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Old Grammar School Dental Surgery

Inspection report

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Overall summary

We undertook a follow up focused inspection of The Old Grammar School Dental Surgery on 18 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 comprehensive inspection of The Old Grammar School Dental Surgery on 20 August 2019 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 The Old Grammar School Dental Surgery on our website 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 20 August 2019.

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 20 August 2019.

Background

The Old Grammar School Dental Practice is a well-established service based in St Ives, Cambridgeshire that offers both private and NHS general dental treatment to approximately 5,000 patients.

The dental team consists of three dentists, a practice manager, four dental nurses and a receptionist. There are three treatment rooms. The practice opens on Mondays to Fridays, from 8am to 5pm. There is portable ramp access for wheelchair users and parking right in front of the building.

The practice is owned by an individual who is the one of dentists 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 two dentists, one dental nurse and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Systems and processes were in place to ensure incidents, accidents and near misses were investigated.
- X-ray equipment was appropriately maintained and serviced.
- Dental care records reflected standards as laid out by the Faculty of General Dental Practice (FGDP).
- Infection prevention and control processes reflected nationally recognised guidance.
- There was a system in place to monitor the use and security of prescription pads.
- There were systems in place to assess and monitor the quality and safety of the service.

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 20 August 2019 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 18 May 2021 we found the practice had made the following improvements to comply with the regulations:

- Staff told us and we saw the fire alarm system was checked on a weekly basis. In addition, we saw that fire drills were carried out at least every six months or more frequently if required, such as a new member of staff starting work. All other fire related checks were carried out including fire extinguishers and emergency lighting.
- We saw incidents, accidents and near misses had been recorded appropriately. These had been investigated for learning and improvement. Learning outcomes were discussed at staff meetings and we saw that these were recorded in the meeting minutes.
- A new sharps risk assessment had been implemented. This included all sharp instruments used within the practice.
- We saw evidence that staff had undertaken basic life support training within the last year.
- Infection prevention and control procedures reflected nationally recognised guidance. This included the validation of the autoclave, environmental cleaning processes and integrity of the flooring in the surgeries.
- A system was in place to monitor the use and security of prescription pads. This system was able to identify if a prescription had gone missing. The practice had ceased dispensing Antibiotics.
- We saw the X-ray machines were serviced and maintained as required by The Ionising Radiation (Medical Exposure) Regulations 2017. In addition, we saw evidence in dental care records that radiographs were justified, graded and reported on.

The provider had also made further improvements:

- The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw evidence of this being recorded in dental care records.

These improvements showed the provider had taken action to comply with the regulations when we inspected on 18 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 20 August 2019 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 18 May 2021 we found the practice had made the following improvements to comply with the regulations:

- Effective governance systems were in place to ensure the smooth running of the service. These included systems and processes to ensure incidents and accidents are investigated, equipment is maintained appropriately, and infection prevention control procedures reflect nationally recognised guidance.
- Communication between staff had improved. We saw evidence of staff meeting minutes. We saw that significant events were discussed at staff meetings to ensure dissemination of learning.
- During the inspection we reviewed a selection of dental care records. These reflected guidance as laid out by the Faculty of General Dental Practice (FGDP).
- We saw evidence of audits which had been carried out. These included audits of dental care records, infection prevention and control and antibiotic prescribing. Audits had associated action plans.
- We saw the employed staff had received appraisals. This covered both performance and general wellbeing.

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 18 May 2021.