

Frimley Green Dental Practice Limited

# Frimley Green Dental Centre

## Inspection report

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### Overall summary

We undertook a follow up focused inspection of Frimley Green Dental Centre on 9 February 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 had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Frimley Green Dental Centre on 21 September 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 Frimley Green Dental Centre 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:**

- There were effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

# 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

(For example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

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

At the inspection on 9 February 2023 we found the practice had made the following improvements to comply with the regulations:

### Infection Control

- Cleaning equipment storage arrangements followed national guidance.
- Instrument inspection magnifier illuminated effectively.
- Instruments, post being sterilised, were set to dry on lint-free materials.
- Clinical staff's outdoor clothes and clinical uniforms were stored separately when hanging in a staff area.
- Local anaesthetics were stored in treatment room drawers appropriately.
- Pre-made matrix bands were stored in treatment room drawers appropriately.

### Fire Safety

- Emergency lights were serviced and discharged at appropriate intervals.
- All of the battery-operated smoke detectors were tested weekly.
- A carbon monoxide detector was sited appropriately in the staff kitchen.

### Radiography

- Evidence of annual servicing for the x-ray machines was available.
- X-rays taken were graded using the up to date grading system.

### Sharps

- Sharps injury information with emergency telephone number was available in the clinical areas.
- Sharps boxes were replaced at appropriate intervals.

### COSHH

- Control of Substances Hazardous to Health (COSHH) risk assessments were available for all relevant substances.
- COSHH products were stored securely and labelled appropriately.

### Prescriptions

- Prescription logs included the prescription number used.
- Prescriptions pads were logged in the practice.

### Complaints

- Information was available for a private patient if they wished to refer their complaint to an external agency.

### Staff Training

- Protocols were operated effectively to ensure staff were up to date with their mandatory training and their Continuing Professional Development (CPD).

# Are services well-led?

## **The practice had also made further improvements:**

- Protocols were in place regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.