- All staff had completed safeguarding training at a level appropriate to their role.
- Infection protection and control processes followed guidance from the Department of Health publication 'Health Technical memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). The service had developed systems to ensure sterilised instruments were not used beyond their storage expiry dates. We saw that an illuminated magnifier was used to inspect decontaminated instruments, which makes it easier to see residual contamination before sterilisation, and the enzymatic solution used to decontaminate the instruments was measured according to manufacturer's instructions. Domestic gloves and long handled brushes used in the decontamination process were renewed weekly. We looked at 2 of the 3 treatment rooms. Drawers were clean and clutter free, and local anaesthetic cartridges and cotton wool rolls were stored appropriately.
- Clinical waste was stored securely.
- The container for decontaminating dental impressions had been moved, leaving the hand washing basin to be used solely for hand washing.
- We saw that air leakage tests were completed weekly for the 2 autoclaves on site.
- The practice had improved their recruitment procedures to reflect the relevant legislation. We looked at 8 staff records, including the record for the implantologist who worked on an ad-hoc basis at the practice. All staff had enhanced Disclosing and Barring Service (DBS) checks, proof of qualifications and proof of identity. The practice had obtained satisfactory evidence of conduct in previous employment (references) and full employment histories for those staff members who had recently joined the practice. Evidence of Hepatitis B antibody levels were on file for all staff except the newly employed trainee dental nurse. The practice had carried out a risk assessment for this staff member, which outlined precautionary measures until their vaccinations against Hepatitis B were completed and they had evidence of immunity. On the day of inspection, the indemnity certificate for 1 staff member had expired. The practice sent us the current indemnity certificate for that staff member immediately following inspection. The practice manager had implemented a yearly audit which reviewed each staff members fitness to work.
- Improvements had been made to ensure the management of fire safety was effective. Recommendations from a fire risk assessment dated June 2021 had been acted on. We saw evidence of weekly checks of the fire panel and monthly checks of the emergency lighting. Fire drills were completed every 6 months, with the latest fire drill held on 6 February 2024. The fire risk assessment had also recommended that all staff and fire wardens should be trained in the use of the fire extinguishers available at the premises. The practice arranged in house training immediately following our inspection, to ensure this recommendation had been acted on. Servicing of the fire alarm, emergency lighting and fire extinguishers had been completed within the required timescales. The practice manager and a principal dentist had completed fire marshal and fire warden training, which included learning on how to carry out a fire risk assessment. The practice manager had completed the yearly fire risk assessment on 2 August 2023.
- The service had carried out risk assessments to identify and mitigate the risks from lone working.
- The practice had completed risk assessments for all hazardous materials used. Staff could access safety data sheets for each hazardous material on an online shared folder, in line with Control of Substances Hazardous to Health (COSHH) 2002 regulations.

Are services safe?

- The practice had implemented systems which ensured appropriate and safe handling of medicines. All prescription only medicine and NHS prescription pads were stored securely in locked cabinets.
- Clinicians involved in referring, justifying, performing and interpreting dental cone beam computed tomography (CBCT) examinations undertook CBCT core and further training at a level appropriate to their role.

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 27 February 2024, we found the practice had made the following improvements to comply with the regulations:

- Staff had showed commitment to improvement and had been responsive to feedback following the last inspection. We found the service was adhering to published guidance in respect of infection prevention and control.
- The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals, including trainee nurses and visiting clinicians. Trainee dental nurses were supervised by experienced staff and worked closely with the principal dentists.
- We saw that newly appointed staff had a record of their induction and the induction included safeguarding.
- The processes for managing risks were effective. The practice had implemented systems to identify, assess and mitigate the risks in areas such as recruitment of staff, infection prevention and control, lone working and fire safety.

The practice had also made further improvements:

- The practice had carried out an antimicrobial prescribing audit, which ensured prescribing was in line with the 'Antimicrobial Prescribing in Dentistry' guidance published by the College of General Dentistry (CG Dent). The results of this audit were discussed in staff meetings.