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Acorn Dental Care

Inspection Report

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Date of inspection visit: 19/12/2016 Date of publication: 31/01/2017

Overall summary

Further to the outcome of a previous inspection, carried out in June 2016, we carried out an announced focused inspection relating to the well led provision of services on 19 December 2016 to ask the practice the following key question;

 Are services well-led in relation to governance; specifically staff recruitment and staff training?

Our findings were:

Are services well-led?

We found that this practice was t providing well-led care in accordance with the relevant regulation.

Background

CQC inspected the practice on 16 June 2016 and asked the provider to make improvements regarding:

- Regulation 19 HSCA (RA) Regulations 2014 Fit and Proper Persons employed
- Regulation 17 HSCA (RA) regulations 2014 Good Governance

We checked these areas as part of this focused inspection and found they had been resolved.

The inspection was carried out by a CQC inspector.

Acorn Dental operates from a converted domestic dwelling and provides NHS and private dentistry for both adults and children. The practice is situated in Slough, Berkshire

The practice has three dental treatment rooms, one of which is based on the ground floor. The practice has a separate decontamination room used for cleaning, sterilising and packing dental instruments.

The practice employs two dentists, a hygienist, two dental nurses, of which one is the practice manager, two trainee dental nurses and one receptionist. Appointments are available Monday to Friday between 8am and 5pm. Emergency dental treatment is available between 8am and 10pm seven days a week (by appointment after 5pm).

There are arrangements in place to ensure patients receive urgent dental assistance when the practice is closed. This is provided by an out-of-hours service. If patients call the practice when it is closed, an answerphone message gives the telephone number patients should ring depending on their symptoms.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- Staff recruitment files contained essential information in relation to Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff had received training appropriate to their roles.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Staff received the training required to enable them to carry out their roles. The practice had suitably identified risks associated with recruitment of staff. The provider presented evidence to confirm all the checks required for new staff had been carried out.

No action





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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Further to the outcome of a previous inspection, carried out in June 2016 we carried out an announced focused inspection relating to the well led provision of services on 19 December 2016. The inspection was carried out by a CQC inspector

During the inspection, we spoke with the practice owner and practice manager and reviewed procedures and other documents.

To get to the heart of patients' experiences of care and treatment, we asked the following questions:

• Is it well-led?

This question therefore formed the framework for the areas we looked at during this inspection.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the practice manager who was responsible for the day to day running of the practice.

The practice maintained numerous files pertaining to various clinical systems and process used to deliver safe and effective care under the regulated activities in dentistry.

We found the governance files underpinning the care provided at the practice were effective. The areas we examined were staff recruitment and staff training which were both found to be complete and in order.