

Chelmer Village Associates Limited

# Chelmer Village Dental

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Chelmer Village Dental on 1 March 2024. 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 Chelmer Village Dental on 20 October 2023 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 Chelmer Village Dental practice on our website [www.cqc.org.uk](http://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. 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.

# Summary of findings

The provider had made improvements in relation to the regulatory breach we found at our inspection on 20 October 2023.

## Background

Chelmer Village Dental is in Chelmer Village, Chelmsford, Essex 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. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 3 dentists, 5 dental nurses, 3 dental hygienists, 1 practice manager and 2 receptionists. The practice has 4 treatment rooms.

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

The practice is open:

Monday and Tuesday from 8.30am to 5.30pm.

Wednesday, Thursday and Friday from 9am to 5pm.

# 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 1 March 2024 we found the practice had made the following improvements to comply with the regulation:

- The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) equipment. We noted, the practice radiation folder was complete. Evidence of training for the CBCT operators, annual electrical mechanical checks and actions from recent radiation performance checks were all in place.
- Radiography audits were undertaken 6-monthly in line with current guidance.
- Emergency equipment and medicines were available and checked in accordance with national guidance. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. The practice ran a series of medical emergency scenarios with staff to ensure awareness and confidence in emergency procedures.
- Risk assessments to minimise the risk of staff working without chairside support or working alone in the practice were in place. The practice had introduced alert systems to mitigate the risks of working alone in treatment rooms.
- The practice had risk assessments to minimise the risks that could be caused from substances that are hazardous to health. These included all housekeeping items.
- Audits of infection prevention and control were undertaken 6-monthly. Staff kept records of the results of these audits and the resulting action plans and improvements. We noted two members of staff had undertaken infection control lead training, the practice manager commented on how awareness and learning from this training had been disseminated across the practice team.
- Systems were in place to ensure essential staff training was up-to-date and reviewed at the required intervals. Staff received formal appraisal and feedback about their working practices.

The practice had also made further improvements:

- Audits for the prescribing of antibiotic medicines were on-going.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 1 March 2024.