

Melbourne Road Dental Care

Moya Dental Practice

Inspection report

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Overall summary

We undertook a focused inspection of Moya Dental Practice on 26 October 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 was supported by a specialist dental adviser.

We undertook a focused inspection of Moya Dental Practice on 9 December 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 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 Moya Dental Practice 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 we set a date by which they should become compliant. We then inspected again after a reasonable interval, focusing on the area where improvement was required.

Our findings were:

Are Services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 9 December 2019.

Summary of findings

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 9 December 2019.

Background

Moya Dental Practice is in Wallington in the London Borough of Sutton and provides NHS and private treatment for adults and children.

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

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 Paget Dental Practice is one of the principal dentists.

During the inspection we spoke with both principal dentists. We looked at practice policies and procedures and other records about how the service is managed (some of this information was sent ahead of the inspection).

The practice is open:

8.45-5.00 pm Monday to Fridays.

Appointments are available up to 7.00pm on Tuesdays.

Our key findings were:

- Photographs were provided to confirm that the filing cabinets that were causing obstruction in the patients' toilet had been removed.
- Pictures were provided confirming that the external clinical waste receptacle was stored securely and chained appropriately.
- The provider explained the improvements that had been made with regards to domestic cleaning. This included carrying out a deep clean and revising cleaning schedules.
- The provider had made improvements to in the surgeries. This included removing items that were no longer in use (de-cluttering), replacing and /or repairing worn out or damaged equipment and repairing the dental chair.
- Appropriate governance processes were in place for the effective running of the service.
- Staff were aware of how and where documents were stored and could access them in a timely manner.

Audits were being carried out which included infection control and disability access.

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 9 December 2020 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 warning notice. At the inspection on 26 October 2020 we found the practice had made the following improvements to comply with Regulation 12:

- Photographs were provided to confirm that the filing cabinets that were causing obstruction in the patients toilet had been removed.
- The provider showed us photographs confirming that the external clinical waste receptacle was stored securely and chained appropriately.
- The provider explained the improvements that had been made with regards to domestic cleaning. This included carrying out a deep clean and revising cleaning schedules.
- The provider had made improvements to in the surgeries. This included removing items that were no longer in use (de-cluttering), making repairs to the damaged dental chair, implementing additional cleaning of suction equipment and replacing and /or repairing worn out or damaged equipment.

These improvements showed the provider had taken action to comply with regulation 12 when we inspected on 26 October 2020.

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 9 December 2020 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 warning notice. At the inspection on 26 October 2020 we found the practice had made the following improvements to comply with Regulation 17:

- Appropriate systems were in place for the effective running of the practice.
- The principal dentists explained that they both were more involved in the day to day governance and have a new electronic system to manage governance.
- Policies and procedures were stored in folders with clear labelling so that the staff team could access information easily.
- Details were provided demonstrating that radiation protection file was in place alongside an appointed Radiation protection advisor
- A fire risk assessment had been carried out since the last inspection. The practice had also implemented comprehensive checks to ensure fire safety was monitored closely
- Infection prevention and control audit and disability access audits had been completed.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation 17 when we inspected on 26 October 2020.