

Mr. Christopher De Bono

# Far Cotton Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Far Cotton Dental Practice on 7 April 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 Far Cotton Dental Practice on 21 October 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 safe or 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 Far Cotton Dental Practice on our website [www.cqc.org.uk](http://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 send us an action plan. We then inspect 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.

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 21 October 2021.

## **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 breaches we found at our inspection on 21 October 2021.

## **Background**

Far Cotton Dental Practice is in Northampton and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The reception and waiting areas are up a steep flight of stairs. The practice is located on a busy road so is unable to provide car parking spaces. The practice does not have access to a hearing loop for people experiencing hearing difficulties.

The dental team includes one dentist, a practice manager and two dental nurses, one of whom also works as the receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with one dentist, two dental nurses, 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 from 9am to 6pm.

Tuesday, Wednesday, Thursday from 9am to 5.30pm.

Friday from 9am to 2pm.

## **Our key findings were:**

We found this practice was providing safe and well-led care in accordance with the relevant regulations. The provider had made good improvements in relation to the regulatory breaches we found at our previous inspection. These must now be embedded in the practice and sustained in the long-term.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.

# Summary of findings

- Review the practice's protocols for completion of dental care records taking into account the guidance provided by the College of General Dentistry.

# 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 21 October 2021, 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 requirement notice. At the inspection on 7 April 2022 we found the practice had made improvements to comply with the regulation:

The provider had taken sufficient action to improve the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

The provider had made the following improvements:

- The reason for taking X-rays and a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 was included in two of the six patient care records we reviewed.
- Safer sharps were now used to reduce the risk of needle stick and sharps injury. The practice sharps management procedure and policy reflected current guidance.
- A process for managing air flow and fallow time between patients undergoing aerosol generating procedures was now in place. This helped manage and reduce the risk of air borne viruses.
- An infection prevention and control (IPC) audit had been completed. Its findings reflected our observations during the inspection.

These findings showed the provider had taken sufficient action to comply with the regulation: when we inspected on 7 April 2022.

# Are services well-led?

## Our findings

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

At our previous inspection on 21 October 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 the inspection on 7 April 2022 we found the practice had made the following improvements to comply with the regulation:

- A systematic comprehensive approach had now been implemented for staff appraisals.
- A system to monitor completion of continuing professional development (CPD) for the principal dentist was now in place.
- Systems for monitoring and improving quality were now in place and established. An audit schedule was in place that ensured audits were completed at recommended intervals. Audits for radiography, antimicrobial prescribing and hand hygiene were scheduled for completion for a future date and therefore we are unable to review these.
- Staff had received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- A formal system for monitoring staff performance and a schedule for appraisals was now in place.
- Patients' dental assessments were still not recorded in accordance with nationally recognised evidence-based guidance provided by the College of General Dental Practice.
- The provider could not demonstrate that they complied with the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment and the importance of protecting a patient's airway during treatments.

We found the provider had taken effective action to address the issues we had identified during our previous inspection. These improvements need to be embedded and sustained in the long run.