

Mr. Alwyn Miller

West Malling Dental Practice and Implant Centre

Inspection report

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Overall summary

We undertook a follow up focused inspection of West Malling Dental Practice and Implant Centre on 06 January 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 comprehensive inspection of West Malling Dental Practice and Implant Centre on 19 November 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 regulations 12 and 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 West Malling Dental Practice and Implant 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?

Summary of findings

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 November 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 19 November 2021.

Background

West Malling Dental Practice and Implant Centre is in West Malling Kent 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 some for blue badge holders, are available near the practice.

The dental team includes four dentists, two dental nurses, four trainee dental nurses, two also cover reception, a dental hygienist, and a receptionist. The practice has three treatment rooms.

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 two dentists, two dental nurses, a receptionist 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 and Thursday 8.30am to 5.30pm

Tuesday and Wednesday 8.30am to 7pm

Friday 8.30am to 4.30pm

Saturday 9am to 1pm

Our key findings were:

- The practice appeared to be visibly clean, improvements were made to areas of the practice.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies and all staff were trained. All the required appropriate medicines and life-saving equipment was available.
- The provider had systems to help them manage risk to patients and staff.

Summary of findings

- The provider had sufficient safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The provider had information governance arrangements.

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 19 November 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 06 January 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice had created and implemented a sharps risk assessment and only the clinicians handled sharps such as needles, scaples and sutures. All staff were aware of this
- All staff had completed infection control training
- All of the logbooks for the maintenance and safety checks for the autoclaves had been completed
- Logbooks for the ultrasonic baths had been completed and maintenance in line with the manufacturers instructions completed and recorded
- The enzymatic detergent was oil free and the oiling of the dental handpieces conducted so to not contaminate the detergent or surfaces
- The wire brush had been disposed of and suitable autoclaveable brushes were being used.
- The magnification device was installed and working. We observed this being used as part of the decontamination process.
- The hot water outlets had been changed to ensure that the hot water was above 50 degrees centigrade consistently. New taps had been installed
- Daily cleaning schedules for the treatment rooms and the decontamination room were being completed every day the practice was open since the last inspection.
- We saw that foot operated bins had been purchased and were in use for clinical waste throughout the practice.
- All of the required medical emergency medicines and equipment were available and weekly checks had been conducted since the last inspection.
- All staff had completed training for medical emergencies
- Medical emergency orientation and training had been added to the induction process for new staff.
- We saw that all staff had a Disclosure and Barring service check
- We saw that all clinical staff had information about their vaccination status regarding Hepatitis B
- We saw up to date indemnity information for all clinical staff
- We saw a comprehensive induction policy and process which will be used for any new member of staff employed
- All staff had completed safeguarding training to the correct level
- We saw a flow chart and contact details for the local authority regarding the reporting of safeguarding issues. This included out of hours information.
- We saw a complete fire risk assessment and staff were working through the actions identified (mostly relating to signage)
- Staff had completed a fire drill and the results recorded
- Five members of staff had completed fire safety training and fire safety, including carrying out a fire drill, had been added to the induction policy and process
- All of the dental materials and cleaning products required by the Control of Substances Hazardous to Health (COSHH) had a completed risk assessment alongside product data safety sheets for staff to refer to
- We saw a completed radiation protection file with all of the required information
- All of the relevant staff had completed training in radiography
- Visual inspections of the X-Ray units had been implemented and recorded in the radiation protection file.
- The hole in the floor between the X-ray area and decontamination room had been repaired.

Are services safe?

- All of the black mould identified at the previous inspection had been sufficiently cleaned and treated
- A lone working risk assessment had been created that included all of the relevant information and we saw a signed patient group directive for the hygienist.
- Medicines were dispensed in line with current legislation
- We saw completed fridge temperature logs and the frozen saline we saw at the previous inspection had been disposed of.

The provider had also made further improvements:

- Domiciliary services have been stopped

These improvements showed the provider had taken action to comply with the regulations when we inspected on 06 January 2022

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 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 06 January 2022 we found the practice had made the following improvements to comply with the regulations:

- Dental care records were complete. We saw Basic periodontal score (BPE), risks and benefits discussed, consent and updates to medical histories recorded.
- We saw risk assessments conducted for fire, Control of Substances Hazardous to Health and sharps.
- Audits had been conducted for infection control, radiographic quality assurance and patient care records with resulting actions that staff were working through.
- All of the Schedule 3 documentation was available for staff
- A new induction process had been created for when any new staff were employed
- Appraisal had either been conducted or was booked for staff

The practice had also made further improvements:

- Action had been taken to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Audits for prescribing of antibiotic medicines had been implemented.
- Patient dental care records had been audited and the actions identified were being worked through with the majority of them completed.

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 06 January 2022.