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Windlesham Dental Centre

Inspection report

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Overall summary

We undertook a follow up focussed inspection of Windlesham Dental Centre on 2 September 2021. 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 comprehensive inspection of Windlesham Dental Centre on 28 April 2021 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 X 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 Windlesham Dental Centre on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it safe?

• 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. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

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 28 April 2021.

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 28 April 2021.

Background

Windlesham Dental Centre is in Windlesham and provides private treatment for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available near the practice.

The dental team includes a dentist and a dental nurse. The practice has one treatment room.

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.

During the inspection we spoke with a dentist and a dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

- Monday 8am to 2pm
- Tuesday 8am to 2pm
- Wednesday 8am to 2pm
- Thursday Closed
- Friday 8am to 2pm
- Saturday 9am to 1pm

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- Appropriate medicines and life-saving equipment were available.
- The provider had staff recruitment procedures which reflected current legislation.
- The provider asked staff and patients for feedback about the services they provided.
- Quality assurance process and systems were in place.
- Referrals were centrally monitored.
- Protocols and procedures were in place for the use of X-ray equipment.
- Risk management systems for monitoring and mitigating various risks were in place.
- The provider should review the provision of hot running water within the practice.
- The provider should ensure that dental care records are completed in line with guidance.

Summary of findings

There were areas where the provider could make improvements. They should:

- Take action to ensure both hot and cold running water should be available in areas where employees are expected to wash their hands taking into account the Workplace (Health, Safety and Welfare) Regulations, 1992.

- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

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 our previous inspection on 28 April 2021 we judged the practice was not providing safe care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 2 September 2021 we found the practice had made the following improvements to comply with the regulations:

- Infection control procedures and protocols were carried out in accordance with the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. The practice was using externally provided checklists, policies and procedures.
- The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument.
- We saw that the practice was not providing hot running water in areas where employees are expected to wash their hands taking into account the Workplace (Health, Safety and Welfare) Regulations, 1992. The provider supplied decontamination and hand cleansing material for staff and instrument cleaning which operated at low temperatures. The provider made arrangements to turn the hot water supply back on and carry out appropriate monitoring.
- Emergency equipment and medicines were available as described in the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Effective system of checks of medical emergency equipment and medicines were carried out in accordance with the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 2 September 2021.

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 28 April 2021 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 2 September 2021 we found the practice had made the following improvements to comply with the regulations:

- Quality assurance processes were in place to encourage learning and continuous improvement. An audit of dental care records had been carried out during August 2021, radiographs during August 2021 and infection prevention and control during April 2021.The audit of dental care records did not reflect what we saw recorded in dental care records where some information was not clearly recorded.
- A system to ensure patient referrals to other dental or health care professionals was in place and centrally monitored to ensure they were received in a timely manner and not lost.
- Protocols and procedures were in place for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment in particular the Health and Safety Executive notification had been completed.
- Risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities were in place in particular infection prevention control dated July 2021, fallow time dated August 2021, fire dated July 2021 and legionella monitoring records dated July 2021; and the practice had a full range of policies.
- Processes and systems were in place for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service. The provider collected feedback verbally from patients, and by way of email. The provider told us that a formal patient survey was planned to take place before 2022.
- Appropriate recruitment checks were recorded, accurate, and contained required detailed for all staff and visiting clinicians. Policies were in place. No staff recruitment had taken place since the previous inspection.

The practice had also made further improvements:

- The provider had carried out an audit in August 2021 for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice and had a system in place to ensure that an annual audit was carried out in the future.
- Action had been taken ensure the availability of an interpreter service for patients who do not speak English as their first language. A policy was now in place in relation to interpreters, which included the identification of any patients who might require specific support prior to attendance.
- The provider had carried out an audit in July 2021 to ensure the service took into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 2 September 2021.