

Maison Dental Limited

Maison Dental

Inspection report

14 Alexandra Road
Horsforth
Leeds
LS18 4HD
Tel: 08445769515

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Overall summary

We undertook a follow up focused inspection of Maison Dental on 16 May 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 Maison Dental on 9 August 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 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 Maison Dental on our website www.cqc.org.uk.

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.

As part of this inspection we asked:

- Is it well-led?

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 9 August 2021.

Background

Summary of findings

Maison Dental is in Leeds and provides private dental care and treatment for adults and children.

There is a small step to access to the practice which is manageable for those who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes have two dentists, one receptionist, two dental nurses, one clinical manager (who is also a registered dental nurse) and one business manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Maison Dental is the principal dentist.

During the inspection we spoke with the clinical manager and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday from 8:45am to 7pm

Wednesday and Thursday from 8:00am to 7pm

Friday from 8am to 6pm

Saturday from 8:45am to 6pm

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

- Take action to ensure that Disclosure and Barring Service (DBS) checks are carried out to the correct level.
- Take action to ensure that temperature sensitive medicines are stored within the correct temperature range.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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 the inspection on 16 May 2022 we found the practice had made the following improvements to comply with the regulation:

- Improvements had been made to the system for managing the risks associated with fire. A new fire risk assessment had been carried out and the recommendations had been implemented such as installation of emergency lighting.
- Improvements had been made to system for managing the risks associated with the use of radiation. We saw that the isolation switches had been re-positioned outside of the controlled zones and the Orthopantomogram (OPT) machine was turned off when not in use.
- The sharps risk assessment had been updated and reflected all sharp instruments which are used within the practice.
- The system for managing the risks associated with Covid-19 were in line with nationally recognised guidance.
- The system for checking medical emergency equipment had been improved. However, further improvements were required. We found one face mask for the self-inflating bag was missing and there was a box of non-dispersible aspirin in the kit which had not been removed. We discussed the importance of ensuring the system for checking the emergency equipment and medicines was effective. We also noted that the glucagon was stored in the fridge and the temperature had dropped below 20C. We discussed this with staff who told us a new glucagon would be ordered and the storage would be reviewed.
- Improvements had been made to the recruitment process. We reviewed the recruitment records of two new members of staff. The provider had obtained a current Disclosure and Barring Service (DBS) check for these members of staff. However, one of these was not to the correct level. We were told a new DBS check would be carried out to the correct level for this member of staff.
- A new infection prevention and control audit had not been completed. However, issues from the previous inspection had been addressed. We were later sent an updated infection prevention and control audit after the inspection.