

James And Susan Leigh

# Warwick Square Dental Practice

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Warwick Square Dental Practice on 11 January 2023. 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 Warwick Square Dental Practice on 18 October 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 Warwick Square 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 area where improvement was required.

As part of this inspection we asked:

- Is it well-led?

### **Our findings were:**

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 breach we found at our inspection on 18 October 2022.

# Summary of findings

## Background

Warwick Square Dental Practice is in Carlisle in Cumbria and provides NHS and private dental care and treatment for adults and children.

The practice is located on the ground floor of a converted terraced property. Car parking spaces are available in the surrounding streets and the practice is located close to local transport routes. The practice has made some adjustments to support patients with additional needs. For example, the availability of a magnifying glass and information available in large print.

The dental team includes 2 dentists, 2 dental nurses, 1 trainee dental nurse and 1 receptionist. The practice manager is 1 of the dentists. The practice has 2 treatment rooms.

During the inspection we spoke with the 2 dentists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday from 9am to 5pm

Tuesday and Thursday from 8.30am to 5pm

Friday from 9am to 3pm

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

- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

# 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 11 January 2023 we found the practice had made the following improvements to comply with the regulation:

- Quality assurance protocols had been introduced in relation to wet-film processing.
- A new infection prevention and control audit was due to be carried out in April 2023. The provider confirmed they would ensure it accurately reflected the current protocols and facilities at the practice.
- Protocols were in place to record accidents and incidents. Further improvements could be made to ensure protocols are in place to adequately review and investigate any accidents and incidents and share any learning.
- A radiography audit was scheduled to be undertaken in March 2023 and the provider confirmed it would be carried out bi-annually. From the records we were shown, we saw evidence X-rays were carried out at appropriate intervals.
- We were shown evidence that the dental suction unit servicing and the annual electrical and mechanical testing of the intra-oral X-ray units was scheduled to be carried out on the 26 January 2023. A monitoring protocol had been introduced to ensure these were carried out at the correct intervals.
- The annual gas safety assessment had been undertaken shortly after the previous inspection. This was included in the monitoring protocol to ensure it was carried out at the correct interval.
- The infection prevention and control measures had improved and were in accordance with HTM 01-05.
- Medical emergency equipment was available and monitored as required.
- The provider had made improvements to the system relating to the storage and handling of hazardous substances. The information was organised so as to be easily accessible to staff in the event of an incident.
- The referral monitoring system had been improved and ensured referrals were followed up.
- An updated sharps risk assessment was in place and considered the risks from all forms of dental sharps.
- Clinical waste was stored safely and the risks to staff previously identified, had been considered and mitigated.
- The provider had taken steps to ensure service users' dental care records were complete and contained all necessary information.

The provider had also made further improvements:

- The provider had re-introduced auditing protocols for dental care records to help drive the improvements needed.
- There had been no recruitment since the last inspection. We saw the provider had updated the recruitment procedure to ensure that, in the future, appropriate checks were completed prior to new staff commencing employment at the practice. Action had also been taken to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.