

Mr. John Gabriel Mckeon

Friars Walk Dental Surgery

Inspection report

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Overall summary

We undertook a follow up focused inspection of Friars Walk Dental Surgery on 26 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 led by a CQC inspector who was supported by a specialist dental adviser.

We had previously undertaken a comprehensive inspection of Friars Walk Dental Surgery on 27 April 2022 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 Friars Walk Dental Surgery 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?

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 27 April 2022.

Background

Summary of findings

Friars Walk Dental Surgery is in Dunstable and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice via a ramp at the back of the practice for people who use wheelchairs and those with pushchairs. There is a car park for patients behind the practice. The practice has made some adjustments to support patients with additional needs.

The dental team includes 3 dentists, 4 dental nurses, 2 dental hygienists, 1 receptionist, an account manager, and a practice manager. The account manager and practice manager also work as dental nurses if needed. The practice has 4 treatment rooms, two waiting areas and 2 decontamination rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5pm.

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 regulation.

At the inspection on 26 October 2022 we found the practice had made the following improvements to comply with the regulation:

- We saw evidence that recruitment procedures were now in line with legislation. In particular, the practice now obtained Disclosure and Barring Service checks and evidence of satisfactory conduct in previous employment for staff before the start of their employment.
- Risk assessments had been completed for cleaning products used at the practice in line with the Control of Substances Hazardous to Health Regulations 2002.
- Servicing and calibration had been completed for the autoclaves, compressors, lasers and ultrasonic baths used at the practice. We advised staff that the quarterly test to ensure that efficacy of the ultrasonic baths needed to be completed.
- The medicine used to manage low blood sugar levels had been replaced and a daily log was kept of the temperature of the refrigerator where it was stored in line with manufacturer's instruction.
- A legionella risk assessment had been completed. Staff now undertook monthly water temperature testing to reduce the risks of legionella or other bacteria developing in the water supply.
- A fire risk assessment by an external competent person and recommended actions had been completed. Work for an outstanding action was planned.
- Used sharps were now managed by the clinicians. However, there was scope to improve the process for disposal of sharps by ensuring that the sharps containers were disposed of within 3 months.
- The practice had completed dental care record keeping audits and had introduced a template to ensure the recording of patients' dental assessments were consistent for all clinicians. We saw that assessments were recorded in patients' dental care records in accordance with recognised evidence based guidance.

The provider had also made further improvements:

- Audits of radiography, antimicrobial prescribing and infection prevention and control had been completed to improve the quality of the service. The audits had documented learning points.
- Dentists were aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.