

## Mr Robert Whetstone R M Whetstone Inspection report

33 London Road Old Harlow CM17 0DA Tel: 01279442602

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### **Overall summary**

We undertook a follow up focused inspection of R M Whetstone on 3 March 2023. This inspection was carried out to review 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 advisor.

We had previously undertaken a comprehensive inspection of R M Whetstone on 16 August 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 R M Whetstone dental practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan (requirement notice only). 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 breaches we found at our inspection on 16 August 2022.

### Summary of findings

#### Background

R M Whetstone is in Old Harlow, Essex and provides 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. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 1 dentist, 3 dental nurses, 1 dental therapist, 3 practice (administration) managers, 2 receptionists (administrators) and 3 visiting specialists. The practice has 2 treatment rooms.

During the inspection we spoke with 1 practice (administration) manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm.

Friday from 8.30am to 4pm.

# 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 3 March 2023 we found the practice had made the following improvements to comply with the regulation:

- The practice had introduced effective systems to ensure that all medical emergency equipment was in date.
- Emergency medicines were stored in accordance with manufacturer's guidelines.
- A five yearly electrical fixed wire test had been undertaken. This highlighted some failings within the electrical fixed wiring at the premises. The practice provided evidence that systems were in place to ensure the premises were safe to function. We saw an action plan was in place to ensure systems were monitored. The practice provided confirmation that electrical fixed wire repair work was scheduled to be undertaken on 16 March 2023.
- Systems had been put in place to ensure audits of radiography, antimicrobial prescribing, dental implants and infection prevention and control were undertaken at regular intervals to improve the quality of the service.
- The practice had introduced systems to ensure that staff were up to date with, and had received, appropriate training and development in line with the General Dental Council requirements.
- Protocols and procedures for the use of X-ray equipment were in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017.

• The practice had introduced systems to assess and mitigate the risks from sharps safety, sepsis awareness and lone working.

The practice had also made further improvements:

• Systems had been put in place to ensure all the staff had received fire safety training.