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# Dental Surgery

## Inspection report

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### Overall summary

We undertook a follow-up focused inspection of Dental Surgery on 27 May 2021. 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 focussed inspection of Dental Surgery on 4 February 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 regulations 12 and 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 Surgery 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 areas 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 4 February 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 4 February 2021.

## **Background**

Dental Surgery is in Poynton and provides NHS and private dental care and treatment for adults and children.

There is a small step to access the practice. The practice has a dedicated car park.

The dental team includes one dentist, two trainee dental nurses and one 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 the dentist and receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8:30am to 5:15pm

## **Our key findings were:**

- Improvements had been made to the infection control and waste management processes.
- Improvements had been made to the systems for managing the risks associated with Legionella.
- Improvements had been made to the practice's safeguarding processes.
- Improvements had been made to the recruitment process.
- Systems and processes had been implemented to ensure good governance is maintained.
- Further improvements were required to ensure dental care records are sufficiently detailed.

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

- Take action to ensure the dentist takes into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

# 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 4 February 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 27 May 2021 we found the practice had made the following improvements to comply with the regulations:

- We saw evidence staff had completed safeguarding training, the safeguarding policy had been updated and the contact details for the local safeguarding team were readily available.
- The testing of the decontamination equipment had been reviewed and we saw evidence that the weekly protein residue test was carried out on the ultrasonic bath and washer disinfectant. In addition, the quarterly soil test and ultrasonic activity test was also being carried out.
- Surgeries had been de-cluttered and would now be easier to clean.
- The Legionella risk assessment had been reviewed and we saw evidence of hot and cold-water temperature testing from the sentinel outlets. These were in the correct ranges as stated in the risk assessment.
- The provider had a system in place to ensure endodontic instruments were secured when carrying out root canal treatment. This was a combination of using rubber dam and other methods.
- Clinical waste was segregated correctly. We were shown a gypsum waste bin which had been acquired since the previous inspection.
- The recruitment process had been reviewed and we saw evidence of all required documentation in staff recruitment records. These included evidence of immunity to Hepatitis B.
- The radiation protection folder had been reviewed and we saw evidence of all required documents including registration with the Health and Safety Executive.
- We saw evidence the gas boiler and fire alarm had been serviced and were deemed safe to use. In addition, the provider had installed emergency lighting within the practice.
- Medical emergency medicines and equipment were checked regularly and in line with nationally recognised guidance.
- We reviewed a selection of dental care records. There was inconsistent evidence of consent being obtained such as providing the patient with treatment options and risks associated with the treatments. We discussed this with the dentist who assured us that this would be addressed.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 27 May 2021.

# Are services well-led?

## Our findings

We found that this practice was providing well led care and was complying with the relevant regulations.

At our previous inspection on 4 February 2021 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 27 May 2021 we found the practice had made the following improvements to comply with the regulations:

- The provider had implemented a system to ensure infection prevention and control procedures followed nationally recognised guidance. A checklist was in the decontamination room to help prompt staff to complete the tests, as required in nationally recognised guidance.
- The systems in place to help manage the risks associated with Legionella were effective. We saw evidence of monthly water temperature checks; systems in place included a dedicated staff member carrying out required checks.
- The provider had implemented a system to ensure equipment such as the fire alarm and gas boiler were serviced appropriately.
- The system in place to ensure recruitment documents reflect the requirement of Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was effective. A checklist was available for all members of staff to ensure the correct documents were available. This would be used if any new members of staff were to be employed.
- The system in place for checking medical emergency medicines and equipment was effective. All medical emergency medicines and equipment were available and in date. We saw evidence of checklists at intervals in line with nationally recognised guidance.

The practice had also made further improvements:

- The provider had registered with a compliance company. The company provides help and support to them to ensure good governance is maintained in the long term.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 27 May 2021.