

Rethrodent Limited

# Rozsa Dental Clinic

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Rozsa Dental Clinic on 13 October 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 carried out by a Care Quality Commission, (CQC) inspector.

At our inspection on 4 March 2022 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 Rozsa Dental Clinic 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 area where improvement was required.

#### 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 2 March 2022.

#### Background

Rozsa Dental Clinic is in Henley-on-Thames and provides private dental care and treatment for adults and children.

# Summary of findings

There is level access to the practice for people who use wheelchairs and those with pushchairs. On street parking, including dedicated parking for disabled people, is available near the practice.

The dental team includes two dentists, two specialists, one hygienist, one sedationist, one dental nurse, one trainee dental nurse and a receptionist. The practice has one treatment room.

During the inspection we spoke with the principal dentist, a dental nurse and a receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

## **The practice is open:**

- Tuesday 8.30am to 9.30pm
- Wednesday 9am to 6pm
- Thursday 10am to 8pm
- Friday 9am to 6pm
- Saturday 9am to 6pm
- Sunday 9am to 6pm

## **Our key findings were:**

- The provider had quality assurance processes to encourage learning and continuous improvement.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we carried out a follow-up focused inspection on 13 October 2022.

# 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

At our previous inspection on 2 March 2022 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 our follow-up inspection on 13 October 2022 we found the practice had made the following improvements to comply with the regulations:

### Equipment

- Compressor servicing records were available.
- Dental suction servicing records were available.
- X-ray electrical and mechanical annual safety check records were available.

### Emergency Medicines and Equipment

- A child self-inflating bag and mask was available.
- The medical emergency medicines and equipment log reflected stock in the bag.

### Data Protection

- Patient notes were returned to the practice and the sedationist was no longer employed.
- A-General Data Protection Regulation (GDPR) accident book was in use and completed pages were removed and stored securely.

### Infection Control

- Instruments were kept moist after use prior to decontamination.
- A recent infection prevention and control audit reflected current practice.

### Sharps

- A sharps risk assessment reflected current practice.
- A needle stick injury poster contained emergency contact details for the occupational health department.

### Control of Substances Hazardous to Health (COSHH)

- Cleaning products were stored securely.

### Information to deliver safe care and treatment

- The practice had a system for receiving and acting on safety alerts.
- The practice had adequate systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

### Medicines

- Dispensed medicines were labelled appropriately.

### Staff Training

- The practice had systems in place to ensure clinical staff had completed CPD as required for their registration with the General Dental Council.

### Recruitment

# Are services well-led?

- Systems were in place to ensure recruitment checks were carried out, in accordance with relevant legislation to help the practice employ suitable staff, including locum staff

## **The practice had also made further improvements:**

- Testing of fire detection equipment took into account current national guidance which ensured that all equipment is well maintained.
- Protocols were implemented regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations.