

V2Ray Ltd

Pomeroy & Rust Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Pomeroy & Rust Dental Practice on 3 August 2023.

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 Pomeroy & Rust Dental Practice on 31 March 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 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 Pomeroy & Rust 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 well-led?

Our findings were:

Summary of findings

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulation.

The provider had made significant improvements, however a number of the improvements required remained outstanding which meant they had not fully responded to the regulatory breach we found at our inspection on 31 March 2023.

Background

Pomeroy and Rust is in Bicester and provides private dental care and treatment for adults and children.

The practice is based on the first floor which is a barrier to wheelchair users and people with limited mobility. Patients are advised of this when they contact the practice.

The dental team includes 2 dentists, 2 dental nurses, 1 dental hygienist and a head receptionist who supported the provider with administration duties.

The practice has 4 treatment rooms of which 3 are in use.

During the inspection we spoke with 1 dentist and the head receptionist.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday 9.00am to 5.30pm
- Tuesday 9.00am to 5.30pm
- Wednesday 8.00am to 5.30pm
- Thursday 9.00am to 5.30pm
- Friday 9.00am to 7.00pm
- Saturday 9.00am to 3.00pm

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting are at the end of this report.

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

Summary of findings

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

Requirements notice



Are services well-led?

Our findings

We found that this practice was not complying with the relevant regulations.

The provider had made significant improvements, however a number of the improvements required remained outstanding.

We have told the provider to take action (see full details of this action in the Requirement Notice section at the end of this report).

At the inspection on 3 August 2023, we found the practice had made the following improvements:

Infection Control

- Treatment rooms one and two had a complete floor covering.
- The CBCT room had a complete and washable flooring (wood).
- Local anaesthetic cartridges were stored in individual blister packs.
- The decontamination room worktop and seal between the worktop and wall was complete..
- The latest infection control audit was correctly completed.
- Infection control audits were carried out six monthly in line with national guidance.
- Dust was no longer present on the overhead roof window and frame in the decontamination room.
- Cleaning equipment storage arrangements followed national guidance.
- Evidence of oversight of cleaning standard checks was available.

Radiography

- Radiation warning signs were present on the treatment room doors containing x-ray and CBCT machines.
- The practice carried out radiography audits in line with current guidance.

Clinical Waste

- Waste collection notes were stored electronically in an ordered way.
- Evidence to confirm the sanitary bin was collected was available.
- A mercury spillage kit was available.

Equipment

- Evidence of air conditioning units servicing was available.

General Data protection Requirements (GDPR)

- The practice had a General Data Protection Regulation (GDPR) compliant accident record book.

Fire Safety

- Smoke detectors were tested weekly.
- Fire drills were carried out.
- Emergency lights were tested monthly.
- Emergency light servicing was carried out.

Sedation

- Nasal cannulas were available.

Are services well-led?

Privacy and Dignity

- CCTV warning signs were prominent.
- Glass partitioning on treatment room 1 door fully protected patients' privacy and dignity.

Equality Act 2010

- A disability access audit was available.

Audits

- Audits for prescribing of antibiotic medicines took into account the guidance provided by the College of General Dentistry.

Patient Safety Alerts

- We saw an effective system in place for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

We noted areas that remained outstanding which included:

Staff Recruitment

- One staff member's file did not have a record of their employment history (CV).
- One staff member's file did not have a record of a completed health assessment.

Vaccinations

- The effectiveness of the vaccination against the Hepatitis B virus was not known for two clinical staff.

Control of Substances Hazardous to Health (COSHH)

- COSHH risk assessments were not available for all relevant substances in use at the practice.
- COSHH risk assessments and safety data sheets were not available for the out of hours cleaner.

Fire Safety

- Actions remained outstanding from the fire safety risk assessment carried out on 11 April 2023..

Staff Training

- Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) had not been completed by the 2 staff providing treatment to patients under sedation since May 2022 (training should be carried out every 12 months). We have since received evidence to confirm training has been booked to take place.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Staff Recruitment</p> <ul style="list-style-type: none">• One staff member's file did not have a record of their employment history (CV).• One staff member's file did not have a record of a completed health assessment. <p>Control of Substances Hazardous to Health (COSHH)</p> <ul style="list-style-type: none">• COSHH risk assessments were not available for all relevant substances in use at the practice.• COSHH risk assessments and safety data sheets were not available for the out of hours cleaner. <p>Fire Safety</p> <ul style="list-style-type: none">• Actions remained outstanding from the fire safety risk assessment carried out on 11 April 2023.. <p>Staff Training</p> <ul style="list-style-type: none">• Immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) was not completed by the 2 staff providing treatment to patients under sedation in the previous 12 months.