

Mrs. Salwa Shawkat

The Dental Surgery In Blackwater

Inspection Report

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Overall summary

We undertook a focused inspection of The Dental Surgery in Blackwater on 29 March 2019. 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 CQC inspector.

We undertook a comprehensive inspection of the practice on the 17 September 2018 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 dental practice 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?

Background

The Dental Surgery in Blackwater provides NHS and private treatment to patients of all ages.

Access for people who use wheelchairs and those with pushchairs is via an entrance at the front of the practice which has a slightly raised threshold. Car parking spaces are available near the practice.

The dental team includes one dentist, two hygienists and two dental nurses who also cover reception tasks.

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 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 Monday and Thursday 9am to 1pm, Tuesday, Wednesday and Friday 9am to 5pm and Saturday by pre-arrangement.

Summary of findings

Our findings were:

- The provider had made good improvements in relation to the regulatory breach we found at our previous inspection and was now providing well-led care in accordance with the relevant regulations.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

Effective action had been taken to address the shortfalls we had identified at our previous inspection. For example; the management of radiography, antimicrobial prescribing and infection control audits were carried out in line with national guidance.

Fire safety management was now effective.

We identified several shortfalls which did not constitute a breach of regulations but these had also been addressed. Patient dental care record completion, sharps, waste handling, policies and procedures and patient feedback was implemented and managed effectively

No action



Are services well-led?

Our findings

At our previous inspection on 17 September 2018, we judged the practice was not providing well-led care in accordance with the relevant regulations.

We told the provider to take action as described in our requirement notice.

During this inspection, we found that staff had implemented the following improvements:

- Audits of infection control, radiographs, patient care records and antimicrobial prescribing were undertaken.
- Referrals to secondary services were tracked.
- Prescriptions were stored securely and a log kept.
- The gas boiler had been serviced in September 2018.
- Smoke detectors and emergency lighting was regularly checked and a log maintained.
- Local rules for the radiography equipment reflected current arrangements at the practice.
- The Health and Safety Executive had been appropriately notified of the use of X-ray units at the practice.
- A sharps risk assessment had been carried out.
- Emergency medicines and equipment were checked weekly.
- An AED had been purchased and was available.
- A lone working risk assessment was in place.
- A COSHH risk assessment was available.
- Cleaning equipment was stored appropriately.
- Hygienists received appraisals.
- A log of complaints was set up.
- Patient feedback was promoted and results fed back to patients.
- Clinical waste was stored outside the practice in a secure way.

These improvements demonstrated the provider had taken effective action to comply with regulation.