

## Stubbington Avenue Dental Practice

# Stubbington Avenue Dental Practice

### Inspection Report

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### Overall summary

We undertook a follow up desk-based inspection of Stubbington Avenue Dental Practice on 3 July 2020. 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 had remote access to a dental professional specialist adviser.

We undertook a comprehensive inspection of Stubbington Avenue Dental Practice on 25 September 2019 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 and was in breach of regulation 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 Stubbington Avenue Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

As part of this inspection we asked:

- 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 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 we found at our inspection on 25 September 2019.

#### **Background**

Stubbington Avenue Dental Practice is in Portsmouth and provides NHS and private dental treatment to adults and children.

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

# Summary of findings

The dental team includes two principal dentists, four dental nurses, four dental hygienists, one practice manager and two receptionists. The practice has four treatment rooms.

The practice is owned by a partnership 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. The registered manager at Stubbington Avenue Dental Practice was one of the principal dentists. A registered manager is legally responsible for the delivery of services for which the practice is registered.

The practice is open:

- Monday to Thursday 8.15am – 5.00pm

- Friday 8.00am - 2.30pm

## **Our key findings were:**

- Additional practice policies were now in place for recruitment, prescriptions, referrals, lone working and whistleblowing to help manage risk to patients and staff.
- Improvements had been made by implementing auditing of antibiotic prescribing, and the control and storage of substances hazardous to health.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

# 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

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

At our previous inspection on 25 September 2019 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 3 July 2020 we found the practice had made the following improvements to comply with the regulations:

- The provider produced evidence of various policies, including: recruitment, prescriptions, referrals, induction, lone working and whistleblowing. These policies were introduced as part of a wider ranging dental compliance system which the practice had implemented.
- The provider produced evidence that air conditioning units and suction equipment had been maintained in accordance with manufacturer requirements. The practice had also implemented a calendar system as part of a dental compliance system to ensure that follow up service dates were not missed.
- The provider produced evidence that the recommendations of a fire risk assessment had been carried out in 2017 had been fully carried out. The recommendations included to add a new door to the boiler cupboard which had been fitted.
- The provider produced evidence of risk assessments which were detailed in content. These risk assessments were introduced as part of a wider ranging dental compliance system which the practice had implemented.

- The provider was following relevant safety regulation when using needles. A sharps risk assessment and policy had been undertaken and were using a safer system of sharps, as specified in their policies, when required.
- The provider showed evidence that all emergency equipment and medicines were available and checked, as described in recognised guidance. The checking procedure for emergency equipment and medicines had been introduced as part of a wider ranging dental compliance system which the practice had implemented.
- The provider was able to provide evidence of a Control of Substances Hazardous to Health (COSHH) Regulations 2002 file which contained safety information as required in guidance. The new COSHH risk assessments were introduced as part of a wider ranging dental compliance system which the practice had implemented.
- The provider produced evidence that the composite guns, which hold composite filling immediately prior to use were decontaminated in accordance with guidelines. The practice had reviewed decontamination procedures as part of a wider ranging dental compliance system which the practice had implemented.

The practice had also made further improvements:

- The provider was able to provide evidence that they carried out a rolling audit for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice. The audits were part of a wider ranging dental compliance system which the practice had implemented.

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 23 June 2020.